

CLASS A
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Mid-County Services, Inc.
Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/07

DOCUMENT NUMBER - DATE

07642 AUG 22 8

FPSC-COMMISSION CLERK

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (1)
DETAILED MAP**

Test Year Ended December 31, 2007

MAP PROVIDED SEPARATELY

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (2)
CHEMICALS USED**

Test Year Ended December 31, 2007

Mid-County
 Schedule of Chemicals
 Test Year Ended December 31, 2007

Date of Invoice	Sodium Hypochlorite		R&O/AW G&B Oil		Calcium Hypochlorite		Liquid Enzymes		Sodium Bisulfite		Ferrous Sulfate		Methanol		Hydrated Lime		TOTAL AMOUNTS
	WTP	Unit Price	ISO 220	Unit Price	Granular	Unit Price	4 x 1 Gal Case	Unit Price	Aqueous Solution 40%	Unit Price	12% LC-166	Unit Price	Bulk Liquid	Unit Price	50 LB	Unit Price	
	1 Gal		Case	100# Pail	100# Pail		Gallon	Gallon	1 Gal	1 Gal	Pounds	Unit Price	1 Gal	Unit Price	50# Bag	Unit Price	
12/21/2006											46,400	0 10					4,737.44
12/28/2006	725	1.15															833.75
12/28/2006										170	2.25						382.50
1/4/2007	910	1.25															1,137.50
1/4/2007										170	2.25						382.50
1/11/2007	1,000	1.25															1,250.00
1/11/2007										130	2.25						292.50
1/18/2007	1,245	1.25															1,556.25
1/18/2007										150	2.25						337.50
1/25/2007	1,300	1.25															1,625.00
1/25/2007										200	2.25						450.00
1/26/2007							4	32.50									130.00
2/1/2007	1,210	1.25															1,512.50
2/1/2007										230	2.25						517.50
2/8/2007	1,300	1.25															1,625.00
2/8/2007										150	2.25						337.50
2/15/2007	1,160	1.25															1,450.00
2/15/2007										175	2.25						393.75
2/20/2007	1,295	1.25															1,618.75
2/20/2007										150	2.25						337.50
3/1/2007	980	1.25								200	2.25						1,225.00
3/1/2007																	450.00
3/7/2007													1962	2.27			4,453.74
3/8/2007	1,110	1.25															1,387.50
3/8/2007										220	2.25	46,400	0 10				4,737.44
3/8/2007																	495.00
3/15/2007	700	1.25															875.00
3/15/2007										110	2.25						247.50
3/22/2007	1,300	1.25															1,625.00
3/22/2007										160	2.25						360.00
3/29/2007	800	1.25															1,000.00
3/29/2007										160	2.25						360.00
4/5/2007	770	1.25															962.50
4/5/2007										140	2.25						315.00
4/12/2007	750	1.25															937.50
4/12/2007										175	2.25						393.75
4/13/2007	175	1.25				1	148										366.75
4/19/2007	800	1.25															1,000.00
4/19/2007										165	2.25						371.25
4/26/2007	825	1.25															1,031.25
4/26/2007										150	2.25						337.50
5/3/2007	550	1.25															687.50
5/3/2007										105	2.25						236.25
5/9/2007												40,900	0 10				4,175.89
5/10/2007	675	1.25															843.75
5/10/2007										100	2.25						225.00
5/17/2007	700	1.25															875.00
5/17/2007										120	2.25						270.00
5/22/2007																	130.00
5/23/2007														4,531	1.90		8,608.90
5/25/2007	900	1.25															1,125.00
5/25/2007										180	2.25						405.00
5/31/2007	500	1.25															625.00
5/31/2007										100	2.25						225.00
6/7/2007	800	1.25															1,000.00
6/7/2007										150	2.25						337.50
6/14/2007	600	1.25															750.00
6/18/2007												46,180	0 10				4,714.98

Mid-County
 Schedule of Chemicals
 Test Year Ended December 31, 2007

Date of Invoice	Sodium Hypochlorite		R&O/AW G&B Oil		Calcium Hypochlorite		Liquid Enzymes		Sodium Bisulfite		Ferrous Sulfate		Methanol		Hydrated Lime		TOTAL AMOUNTS
	WTP 1 Gal	Unit Price	ISO 220 Case	Unit Price	Granular 100# Pail	Unit Price	4 x 1 Gal Case Gallon	Unit Price	Aqueous Solution 40% 1 Gal	Unit Price	12% LC-166 Pounds	Unit Price	Bulk Liquid 1 Gal	Unit Price	50 LB 50# Bag	Unit Price	
6/21/2007	585	1.25															731.25
6/21/2007								100	2.25								225.00
7/2/2007	710	1.25															887.50
7/2/2007									180	2.25							405.00
7/5/2007	620	1.25															775.00
7/5/2007								50	2.25								112.50
7/6/2007											39200	0.10					4,002.32
7/12/2007	750	1.25															937.50
7/12/2007									130	2.25							292.50
7/14/2007									150	2.25							337.50
7/19/2007	625	1.25															781.25
7/19/2007								90	2.25								202.50
7/21/2007											46120	0.10					4,708.85
7/25/2007													3622	1.90			6,881.80
7/26/2007	700	1.25															875.00
7/26/2007									120	2.25							270.00
8/2/2007	700	1.25															875.00
8/2/2007									110	2.25							247.50
8/9/2007	1,000	1.25															1,250.00
8/9/2007									150	2.25							337.50
8/16/2007	900	1.25															1,125.00
8/16/2007									150	2.25							337.50
8/23/2007	850	1.25															1,062.50
8/23/2007									125	2.25							281.25
8/30/2007	750	1.25															937.50
8/30/2007											44720	0.10					4,566.91
8/30/2007									100	2.25							225.00
9/6/2007	800	1.25															1,000.00
9/6/2007									130	2.25							292.50
9/13/2007	700	1.25															875.00
9/13/2007									80	2.25							180.00
9/20/2007	715	1.25															893.75
9/20/2007									110	2.25							247.50
9/26/2007													4112	1.75			7,196.00
9/27/2007	810	1.25															1,012.50
9/27/2007									110	2.25							247.50
10/3/2007											41660	0.10					4,253.49
10/4/2007	550	1.25															812.50
10/4/2007									150	2.25							337.50
10/11/2007	625	1.25															781.25
10/11/2007									125	2.25							281.25
10/11/2007											2700	0.50					1,350.00
10/15/2007															6	7.75	46.50
10/16/2007											5400	0.50					2,700.00
10/18/2007	600	1.25															750.00
10/18/2007									110	2.25							247.50
10/19/2007											2700	0.50					1,350.00
10/23/2007											45520	0.10					4,749.69
10/25/2007	550	1.25															687.50
10/25/2007									100	2.25							225.00
11/1/2007	600	1.25															750.00
11/1/2007									65	2.25							146.25
11/8/2007	660	1.25															825.00
11/15/2007	900	1.25															1,125.00
11/21/2007	750	1.25															937.50
11/21/2007									300	2.25							675.00
11/29/2007	700	1.25															875.00
11/29/2007									140	2.25							315.00
12/6/2007	800	1.25															1,000.00

Mid-County
 Schedule of Chemicals
 Test Year Ended December 31, 2007

Date of Invoice	Sodium Hypochlorite WTP		R&O/AW G&B Oil ISO 220		Calcium Hypochlorite Granular		Liquid Enzymes 4 x 1 Gal Case		Sodium Bisulfite Aqueous Solution 40%		Ferrous Sulfate 12% LC-166		Methanol Bulk Liquid		Hydrated Lime 50 LB		TOTAL AMOUNTS
	1 Gal	Unit Price	Case	Unit Price	100# Pail	Unit Price	Gallon	Unit Price	1 Gal	Unit Price	Pounds	Unit Price	1 Gal	Unit Price	50# Bag	Unit Price	
12/13/2007	820	1.25							185	2.25							1,025.00
12/13/2007																	416.25
12/17/2007											41200	0.10					4,206.52
12/20/2007	700	1.25							150	2.25							875.00
12/20/2007																	337.50
12/26/2007			1	125													125.00
12/27/2007	920	1.25							110	2.25							1,150.00
12/27/2007																	247.50
	43,570		1		1		8		7,080		450,100		14,227		6		148,292.47
Quantity Purchased	43,570		1		100		8		7,080		450,100		14,227		300		
Unit of Measure	Gallons		Case		Pound		Gal		Gallon		Pound		Gallons		Pound		
Average Cost/Unit	1.25		125.00		148.00		32.50		2.25		0.19		1.96		7.75		
Where Used (Water/ Sewer)	Sewer		Sewer		Sewer		Sewer		Sewer		Sewer		Sewer		Sewer		
Specify Dosage Rate	Disinfecting agent	Lubricating Oil	Cleaning agent	Floculating Aid	Dechlorinating Agent	Phosphorus Removal	Nitrogen Removal	Sewer Spill Disinfecting Agent									
Water, total item used	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A									
Water, chemical feed rate, ppm																	
Volume treated, million gal.																	
Sewer, total item used	43,570								7,080		450,100		14,227				
Sewer, chemical feed rate, ppm	18		N/A		N/A		N/A		12		27		6		N/A		
Volume treated, million gal.	238.9								238.9		238.9		238.9				

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (3)
CHEMICAL ANALYSES**

Test Year Ended December 31, 2007

NOT APPLICABLE

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (4)
OPERATIONS REPORTS**

Test Year Ended December 31, 2007

FILE COPY

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Wastewater Facilities Management Section, Box 1391, 2500 Blair Stone Road, Tallahassee, FL 32309-3400

PERMITTEE NAME: 244-County Services, Inc.
 MAILING ADDRESS: 220 Whitlandfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL00000002-0010-10
 MONITORING PERIOD From: 1-2-06
 To: 1-31-06
 LIMIT: Final
 CLASS SIZE: B
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: 0001

REPORT GROUP: 1-31-06
 Monthly
 Database

FACILITY: 244-County WWT
 LOCATION: 2209 Spanish Vista Dr.
 Palm Harbor, FL 34628
 COUNTY: Pinellas

THREE MONTHS ROLLING AVE: 68% OF PERMITTED

WATER BITE NO: 14095
 CAPACITY: 900
 BOD5 limit: 300

Parameter	Sample Management	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CI008	Sample Management			1.0				0	Calc	RAA
STORYET No. 8002 Y	Final Management			10			mg/L		Calculated	Rolling Annual Avg
Mon. Site No. 872-01-26118	Management									
CI009	Sample Management			1.44	1.44	4.4		0	weekly	16 hr FPC
STORYET No. 8002 I	Final Management			48	7.5	140	mg/L		Weekly	16 hour FPC
Mon. Site No. 872-01-26118	Management			(Mo. Avg)	(Week. Avg)	(Max)				
TS	Sample Management			< 2				0	Calc	RAA
STORYET No. 8010 Y	Final Management			10			mg/L		Calculated	Rolling Annual Avg
Mon. Site No. 872-01-26118	Management									
TS	Sample Management			< 2	< 2	< 2		0	weekly	16 hr FPC
STORYET No. 8010 I	Final Management			25	7.5	100	mg/L		Weekly	16 hour FPC
Mon. Site No. 872-01-26118	Management			(Mo. Avg)	(Week. Avg)	(Max)				
STORYET No. 8010 I	Final Management					< 2		0	5 days/week	Grab
Mon. Site No. 872-01-26118	Management					1.0	mg/L		5 Days/Week	Grab
PH	Sample Management			6.5		7.8		0	Cont	meter
STORYET No. 8080 I	Final Management			68		8.5	mg/L		Continuous	meter
Mon. Site No. 872-01-26118	Management			(Mo. Avg)		(Max)				

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly 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 and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephen Szczepkowski	777-787-7978	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all standards listed)

- ① January 19 FECS, EFFLUENT CL₂ RESIDUAL MET COMPLIANCE. THE 48 FECS COULD HAVE BEEN CAUSED BY LAB. SAMPLE ERROR.
- ② HIGH NITRATES ARE DUE TO A FAULTY MAG. METER AND METHANOL PUMPS NOT WORKING PROPERLY. A NEW MAG. METER WILL BE INSTALLED MARCH 1ST

03/01/2006 10:11 8135261030

GARTH A

UTILIZED AND BY PL

FORM 027-12

PAGE 02

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MSB County WWT

PERMIT NUMBER: FL0004789-002-07W1P

DISCHARGE POINT NUMBER: D001

WAPK SYSTEM No: 14895

Month/Year: JANUARY 2006

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Plant Odors Outside	Sample Measurement			0		48		1	5 per wk	Grab
STORET No. 31615 I Mon. No. EPD-01-36118	Plant Measurement			Non Detectable (2) (ppm)		25 (Max.)	mg/L		5 Days/Week	Grab
TIC for disinfection	Sample Measurement			1.0				0	cont	meta
STORET No. 30660 A Mon. No. EPA-01-36336	Plant Measurement			1.0 (Min.)			mg/L		Continuous	Water
TIC for disinfection	Sample Measurement					0.01		0	HR	Grab
STORET No. 30660 I Mon. No. EPD-01-36118	Plant Measurement					0.01 (Max.)	mg/L		Party	Grab
Nitrogen	Sample Measurement			3.5				1	calc.	RAA
STORET No. 8009 Y Mon. No. EPD-01-36118	Plant Measurement			3.8 (All Avg.)			mg/L as N		Calculated	Rolling Annual Avg.
Nitrogen	Sample Measurement			4.86	4.56	7.0		3	weekly	16 HR FPC
STORET No. 00600 I Mon. No. EPD-01-36118	Plant Measurement			4.75 (Mo. Avg.)	4.1 (Week Avg.)	5.0 (Max.)	mg/L as N		Weekly	16-hour FPC
Phosphorus	Sample Measurement			0.76				0	calc.	10 HR FPC
STORET No. 00665 Y Mon. No. EPD-01-36118	Plant Measurement			1.0 (All Avg.)			mg/L as P		Calculated	16-hour FPC
Phosphorus	Sample Measurement			0.83	0.83	1.6		0	weekly	16 HR FPC
STORET No. 7007 I Mon. No. EPD-01-36118	Plant Measurement			1.25 (Mo. Avg.)	1.3 (Week Avg.)	2.0 (Max.)	mg/L as P		Weekly	16-hour FPC
Oxygen, Dissolved (DO)	Sample Measurement			5.4				0	Daily	Grab
STORET No. 0006 I Mon. No. EPD-01-36118	Plant Measurement			5.0 (Min.)			mg/L		Daily	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: *MS County WWTP*

PERMIT NUMBER: *FL004789-003-DW1P*

DISCHARGE POINT NUMBER: *D091*

WAIVER SITE No.: *14305*

MONITORING YEAR: *JANUARY 2006*

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Bx.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.667	0.624						0	Cont	meter
SECRET No. J8050 Mon. Site No. RFD-01-36118	Period Measurement	0.000	Report (No. Avg.)	mgd						Continuous	Flow Meters or Totalizers
SECRET No. J8050 Y Mon. Site No. RFD-01-36118	Sample Measurement	0.667	0.667						0	Monthly	RCA
	Period Measurement		Report (No. Avg.)	mgd						Monthly Calculation	Calculations (Rolling Annual Avg.)
CBOD5	Sample Measurement				210			mg/L	0	monthly	16 HR APC
SECRET No. 00042 G Mon. Site No. RFD-01-36119	Period Measurement				Report (No. Avg.)			mg/L		Monthly	16 Hour APC
TSS	Sample Measurement				420			mg/L	0	monthly	16 HR APC
SECRET No. 00500 G Mon. Site No. RFD-01-36119	Period Measurement				Report (No. Avg.)			mg/L		Monthly	16 Hour APC
	Sample Measurement										
	Period Measurement										
	Sample Measurement										
	Period Measurement										
	Sample Measurement										
	Period Measurement										
	Sample Measurement										
	Period Measurement										
	Sample Measurement										
	Period Measurement										

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

GARTH A

8136261030

03/01/2006 10:11

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, 2400 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL6034789-002-DW1P
 MONITORING PERIOD From: 1-1-06
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 1-31-06
 REPORT: TOXICITY
 GROUP:
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODI=9		0/0	0	BI-Month Permit
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9		0/0	0	
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9		0/0	0	
NOEL STATRE 7 DAY CHRONIC Pinephales promelas (Routine)	Sample Measurement			NODI=9		0/0	0	BI-Month Permit
NOEL STATRE 7 DAY CHRONIC Pinephales promelas (Additional)	Sample Measurement			NODI=9		0/0	0	
NOEL STATRE 7 DAY CHRONIC Pinephales promelas (Additional)	Sample Measurement			NODI=9		0/0	0	

* If a second definitive test is required, enter the result in an empty row.

** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	757-787-7978	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 1-1-06
 LIMIT: Final

To: 1-31-06
 REPORT: Ambient Monitoring Domestic
 GROUP: WAFR SITE No.: 14595
 at Outfall

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. #206
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D601: Ambient Monitoring

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODI=9	SC	0	Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TEMPERATURE	Sample Measurement			NODI=9	°C	0	Quarter	Grab
SALINITY	Sample Measurement			NODI=9	ug/L	0	Quarter	Grab
Fecal Coliform	Sample Measurement			NODI=9	#/100mL	0	Quarter	Grab
Total Coliform	Sample Measurement			NODI=9	#/100mL	0	Quarter	Grab
Turbidity	Sample Measurement			NODI=9	NTU	0	Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczykowski</i>	787-787-7978	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTW PERMIT NUMBER: FL0034789-002-DWIF DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: JANUARY 2006

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
BOD ₅ CARBONACEOUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
MONITORING PERIOD From: 1-1-06
LIMIT: Final

To: 1-31-06
REPORT: Ambient Monitoring
GROUP: Domestic
WAFR SITE No.: 14595
Upstream

FACILITY: Mid-County Services, Inc.
LOCATION: 2299 Spanish Vista Dr. Ave
Palm Harbor, FL 34668
COUNTY: Pinellas

CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NODI-9	NODI-9	NODI-9	su	0	Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement	NODI-9	NODI-9	NODI-9	mg/L	0	Quarter	Grab
TEMPERATURE	Sample Measurement	NODI-9	NODI-9	NODI-9	°C	0	Quarter	Grab
SALINITY	Sample Measurement	NODI-9	NODI-9	NODI-9	ug/L	0	Quarter	Grab
Fecal Coliform	Sample Measurement		NODI-9		100 mL	0	Quarter	Grab
Total Coliform	Sample Measurement		NODI-9		100 mL	0	Quarter	Grab
Turbidity	Sample Measurement		NODI-9		NTU	0	Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephen Szczepkowski	727-787-7978	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: MIS-County WWTP PERMIT NUMBER: FL0034789-002-DW1P
 MONTH/YEAR: JANUARY 2006 DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement				NODI-9		ug/L	0	Quarter	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
BOD, CARBONACEOUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
ORTHOPHOSPHORUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 208 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER:
 MONITORING PERIOD From:
 LIMIT:
 CLASS SIZE:
 PLANT SIZE/TREATMENT TYPE:
 DISCHARGE POINT NUMBER:

FL0034789-002-DW1P
 1-1-06
 Final
 Minor
 B

To: 1-31-06
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14995
 Downstream

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Drive
 Palm Harbor, FL 34668
 COUNTY: Pinellas

D001: Ambient Monitoring

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NODI=9	NODI=9	NODI=9		0	Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement	NODI=9	NODI=9	NODI=9		0	Quarter	Grab
TEMPERATURE	Sample Measurement	NODI=9	NODI=9	NODI=9		0	Quarter	Grab
SALINITY	Sample Measurement	NODI=9	NODI=9	NODI=9		0	Quarter	Grab
Fecal Coliform	Sample Measurement	NODI=9				0	Quarter	Grab
Total Coliform	Sample Measurement	NODI=9				0	Quarter	Grab
Turbidity	Sample Measurement	NODI=9				0	Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	787-787-7978	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: MM-Coupy WWTP PERMIT NUMBER: FLOC34769-002-DW1P DISCHARGE POINT NUMBER: D801- Ambient Monitoring Downstream WAFR SITE No.: 14595
 MONTH/YEAR: JANUARY 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement				NODI-9		ug/L	0	Quarter	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
BOD, CARBONACEOUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement				NODI-9		mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0054780-003-DW1P
 Issue Year: JANUARY 2006

Facility Name: Mid-Coway WWTP

Three-month Average Daily Flow: 675
 Daily Flow % of Permitted Capacity: 68%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (u.n.)	Fecal Coliform Bacteria (#/100ml)	TSC (For Disinfect.) (mg/L)	TSC (For Disinfect.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. No.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01	EFD-01	EFD-01	EFD-01	JNF-01	JNF-01
1	643				7.570		1.8	<.01			6.5		
2	688		<2		7.670	9	1.5	<.01			6.6		
3	631	4.4	<2	<2	7.671	<1	1.5	<.01	4.4	1.6	6.7		
4	589		<2		7.570	<1	2.9	<.01			6.5		
5	593		<2		7.669	<1	1.0	<.01			6.3		
6	563		<2		7.669	<1	1.0	<.01			6.4		
7	560				7.869		1.0	<.01			6.0		
8	615				7.870		1.0	<.01			6.4		
9	608		<2		7.670	<1	1.0	<.01			6.4		
10	640	<2	<2	<2	7.669	<1	0.65	<.01	6.4	0.93	7.5		
11	644		<2		7.669	1	1.88	<.01			5.4		
12	625		<2		7.469	<1	1.0	<.01			5.6		
13	651		<2		7.569	<1	1.8	<.01			6.0		
14	603				7.769		1.2	<.01			6.1		
15	603				7.669		2.2	<.01			5.4		
16	638		<2		7.670	<1	1.6	<.01			5.8		
17	622	<2	<2	<2	7.670	<1	1.2	<.01	3.4	0.75	7.7	210	420
18	564		<2		7.969	<1	1.0	<.01			5.5		
19	610		<2		7.169	4.8	1.1	<.01			5.8		
20	669		<2		7.169	<1	1.5	<.01			5.9		
21	708				7.267		2.8	<.01			6.0		
22	712				7.567		2.8	<.01			5.6		
23	675		<2		7.570	<1	1.4	<.01			7.0		
24	627	2.8	<2	<2	7.569	<1	1.4	<.01	7.0	0.84	7.6		
25	595		<2		7.767	<1	1.2	<.01			7.6		
26	586		<2		7.367	<1	1.2	<.01			7.9		
27	581		<2		7.367	<1	1.0	<.01			6.0		
28	653				7.366		1.0	<.01			6.2		
29	624				7.665		1.9	<.01			7.1		
30	667		<2		7.669	<1	1.0	<.01			7.2		
31	554	<2	<2	<2	7.566	<1	1.0	<.01	1.6	0.43	7.6		

PLANT STAFFING:
 Day Shift Operator: Class: C Certificate No: 13832 Name: JAY HAHN
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A2A Certificate No: 512 + 2773 Name: R. JOHNS T. MANN GUATHIER
 Lead Operator: Class: H Certificate No: 7874 Name: S. SZCZEPKOWSKI
 Type of Effluent Disposal or Recycled Water Reuse:
 Limited Wet Weather Discharge Accepted: Yes No: Not Applicable. If yes, consecutive days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: MDC-County Services, Inc.
 MAILING ADDRESS: 201 Wharfenfeld Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0234738-002-DW1V
 MONITORING PERIOD: From
 LOBT: FEB 01 2006
 CLASS SIZE: 8
 PLANT SIZE/TREATMENT TYPE: 8
 DISCHARGE POINT NUMBER: 8001

THREE MONTH ROLLING AVERAGE: 69% OF PERMITTED

To: REPORT: Monthly
 GROUP: Domestic
 WORK SITE NO: 14395
 CAPACITY: 0.900

FILE COPY
 FEB 7 2006

DRAW date: 3/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement		1.2		0		
STORET No. 8082 Y Mon. Site No. EPD-01-36118	Permit Measurement		38 (An. Avg.)	mg/L		Calculated	Rolling Annual Avg.
CBOD5	Sample Measurement		2.75	2.75	1		
STORET No. 8082 I Mon. Site No. EPD-01-36118	Permit Measurement		6.35 (Mo. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	Weekly	16-hour PPC
TSS	Sample Measurement		< 2		0		
STORET No. 0830 Y Mon. Site No. EPD-01-36118	Permit Measurement		3.0 (An. Avg.)			Calculated	Rolling Annual Avg.
TSS	Sample Measurement		< 2	< 2	0		
STORET No. 0830 I Mon. Site No. EPD-01-36118	Permit Measurement		6.31 (Mo. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	Weekly	16-hour PPC
TSS	Sample Measurement				0		
STORET No. 0830 I Mon. Site No. EPB-01-36388	Permit Measurement				3.8 (Max.)	3 Days/Week	Grab
pH	Sample Measurement		6.5		0		
STORET No. 0800 I Mon. Site No. EPD-01-36118	Permit Measurement		6.1 (Mo. Avg.)		8.0 (Max.)	Continuous	Water

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly 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 and complete. I recognize 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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	787-787-7978	06-03-28

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

In the process of T.N. removal, methanol feed rate was increased.
 The high CBOD must be from the methanol.

03/30/2006 10:02 GARTH A 8136261030

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MS-County WWTP
 Month/Year: FEBRUARY 2006

PERMIT NUMBER: FL90-178-003-DWLP

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14593

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Bx.	Frequency of Analysis	Sample Type
Feed Coliform Bacteria	Sample Measurement			0		2.1		0		
STORET No. 31618 1 Mon. Site No. EPD-01-36118	Percol Measurement			Non Detectable (75 Percent)		25 (Max.)	#/1000L		5 Days/Week	Grab
TIC for disinfection	Sample Measurement			1.0				0		
STORET No. 30660 A Mon. Site No. EPA-01-36118	Percol Measurement			1.0 (Min.)			mg/L		Continuous	Motor
TIC for disinfection	Sample Measurement					0.00		0		
STORET No. 30660 1 Mon. Site No. EPD-01-36118	Percol Measurement					0.01 (Max.)	mg/L		Hourly	Grab
Nitrogen	Sample Measurement			3.6				1		
STORET No. 00680 Y Mon. Site No. EPD-01-36118	Percol Measurement			1.0 (Max. Avg.)			mg/L as N		Calculated	Rolling Annual Avg.
Nitrogen	Sample Measurement			2.18	2.18	3.4		0		
STORET No. 00600 1 Mon. Site No. EPD-01-36118	Percol Measurement			1.75 (Max. Avg.)	1.5 (Week. Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FFC
Phosphorus	Sample Measurement			0.79				0		
STORET No. 00665 Y Mon. Site No. EPD-01-36118	Percol Measurement			1.0 (Max. Avg.)			mg/L as P		Calculated	16-hour FFC
Phosphorus	Sample Measurement			0.82	0.82	1.1		0		
STORET No. 70374 1 Mon. Site No. EPD-01-36118	Percol Measurement			1.25 (Max. Avg.)	1.5 (Week. Avg.)	3.0 (Max.)	mg/L as P		Weekly	16-hour FFC
Oxygen Demand (DK)	Sample Measurement			6.1				0		
STORET No. 60300 1 Mon. Site No. EPD-01-36118	Percol Measurement			1.0 (Min.)			mg/L		Daily	Grab

1/9/20/2004 131 05 4878659561 UTILITIES, INC. OF FL

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mc-County WRTF
 MONTH/YEAR: FEBRUARY 2006

PERMIT NUMBER: FL00478-008-DWTP

DISCHARGE POINT NUMBER: D001

WATR STR No.: 14906

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. of	Frequency of	Sample Type
ST001 No. 5008 Mon. Site No. EPD-01-36118	Sample Measurement	0.673	mgd	0.663		0		
	Permit Measurement	0.590 (AARF)	mgd	Report (Mo. Avg.)			Continuous	Flow Meter & Totalizer
ST002 No. 5050 Y Mon. Site No. EPD-01-36118	Sample Measurement	0.673	mgd			0		
	Permit Measurement		mgd	Report (Ann. Avg.)			Monthly Calculation	Calculation (Rolling Annual Avg.)
CB003 ST003 No. 8002 G Mon. Site No. DNF-01-36119	Sample Measurement			330		0		
	Permit Measurement			Report (Mo. Avg.)	mg/L		Monthly	16-hour FPC
T05 ST004 No. 6000 O Mon. Site No. DNF-01-36119	Sample Measurement			150		0		
	Permit Measurement			Report (Mo. Avg.)	mg/L		Monthly	16-hour FPC
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

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

18/20/2004 13:05 4878696961 UTILITIES INC. OF FL

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 606 3331, 2400 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: M&C-Crosby Services, Inc.
MAILING ADDRESS: 100 Western Field Ave.,
 Ahnashie Springs, FL 32714

PERMIT NUMBER:
MONITORING PERIOD From:
TO:
CLASS CODE:
PLANT IDENTIFICATION TYPE:
DISCHARGE POINT NUMBER:

FLORIDA DEP-001-0010
FEB 01 2006
 Pond
 Mine
 B
 0001

To REPORT GROUP:

FEB 28 2006
TOXICITY

WATER SITE NO.: 14395

FACILITY LOCATION: M&C-Crosby WWTP
 2399 Spanish Vista Dr.
 Palm Harbor, FL 34686
COUNTY: Pinellas

DNMR form 2000

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOBLE STATE 7 DAY CHRONIC Cystodaphnia dubia (Routine)	Sample Measurement							
STORET No. TRP38 P Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Bi-monthly	See Permit
NOBLE STATE 7 DAY CHRONIC Cystodaphnia dubia (Additional)	Sample Measurement							
STORET No. TRP38 Q Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Additional Definitive	See Permit
NOBLE STATE 7 DAY CHRONIC Cystodaphnia dubia (Additional)	Sample Measurement							
STORET No. TRP38 R Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Additional Definitive	See Permit
NOBLE STATE 7 DAY CHRONIC Psephenus promelas (Routine)	Sample Measurement							
STORET No. TRP3C P Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Bi-monthly	See Permit
NOBLE STATE 7 DAY CHRONIC Psephenus promelas (Additional)	Sample Measurement							
STORET No. TRP3C Q Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Additional Definitive	See Permit
NOBLE STATE 7 DAY CHRONIC Psephenus promelas (Additional)	Sample Measurement							
STORET No. TRP3C R Mon. Site No. BFD-01-36118	Percent		100 (24hr.)	NODI-9	Percent	0	Additional Definitive	See Permit

* If a second discharge test is required, enter the result in an empty row.

** Enter NODI-9 in the result column if no discharge occurred during the reporting period. Enter NODI-6 in the result column if no definitive tests are required.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are strict 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 (Y-M-D)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	777-787-7978	06-03-28

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2500 Blake Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westwoodfield Ave.
 Altamonte Springs, FL 32714
 FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. nee
 Palm Harbor, FL 34668
 COUNTY: Pinellas

PERMIT NUMBER: FL0034730-002-0201P
 MONITORING PERIOD From: Feb
 LIMIT: Monitored 0 1 2006
 CLASS/TYPE: 2
 PLANT SIZE/TREATMENT TYPE: 2
 DISCHARGE POINT NUMBER: 2001: Ambient Monitoring

To: REPORT:
 GROUP: WAPE RTE No.1
 at Dunhill

FEB 28 2006
 Accident Monitoring
 Frequency:
 14893
 Date: 02/28

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PH	Sample Measurement	7.11		0		
	Point Measurement	Report	g/L		Quarterly	Grab
STORET No. 00400 S Mon. Site No. SWA-01-36334 DISSOLVED OXYGEN	Sample Measurement	6.87		0		
	Point Measurement	Report	mg/L		Quarterly	Grab
TEMPERATURE	Sample Measurement	23.0		0		
	Point Measurement	Report	°C		Quarterly	Grab
STORET No. 00400 S Mon. Site No. SWA-01-36334 SALINITY	Sample Measurement	0.5		0		
	Point Measurement	Report	µg/L		Quarterly	Grab
Fecal Coliform	Sample Measurement	1		0		
	Point Measurement	Report	#/100mL		Quarterly	Grab
Total Coliform	Sample Measurement	10		0		
	Point Measurement	Report	#/100mL		Quarterly	Grab
STORET No. 31301 S Mon. Site No. SWA-01-36334 Turbidity	Sample Measurement	0.50		0		
	Point Measurement	Report	NTU's		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-03-28

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, 345 3511, 2600 Blair Stone Rd, Tallahassee, 32309-0400
 FACILITY NAME: MDC County WWT PERMIT NUMBER: PL0004789-000-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: FEBRUARY 2006

WAFR SITE No.: 16995

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS			< 2		0		
STORET No. 00530 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
BOD, CARBONACEOUS			< 2		0		
STORET No. 00510 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN			1.3		0		
STORET No. 00625 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
NITRITE-NITRATE			4.9		0		
STORET No. 00650 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
TOTAL AMMONIA			0.026		0		
STORET No. 00610 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS			0.33		0		
STORET No. 00665 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS			0.78		0		
STORET No. 00660 5 Mon. Site No. SWA-01-36134	Sample Measurement		Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

18/20/2004 13:06 4878626561

UTILITIES INC OF FL

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, RM 3511, 2500 West Shore Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 280 Weatherford Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789-003-DW1P
 MONITORING PERIOD From: _____
 Limit: Final

To: **FEB 28 2006**
 REPORT: Ambient

FACILITY: Mid-County Services, Inc.
 LOCATION: 2800 Spanish Vista Dr.,
 Palm Harbor, FL 34688
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT IDENTIFICATION TYPE: FEB 01 2006
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

GROUP: WAFW. SITE No.: 14593
 Upstream

DMSR Date: 02/20

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Permit Measurement	7.5		0		
STORET No. 09400 5 Mon. Site No. SWB-01-36331	Permit Measurement	Report Surface	Report Bottom	RTU	Quarterly	Grab
DISSOLVED OXYGEN	Sample Measurement	6.63		0		
STORET No. 00300 5 Mon. Site No. SWB-01-36331	Permit Measurement	Report Surface	Report Mid-Depth	mg/L	Quarterly	Grab
TEMPERATURE	Sample Measurement	18.5		0		
STORET No. 00010 5 Mon. Site No. SWB-01-36333	Permit Measurement	Report Surface	Report Mid-Depth	°C	Quarterly	Grab
SALINITY	Sample Measurement	0.2		0		
STORET No. 00480 5 Mon. Site No. SWB-01-36335	Permit Measurement	Report Surface	Report Mid-Depth	ug/L	Quarterly	Grab
Fecal Coliform	Sample Measurement	108		0		
STORET No. 31615 5 Mon. Site No. SWB-01-36333	Permit Measurement	Report Mid-Depth	-	#/100 mL	Quarterly	Grab
Total Coliform	Sample Measurement	1140		0		
STORET No. 31501 5 Mon. Site No. SWB-01-36335	Permit Measurement	Report Mid-Depth	-	#/100 mL	Quarterly	Grab
Turbidity	Sample Measurement	0.91		0		
STORET No. 82878 5 Mon. Site No. SWB-01-36333	Permit Measurement	Report Mid-Depth	-	NTU	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7988	06-03-28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Indicate all violations here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Watershed Facilities Management Section, 4th Floor, 2600 Mt. Vernon Rd., Tallahassee, 32305-2400
 FACILITY NAME: WPA County WTP PERMIT NUMBER: W000478-002-DW1P DISCHARGE POINT NUMBER: D601- Ambient Monitoring Upstream WAFR SITE No.: 46985
 MONTH/YEAR: FEBRUARY 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. By	Frequency of Analysis	Sample Type
CHLOROPHYLL <i>a</i>	Sample Measurement			1.0		0		
STORET No. 33200 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
TOTAL SULPHURED SULPHON	Sample Measurement			<2.0		0		
STORET No. 00518 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
NO ₃ -NITROGEN	Sample Measurement			<2.0		0		
STORET No. 00310 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
TOTAL KILBURN NITROGEN	Sample Measurement			0.25		0		
STORET No. 00925 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
NITROGEN TRATE	Sample Measurement			0.19		0		
STORET No. 00498 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement			0.026		0		
STORET No. 00619 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement			0.14		0		
STORET No. 00645 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab
ORTHOPHOSPHORUS	Sample Measurement			0.064		0		
STORET No. 00600 5 Max. Site No. SWB-01-24313	Permit Measurement			Report Mid-Depth	ug/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed in all this report to Department of Environmental Protection, Wastewater Facilities Management Section, 601 3511, 3490 Block Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westmeadow Ave.
 Altamonte Springs, FL 32714
 FACILITY LOCATION: Mid-County Services, Inc.
 1299 Spanish Vista Dr. #300
 Palm Harbor, FL 34668
 COUNTY: Pinellas

PERMIT NUMBER: FLOWR49-002-DW1F
 MONITORING PERSON: [Blank]
 LIMIT: [Blank]
 CLASS: [Blank]
 PLANT SIZE/TREATMENT TYPE: [Blank]
 DISCHARGE POINT NUMBER: [Blank]

Final Date: FEB 01 2006
 Minor: [Blank]
 Discharge Point: 0001: Ambient Monitoring

REPORT GROUP: WAFR SITE No.: [Blank]
 Discharge Point: 14594
 Derivations: [Blank]

REP 2 8 2006
 Ambient Monitoring
 Duration: 14594
 DER Date: 0200

Parameter	Sample Management	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PH	Sample Management	7.05		0		
	Point Measurement	Report Surface	Report Bottom	S.U.	Quarterly	Grab
STORY No. 00400 6 Mon. Site No. SWD-01-36333	Sample Management	7.05		0		
DISSOLVED OXYGEN	Point Measurement	Report Surface	Report Mid-Depth	mg/L	Quarterly	Grab
STORY No. 00300 6 Mon. Site No. SWD-01-36333	Sample Management	19.6		0		
TEMPERATURE	Point Measurement	Report Surface	Report Bottom	°C	Quarterly	Grab
STORY No. 00010 6 Mon. Site No. SWD-01-36333	Sample Management	0.3		0		
SALINITY	Point Measurement	Report Surface	Report Mid-Depth	ng/L	Quarterly	Grab
STORY No. 40400 6 Mon. Site No. SWD-01-36333	Sample Management	92		0		
Precipitation	Point Measurement	Report Mid-Depth		High/L	Quarterly	Grab
STORY No. 31615 6 Mon. Site No. SWD-01-36333	Sample Management	1060		0		
Total Chloride	Point Measurement	Report Mid-Depth		MUSOL	Quarterly	Grab
STORY No. 31301 6 Mon. Site No. SWD-01-36333	Sample Management	0.76		0		
Turbidity	Point Measurement	Report Mid-Depth		NTU s	Quarterly	Grab
STORY No. 42070 6 Mon. Site No. SWD-01-36333	Sample Management					

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 that calculated information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczytkowski</i>	727-787-7978	06-03-08

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Pollution Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32309-3480
 FACILITY NAME: MDC County WWTP FEGORY NUMBER: FL034788-000-DW-IP DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Downstream WAPR SITE No: 14995
 MONTH/YEAR: FEBRUARY 2006

18/26/2004 1:12:05 4878696961 UTILITIES INC OF FL

Parameter	Sample Management	Quantity or Loading	Units	Quality or Concentration	Units	No. Sr.	Frequency of Analysis	Sample Type
CHLOROPHYLL-A	Sample Management			1.0		0		
STORET No. 32130 6 Mon. Site No. SWD-01-36135 TOTAL SUSPENDED SOLIDS	Sample Management			< 2	mg/L	0	Quarterly	Grab
STORET No. 09230 6 Mon. Site No. SWD-01-36135 SD2, CARBONALBOUNDED	Sample Management			< 2	mg/L	0	Quarterly	Grab
STORET No. 00010 6 Mon. Site No. SWD-01-36135 TOTAL KYLELORAL NITROGEN	Sample Management			0.92	mg/L	0	Quarterly	Grab
STORET No. 00825 6 Mon. Site No. SWD-01-36135 NITRATE-NITRATE	Sample Management			2.4	mg/L	0	Quarterly	Grab
STORET No. 09630 6 Mon. Site No. SWD-01-36135 TOTAL AMMONIA	Sample Management			0.026	mg/L	0	Quarterly	Grab
STORET No. 00610 6 Mon. Site No. SWD-01-36135 TOTAL PHOSPHORUS	Sample Management			0.44	mg/L	0	Quarterly	Grab
STORET No. 00645 6 Mon. Site No. SWD-01-36135 ORTHO-PHOSPHORUS	Sample Management			0.34	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA054789-002-DW1P
 Month/Year: FEBRUARY 2006

Facility Name: MS-County WWTP

Three-month Average Daily Flow:
 Daily Flow % of Permitted Capacity:

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TIC (For Disinfect.) (mg/L)	TIC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Flow Sta	EFD-01	INF-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	568		<2		7570	<1	1.0	<.01			7.2		
2	706		<2		7670	<1	1.7	<.01			7.6		
3	812		<2		7675	<1	1.5	<.01			7.4		
4	813				7570		2.9	<.01			6.6		
5	763				7668		5.0	<.01			7.2		
6	634		<2		7465	<1	2.3	<.01			7.5		
7	650	11	<2	<2	7569	<1	3.0	<.01	3.4	0.45	7.2		
8	596		<2		7170	<1	3.0	<.01			7.6		
9	594		<2		7869	<1	1.0	<.01			7.6		
10	627		<2		7569	<1	1.1	<.01			6.1		
11	678				7167		1.0	<.01			6.8		
12	634				7168		1.0	<.01			7.4		
13	596		<2		7869	<1	1.0	<.01			7.6		
14	604		<2		7869	<1	1.0	<.01			7.3		
15	662	<2	<2	<2	7867	<1	1.0	<.01	2.5	0.92	7.0	330	150
16	640		<2		7465	<1	3.5	<.01			6.8		
17	666		<2		7471	<1	1.3	<.01			6.5		
18	671				7472		1.2	<.01			8.0		
19	662				7371		1.0	<.01			7.7		
20	711		<2		7371	<1	4.5	<.01			7.6		
21	627		<2		8072	<1	3.0	<.01			7.4		
22	718	<2	<2	<2	8068	<1	3.9	<.01	0.91	0.80	7.5		
23	683		<2		7169	<1	3.3	<.01			6.8		
24	630		<2		7269	<1	5.0	<.01			6.8		
25	738				7971		2.9	<.01			7.0		
26	667				7969		3.4	<.01			8.2		
27	605		<2		7771	<1	1.2	<.01			7.8		
28	620	<2	<2	<2	7771	<1	4.1	<.01	1.9	1.1	7.5		
29													
30													
31													

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: C-13832 Name: JAY HANA
 Evening Shift Operator Class: A+A Certificate No: A-511 + A-2772 Name: RALPH THOMAS & MATT GUNTHER
 Night Shift Operator Class: B Certificate No: B-2874 Name: STEPHEN SZCZEPANOWSKI
 Lead Operator Class: B Certificate No: B-2874 Name: STEPHEN SZCZEPANOWSKI

Type of Effluent Disposal or Reclaimed Water Reuse: _____
 Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, consecutive days of wet weather discharge: _____

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

Mid County

645

EFF. FLOW

Month FEB
Year 06

Calibration for Hand Held CL2 Meter using High Secondary Standard Kit
618934469

Date	MTR READ.	Flow MGD
1	618934469	.568
2	619502499	.706
3	620208924	.812
4	621021382	.813
5	621834298	.763
6	622597541	.634
7	623231805	.650
8	623881470	.596
9	624477690	.594
10	625071791	.627
11	625699274	.678
12	626376794	.634
13	627010710	.596
14	627697183	.604
15	628216913	.662
16	628873266	.640
17	629514139	.666
18	630179913	.671
19	630850960	.662
20	631512698	.711
21	632224067	.627
22	632851125	.714
23	633569930	.683
24	634252752	.630
25	634887967	.738
26	635620780	.667
27	636287616	.665
28	636892203	.620
(29)	637512429	
30		
31		

1ST

18,575 mg

0.663 GPD

FILE COPY

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3581, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 204 Weakensfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
MONITORING PERIOD From: Final
LIMIT: MAR 01 2006
CLASS SIZE: B
PLANT SIZE/TREATMENT TYPE: D001
DISCHARGE POINT NUMBER: D001

Final
MAR 01 2006

To: MAR 31 2006
REPORT GROUP: Monthly Domestic

WAPR SITE NO.: 14595

FACILITY: Mid-County WWTP
LOCATION: 7299 Spanish Vista Dr.
Palm Harbor, FL 34668
COUNTY: Pinellas

THREE MONTH ROLLING ADV: 72 % OF PERMITTED

CAPACITY: 0.900
DMR date: 3/00

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No.Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80087 Y Mon. Site No. EPD-01-36118	Sample Measurement			1.26			mg/L	0	Calculated	Rolling Annual Avg.
	Permit Measurement			5.0 (An.Avg.)						
CBOD5 STORET No. 80082 I Mon. Site No. EPD-01-36118	Sample Measurement			0.85	0.85	3.4	mg/L	0	Weekly	16-hour FPC
	Permit Measurement			6.25 (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)				
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement			< 2			mg/L	0	Calculated	Rolling Annual Avg.
	Permit Measurement			5.0 (An.Avg.)						
TSS STORET No. 00530 I Mon. Site No. EPD-01-36118	Sample Measurement			< 2	< 2	< 2	mg/L	0	Weekly	16-hour FPC
	Permit Measurement			6.25 (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)				
TSS STORET No. 00530 I Mon. Site No. EPD-01-36383	Sample Measurement					3	mg/L	0	5 Days/Week	Grab
	Permit Measurement					5.0 (Max.)				
PH STORET No. 00400 I Mon. Site No. EPD-01-36118	Sample Measurement			6.3		7.9	S.U.	0	Continuous	Meter
	Permit Measurement			6.0 (Min.)		8.5 (Max.)				

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly 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 and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	707-787-7978	06-03-26

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

18/28/2004 13:06 4878695961

UTILITIES INC OF FL

PAGE 02/12

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County SWTP
 Month/Year: **MARCH 2006**

PERMIT NUMBER: FL001-4789-002-DWLP

DISCHARGE POINT NUMBER: D001

WAPR SITE No.: 14395

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Bx.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria STORET No. 31615 I Mon. Site No. EPD-01-36118	Sample Measurement				0		6		0		
	Permit Measurement				Non Detectable (75 Percentile)		25 (Max.)	#/100ml.		3 Days/Week	Grab
TRC for disinfection STORET No. 50066 A Mon. Site No. EPA-01-36356	Sample Measurement				1.0				0		
	Permit Measurement				1.0 (Min.)			mg/L		Continuous	Motor
TRC for dechlorination STORET No. 50860 I Mon. Site No. EPD-01-36118	Sample Measurement						0.00		0		
	Permit Measurement						0.01 (Max.)	mg/L		Hourly	Grab
Nitrogen STORET No. 00600 Y Mon. Site No. EPD-01-36118	Sample Measurement				3.6				1		
	Permit Measurement				3.0 (An. Avg.)			mg/L as N		Calculated	Rolling Annual Avg.
Nitrogen STORET No. 00600 I Mon. Site No. EPD-01-36118	Sample Measurement				3.0	3.0	4.1		0		
	Permit Measurement				1.75 (Mo. Avg.)	4.5 (Week Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FPC
Phosphorus STORET No. 00665 Y Mon. Site No. EPD-01-36118	Sample Measurement				0.79				0		
	Permit Measurement				1.0 (An. Avg.)			mg/L as P		Calculated	16-hour FPC
Phosphorus STORET No. 70607 I Mon. Site No. EPD-01-36118	Sample Measurement				0.45	0.45	0.60		0		
	Permit Measurement				1.25 (Mo. Avg.)	1.5 (Week Avg.)	2.0 (Max.)	mg/L as P		Weekly	16-hour FPC
Oxygen, Dissolved (DO) STORET No. 00300 I Mon. Site No. EPD-01-36118	Sample Measurement				6.7				0		
	Permit Measurement				3.0 (Min.)			mg/L		Daily	Grab

18/28/2004 13:06 4878696961

UTILITIES INC OF FL

PAGE 03/12

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Alachua County WWTP
 MONTH/YEAR: MARCH 2006

PERMIT NUMBER: FL0034789-002-DWIP

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14933

Parameter		Quantity or Loading		Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow STORET No. 50050 J Mon. Site No. EFD-01-36118	Sample Measurement	0.673	0.644	mgd			0	Continuous	Flow Meters & Totalizers
	Permit Measurement	0.900 (AADF)	Report (Mo. Avg.)						
Flow STORET No. 50050 Y Mon. Site No. EFD-01-36118	Sample Measurement		0.673	mgd			0	Monthly Calculation	Calculation (Rolling Annual Avg.)
	Permit Measurement		Report (Ann. Avg.)						
CBOD5 STORET No. 80042 G Mon. Site No. ENF-01-36119	Sample Measurement				60	mg/L	0	Monthly	16-hour PPC
	Permit Measurement				Report (Mo. Avg.)				
TSS STORET No. 00530 G Mon. Site No. INP-01-36119	Sample Measurement				150	mg/L	0	Monthly	16-hour PPC
	Permit Measurement				Report (Mo. Avg.)				
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

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

10/20/2004 13:06

4078696961

UTILITIES INC OF FL

PAGE 04/12

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 Blush Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westmeadfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: **MAR 01 2006**
 LIMIT: Minor
 CLASS SIZE: B
 PLANT SIZE/TREATMENT TYPE: D001
 DISCHARGE POINT NUMBER:

To: **MAR 31 2006**
 REPORT GROUP: TOXICITY
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2289 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DWR date: 2/09

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement							
STORET No. TBP3B P Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement							
STORET No. TBP3B Q Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement							
STORET No. TBP3B R Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelex (Routine)	Sample Measurement							
STORET No. TBP6C P Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelex (Additional)	Sample Measurement							
STORET No. TBP6C Q Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelex (Additional)	Sample Measurement							
STORET No. TBP6C R Mon. Site No. EPD-01-3611B	Permit Measurement		100 (Min.)	NODI=9	Percent	0	Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=0 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczykowski</i>	727-787-7978	06-03-26

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

10/20/2004 13:06 487896961 UTILITIES INC OF FL PAGE 05/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Who Completed this report for: Department of Environmental Protection, Wastewater Facilities Management Section, 365 351 L, 2600 Bink Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From:
 LIMIT:
 CLASS SIZE:
 PLANT SIZE/TREATMENT TYPE:
 DISCHARGE POINT NUMBER:

Final MAR 01 2006
 Minor
 B
 B001: Ambient Monitoring

To: **MAR 31 2006**
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14995
 at (Outfall)
 DMR Date: 02/00

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr, nee
 Palm Harbor, FL 34668
 COUNTY: Pinellas

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00466 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	S.U.	0	Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00300 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	mg/L	0	Quarterly	Grab
TEMPERATURE STORET No. 00010 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	°C	0	Quarterly	Grab
SALINITY STORET No. 00480 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	ug/L	0	Quarterly	Grab
Fecal Coliform STORET No. 31615 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	#/100mL	0	Quarterly	Grab
Total Coliform STORET No. 31501 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	#/100mL	0	Quarterly	Grab
Turbidity STORET No. 82078 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement		Report	NODI-9	NFU's	0	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-03-26

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

18/20/2004 13:06

4078696961

UTILITIES INC OF FL

PAGE 06/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 645 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTW PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: MARCH 2006

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement							
STORET No. 00310 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement							
STORET No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
NITRITE-NITRATE	Sample Measurement							
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
TOTAL AMMONIA	Sample Measurement							
STORET No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement							
STORET No. 00665 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement							
STORET No. 00660 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

1/17/20/2804

13:06

4878696961

UTILITIES INC OF FL

PAGE 07/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 1511, 2500 Blair Stone Rd, Tallahassee, 32399-2499

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 290 Westbraefield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789-002-DW1P
 MONITORING PERIOD From:
 LIMIT: Final

From: **MAR 01 2006**

To: **MAR 31 2006**
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14395

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Drive
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

Minor
 B
 D001: Ambient Monitoring

Upstream

DMR Date: 02/06

Parameter				Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00400 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	S.U.	0	Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00300 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	mg/L	0	Quarterly	Grab
TEMPERATURE STORET No. 00010 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	°C	0	Quarterly	Grab
SALINITY STORET No. 00410 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	ug/L	0	Quarterly	Grab
Total Coliform STORET No. 31615 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Mid-Depth	NODI-9		4/100 mL	0	Quarterly	Grab
Total Coliform STORET No. 31501 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Mid-Depth	NODI-9		4/100 mL	0	Quarterly	Grab
Turbidity STORET No. 32071 5 Mon. Site No. SWB-01-36333	Sample Measurement			NODI-9						
	Permit Measurement			Report Mid-Depth	NODI-9		NPLs	0	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7918	06-03-26

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

10/20/2004 13:06

4078596961

UTILITIES INC OF FL

PAGE

08/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blind Stone Rd, Tallahassee, 32399-3400
 FACILITY NAME: Mid-County WWP PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
 MONTH/YEAR: MARCH 2006

WAFR SITE No: 14995

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement							
STORET No. 32230 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	ug/L	0	Quarterly	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00538 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
BOD ₅ CARBONACEOUS	Sample Measurement							
STORET No. 00310 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement							
STORET No. 00623 3 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
NITRITE-NITRATE	Sample Measurement							
STORET No. 00630 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL AMMONIA	Sample Measurement							
STORET No. 00648 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	ug/L	0	Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement							
STORET No. 00665 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement							
STORET No. 00660 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

10/20/2004

13:06

4070696961

UTILITIES INC OF FL

PAGE 09/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 3600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714
 FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr.,
 Palms Harbor, FL 34668
 COUNTY: Pinellas

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From:
 LIMIT:
 CLASS SIZE:
 PLANT SIZE/TREATMENT TYPE:
 DISCHARGE POINT NUMBER:

Final **MAR 01 2006**
 Minor
 D
 D001: Ambient Monitoring

To: **MAR 31 2006**
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14595
 DMR Date: 02/00

Parameter	Sample Measurement	Permit Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00400 6 Mon. Site No. SWD-01-36335	Sample Measurement		NODI-9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	S.U.	Quarterly
DISSOLVED OXYGEN STORET No. 00300 6 Mon. Site No. SWD-01-36335	Sample Measurement		NODI-9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly
TEMPERATURE STORET No. 00010 6 Mon. Site No. SWD-01-36335	Sample Measurement		NODI-9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	°C	Quarterly
SALINITY STORET No. 00480 6 Mon. Site No. SWD-01-36335	Sample Measurement		NODI-9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	ug/L	Quarterly
Fecal Coliform STORET No. 31615 6 Mon. Site No. SWD-01-36335	Sample Measurement						
	Permit Measurement			Report Mid-Depth	NODI-9	#/100ml	Quarterly
Total Coliform STORET No. 31501 6 Mon. Site No. SWD-01-36335	Sample Measurement						
	Permit Measurement			Report Mid-Depth	NODI-9	#/100mL	Quarterly
Turbidity STORET No. 82078 6 Mon. Site No. SWD-01-36335	Sample Measurement						
	Permit Measurement			Report Mid-Depth	NODI-9	NTU s	Quarterly

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 that submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-03-26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DWTP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream WAJFR SITE No.: 14595
 MONTH/YEAR: MARCH 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement							
STORET No. 32230 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00330 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement							
STORET No. 00310 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement							
STORET No. 00625 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
NITRITE-NITRATE	Sample Measurement							
STORET No. 00630 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL AMMONIA	Sample Measurement							
STORET No. 00610 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement							
STORET No. 00665 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement							
STORET No. 00660 6 Mon. Site No. SWD-01-36335	Permit Measurement			Report Mid-Depth	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

16/28/2004

13:05

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UTILITIES INC OF FL

PAGE 11/12

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year: MARCH 2006

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
 Daily Flow % of Permitted Capacity: 0.644

	Flow (MGD)	COD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (A.W.)	Focal Coliforms (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	COD5 (mg/L)	TSS (mg/L)
Code	70030	0002	0030	0030	0040	74059	5000	5000	0000	0000	0000	0000	0030
Mon. Sta	EPD-01	EPD-01	EPB-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01	BPD-01	EPD-01	EPD-01	INF-01	INF-01
1	.610		<2		75.69	<1	3.6	<.01			7.7		
2	.662		<2		70.69	<1	5.0	<.01			7.9		
3	.640		<2		72.69	<1	5.0	<.01			7.5		
4	.656				72.69		5.0	<.01					
5	.631				75.70		4.1	<.01					
6	.655		<2		75.70	<1	3.9	<.01			7.6		
7	.586	<2	<2	<2	74.70	<1	3.2	<.01	2.5	0.38	7.5	60	150
8	.636		<2		76.68	<1	1.0	<.01			7.7		
9	.676		3		78.78	4	2.7	<.01			7.4		
10	.648		<2		74.68	<1	5.0	<.01			6.7		
11	.728				71.68		4.6	<.01					
12	.669				72.69		4.9	<.01					
13	.649		<2		79.71	<1	2.8	<.01			7.7		
14	.669	3.4	<2	<2	79.69		3.8	<.01	2.8	0.42	8.7		
15	.633		<2		75.71	2	1.7	<.01			7.9		
16	.633		<2		72.70	1	1.5	<.01			7.8		
17	.668		<2		72.70	6	2.1	<.01			7.1		
18	.671				74.70		2.0	<.01					
19	.684				77.67		2.8	<.01					
20	.684		<2		76.69	<1	5.0	<.01			7.9		
21	.713	<2	<2	<2	77.69	<1	1.2	<.01	4.1	0.40	8.1		
22	.603		<2		78.69	<1	2.5	<.01			8.1		
23	.669		<2		76.66	<1	1.0	<.01			7.7		
24	.597		<2		72.66	<1	1.7	<.01			7.6		
25	.581				72.64		1.4	<.01					
26	.584				75.63		2.1	<.01					
27	.590		<2		75.69	<1	3.8	<.01			8.3		
28	.597	<2	<2	<2	76.69	<1	1.0	<.01			7.8		
29	.637		<2		74.68	<1	4.4	<.01	2.7	0.60	7.4		
30	.617		<2		73.67	<1	3.5	<.01			7.5		
31	.677		<2		72.73	<1	3.5	<.01			7.1		

PLANT STAFFING

Day Shift Operator Class: C Certificate No: C-13832 Name: JAY HAHN
 Evening Shift Operator Class: A+A Certificate No: 512 + 272 Name: R. JOHNS + M. GUNTHER
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: H Certificate No: 7874 Name: STEPHEN SZOLEKOWSKI
 Type of Effluent Disposal or Reclaimed Water Reuse: _____
 Limited Wet Weather Discharge Authorized: Yes: No Not Applicable: _____ If yes, cumulative days of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Abamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pasco

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: APR 01 2006 To: APR 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.671	MGD			<input type="radio"/>	MONTHLY	CALC
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.9 (Ar. Avg.)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.642	MGD			<input type="radio"/>	5X/week	meter
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.27	MG/L	<input type="radio"/>	MONTHLY	CALC
PARM Code 80082 Y Mon. Site No. EPD-01	Permit Requirement			5.0 (Ar. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.8	MG/L	<input type="radio"/>	WEEKLY	16HR FPC
PARM Code 80082 I Mon. Site No. EPD-01	Permit Requirement			5.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2	MG/L	<input type="radio"/>	MONTHLY	CALC
PARM Code 00530 Y Mon. Site No. EPD-01	Permit Requirement			5.0 (Ar. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 2	MG/L	<input type="radio"/>	WEEKLY	16HR FPC
PARM Code 00530 I Mon. Site No. EPD-01	Permit Requirement			5.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-04-24

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

- ① Chloroform samples were mistakenly missed, for the april permit transition.
- ② For fecal sampling, a second black feed pipe was moved to start of Tank.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: APR 01 2006 To: APR 30 2006

PERMIT NUMBER: FL0004799

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. BFB-01	Permit Requirement					50 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			3.7			MG/L	1	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (Max. Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			2.1	2.1	3.2	MG/L	0	WEEKLY	16hr PFC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.75 (Max. Avg.)	4.5 (Weekly Avg.)	50 (Max.)	MG/L		Weekly	16-hr. PFC
Phosphorus, Total (as P)	Sample Measurement			0.77			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (Max. Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.65	0.65	0.77	MG/L	0	WEEKLY	16hr PFC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (Max. Avg.)	1.5 (Weekly Avg.)	20 (Max.)	MG/L		Weekly	16-hr. PFC
pH	Sample Measurement			6.6	8.0		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			65			%	1	MONTHLY	CALC
PARM Code 11005 Mon. Site No. BFD-01	Permit Requirement			75 (Max.)			PERCENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			7			#100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.9			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: ~~APR 01 2006~~ To: APR 30 2006

PERMIT NUMBER: FL0034789
 APR 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			0				
PARM Code 32106 Y Mon. Site No. EPD-01	Permit Requirement			Report (Mo. Avg.)	UG/L	1	MONTHLY	CALC
Chloroform	Sample Measurement			0				
PARM Code 32106 I Mon. Site No. EPD-01	Permit Requirement			Report (Mo. Avg.)	UG/L	4	WEEKLY	GRAB
Flow (Total Plant)	Sample Measurement	0.671	MGD			0	MONTHLY	CALC
PARM Code 50090 P Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.650	MGD	0.642		0	5x/WEEK	METER
PARM Code 50090 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			5 Days/Week	Flow Totalizer
Percent Capacity, (TMADR/Permitted Capacity) x 100	Sample Measurement			72		0	MONTHLY	CALC
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			330		0	MONTHLY	16 HR FPC
PARM Code 80082 O Mon. Site No. INP-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			180		0	MONTHLY	16 HR FPC
PARM Code 00530 O Mon. Site No. INP-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Radial	Sample Measurement			0		0	DAILY	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	218,750	GALLONS			0	MONTHLY	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)	Gallons				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed: All this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGES FROM SITE:
 MONITORING PERIOD From: April 1, 06 To June 30, 06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code:TBPSB P Mon.Site No. EPD-01	Sample Measurement			100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code:TBPSB Q Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code:TBPSB R Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code:TBPGC P Mon.Site No. EPD-01	Sample Measurement			100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code:TBPGC Q Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code:TBPGC R Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

**ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-04-24

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789
From: April 1, 06 To: April 30, 06

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	30050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EPD-01	EPD-01	EPB-01	EPD-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01
1	.725									
2	.636									
3	.683			3			7.871	<1	4.0	<.01
4	.624	<2	<2	<2	2.8	0.36	7.871	<1	3.7	<.01
5	.660			<2			7.770	<1	3.8	<.01
6	.617			<2			7.566	<1	2.7	<.01
7	.637			<2			7.468	2	1.0	<.01
8	.701									
9	.647									
10	.634	<2	<2	<2	1.6	0.69	7.671	1	3.4	<.01
11	.610			<2			7.771	<1	2.9	<.01
12	.623			<2			7.771	<1	3.6	<.01
13	.616			<2			7.570	<1	3.7	<.01
14	.633			<2			7.570	<1	3.5	<.01
15	.682									
16	.639									
17	.661			<2			7.771	<1	3.4	<.01
18	.620	<2	<2	<2	0.81	0.76	7.771	7	2.3	<.01
19	.600			<2			7.671	1	3.6	<.01
20	.663			<2			7.770	<1	3.0	<.01
21	.638			<2			7.769	<1	3.0	<.01
22	.692									
23	.605									
24	.629	3.2	<2	<2	3.2	0.77	7.872	2	1.7	<.01
25	.612			<2			7.974	<1	1.7	<.01
26	.666			<2			8.070	4	1.7	<.01
27	.643			<2			7.770	3	1.3	<.01
28	.587			<2			7.570	<1	1.5	<.01
29	.657									
30	.634									
31										
Total	19.274									
Mo. Avg.	.642									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13832</u>	Name: <u>J HAHN</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: April 1, 06 To: April 30, 06

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MGL)	Chloroform (UG/L)	CBOD5 (MGL)	TSS (MGL)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1										
2										
3	8.4									
4	7.8		330	180						
5	8.0									
6	8.3									
7	7.2									
8										
9										
10	7.8									
11	7.6									
12	8.4									
13	7.9									
14	7.2									
15										
16										
17	8.2									
18	8.4									
19	7.7									
20	6.9									
21	7.0									
22										
23										
24	7.9									
25	7.8									
26	7.6									
27	7.4									
28	7.2									
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13832</u>	Name: <u>J HAHN</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

645

FILE COPY

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: Mid-County Services, Inc.
 MAILING ADDRESS: 290 Weatherfield Avenue
 Abarbonte Springs, FL 32714

PERMIT NUMBER: FL0034799

FACILITY: Mid County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dueseda, FL

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Pinellas

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Inflow

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: MAY 01 2006 To: MAY 31 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	PARM Code 50050 Mon. Site No. FLW-01	0.671		MGD					0	MONTHLY	CALC
	Permit Requirement (AR. AVG.)			MGD						Monthly	Calculation
Flow (D-001)	PARM Code 50050 Mon. Site No. FLW-01	0.605		MGD					0	5X/week	meter
	Permit Requirement (Mo. Avg.)			MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon. Site No. EPD-01				1.27			MG/L	0	MONTHLY	CALC
	Permit Requirement				5.0			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon. Site No. EPD-01				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
	Permit Requirement				6.5 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	PARM Code 00530 Mon. Site No. EPD-01				< 2			MG/L	0	MONTHLY	CALC
	Permit Requirement				5.0 (Mo. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	PARM Code 00530 Mon. Site No. EPD-01				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
	Permit Requirement				6.5 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczechowski</i>	737-787-7978	06-06-26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Increased Bleach feed Rate for fecal disinfection.
 The lab collected a T.S.S. sample on the 10th and the sample somehow got dumped and not analyzed. a letter from the lab is included.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D001
MONITORING PERIOD From MAY 01 2006 To

PERMIT NUMBER: FL0054789
MAY 31 2006

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement				2.0	0	5X/week	GRAB
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				5.0 (Max.)		3 Days/Week	Grab
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				3.0 (An. Avg.)	1	MONTHLY	CALC
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				3.0 (An. Avg.)		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				3.0 (An. Avg.)	0	WEEKLY	16hr FPC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement				1.5 (An. Avg.)		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement				1.0 (An. Avg.)	0	MONTHLY	CALC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement				1.25 (An. Avg.)	0	MONTHLY	Calculation
pH	Sample Measurement							
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement				6.0 (Min.)	0	5x/WEEK	METER
Coliform, Fecal, 96 less than detection	Sample Measurement							
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement				75 (Min.)	1	MONTHLY	Meter
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement				25 (Max.)		Monthly	Calculation
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 30060 Mon. Site No. EPA-01	Permit Requirement				20	0	5x/ week	GRAB
Total Residual Chlorine (For Dechlorination)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				1.0 (Min.)		7 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				1.1	0	5x/WEEK	METER
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				1.0 (Min.)		3 Days/Week	Meter
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				< 0.01 (Max.)	0	5x/ WEEK	GRAB
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				7.1	0	5x/ WEEK	GRAB
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 30060 Mon. Site No. BFD-01	Permit Requirement				5.0 (Min.)		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWT

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FLO034789

MONITORING PERIOD From: ~~MAY 01 2006~~ To

MAY 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			79	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y	Permit Requirement			Report (Mo. Avg.)	UG/L		Monthly	Calculation
Mon. Site No. BFD-01								
Chloroform	Sample Measurement			79	UG/L	0	WEEKLY	GRAB
PARM Code 32106 I	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Mon. Site No. BFD-01								
Flow (Total Plant)	Sample Measurement	0.671	MGD			0	MONTHLY	CALC
PARM Code 30050 P	Permit Requirement	0.9 (A.P.A.V.)	MGD				Monthly	Calculation
Mon. Site No. PLW-01								
Flow (Total Plant)	Sample Measurement	0.630	MGD	0.605		0	5x/WEEK	METER
PARM Code 50650 Q	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			3 Days/Week	Flow Totalizer
Mon. Site No. PLW-01								
Percent Capacity, (TMADWP Permitted Capacity) x 100	Sample Measurement			70		X	MONTHLY	CALC
PARM Code 00180 I	Permit Requirement			Report	PERCENT		Monthly	Calculation
Mon. Site No. PLW-01								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80063 Q	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Mon. Site No. BNF-01								
Solids, Total Suspended	Sample Measurement			200	MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 Q	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Mon. Site No. BNF-01								
Rainfall	Sample Measurement			0.4	INCHES	0	DAILY	CALC
PARM Code 46529 P	Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Mon. Site No. OTH-02								
Annual Sludge Production, Total	Sample Measurement	287,500	GALLONS			0	MONTHLY	CALC
PARM Code #9013 P	Permit Requirement	Report (Mo. Total)	GALLONS				Monthly	Calculation
Mon. Site No. OTH-01								

MONITORING REPORT - PART A DRAFT

Report for Department of Environmental Protection, Wastewater Compliance Evaluation

Address: MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PBA: **DE NAME:** Mid-County Services, Inc.
MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

FACILITY: Mid-County WWTP
LOCATION: 2299 Spanish Vista Drive
 Davenport, FL

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Polk

NO DISCHARGE FROM SITE:
MONITORING PERIOD: From: MAY 01 2006 To: MAY 31 2006

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Carbonylsulfide dithio(Routine) PASM Code TBP3B P Mon Site No. BFD-01	Sample Measurement				%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (dth)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Carbonylsulfide dithio(Additional) PASM Code TBP3B Q Mon Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			100 (dth)	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Carbonylsulfide dithio(Additional) PASM Code TBP3B R Mon Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			100 (dth)	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate phospho(Routine) PASM Code TBP6C P Mon Site No. BFD-01	Sample Measurement				%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (dth)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Phosphate phospho(Additional) PASM Code TBP6C Q Mon Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			100 (dth)	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate phospho(Additional) PASM Code TBP6C R Mon Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			100 (dth)	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 (MM/DD/YY)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-06-26

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

Permit Number:
Monitoring Period

FL0034789

DAILY SAMPLE RESULTS - PART B

From MAY 01 2006 To MAY 31 2006

Facility: Mid County WWTF

Code	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Mon. Site	EFD-01	EFD-01	ENF-01	INF-01	OTH-01	OTH-02				
1	8.1									
2	8.8									
3	7.1									
4	7.9									
5	7.1	150								
6										
7										
8	8.0									
9	8.0									
10	7.9									
11	8.0	65								
12	7.2									
13										
14										
15	7.9	49	160	200						
16	8.1									
17	8.0					0.4				
18	7.9									
19	7.5									
20										
21										
22	7.7									
23	7.4									
24	7.8									
25	8.0	53								
26	7.8									
27										
28										
29	7.7									
30	7.7									
31	8.0	65								
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 13832 Name: J. HAHN
 Class: A+A Certificate No: 2772 + 512 Name: M. GUNTHER R. JOHNS
 Class: B Certificate No: 7874 Name: S. SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0024789

From:

MAY 01 2006

To:

MAY 31 2006

Facility:

Mid-County WWTP

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50150	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FL97-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01
1	.584			< 2			7.8 6.9	< 1	1.1	<.01
2	.572			< 2			8.0 7.0	< 1	1.5	<.01
3	.579			2			8.1 7.5	< 1	1.3	<.01
4	.568			< 2			7.9 7.4	< 1	1.7	<.01
5	.620			< 2			7.6 7.2	< 1	2.2	<.01
6	.636									<.01
7	.648									<.01
8	.629	< 2	< 2	< 2	3.3	0.46	8.0 7.5	< 1	1.9	<.01
9	.649			< 2			7.9 7.7	< 1	2.8	<.01
10	.611						7.7 7.5		1.8	<.01
11	.622			2 2			7.7 7.4	4	2.2	<.01
12	.553			< 2			7.5 7.4	< 1	1.9	<.01
13	.628							< 1		<.01
14	.624									<.01
15	.591	< 2	< 2	< 2	3.3	0.84	7.8 7.5	< 1	2.3	<.01
16	.571			< 2			7.7 7.2	< 1	2.6	<.01
17	.575			< 2			7.7 7.4	3	2.0	<.01
18	.548			< 2			7.6 7.4	< 1	2.1	<.01
19	.634			< 2			7.5 7.1	< 1	2.7	<.01
20	.642									<.01
21	.620									<.01
22	.611			< 2			7.7 7.1	1	1.3	<.01
23	.605			< 2			7.7 7.4	1	1.2	<.01
24	.579	< 2	< 2	< 2	3.4	0.26	7.7 7.5	1	2.3	<.01
25	.582			< 2			7.6 7.3	< 1	2.0	<.01
26	.602			< 2			7.9 7.3	< 1	2.2	<.01
27	.620									<.01
28	.575									<.01
29	.650			< 2			8.1 7.2	< 1	2.0	<.01
30	.586	< 2	< 2	< 2	2.4	0.34	8.1 7.7	1	2.2	<.01
31				< 2			7.9 7.7			<.01
Total	18.746							20	2.2	<.01
Mo. Avg	0.605									

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

13832

Name:

J. HAHN

Evening Shift Operator

Class:

A + A

Certificate No:

2772 + 512

Name:

M. GLUTHER R. JOHNS

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

7874

Name:

S. SZCZEPKOWSKI

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

FILE COPY

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: JUN 01 2006 To: JUN 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.665	MGD			0	MONTHLY	CALC
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.670	MGD			0	5X/week	meter
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.0	MG/L	0	MONTHLY	CALC
PARM Code 80082 Mon. Site No. BPD-01	Permit Requirement			5.0 (An. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 Mon. Site No. BPD-01	Permit Requirement			6.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2	MG/L	0	MONTHLY	CALC
PARM Code 00530 Mon. Site No. BPD-01	Permit Requirement			5.0 (An. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 Mon. Site No. BPD-01	Permit Requirement			6.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPROWSKI	<i>Stephen Szczeprowski</i>	737-787-7978	060723

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: JUN 01 2006 To

PERMIT NUMBER: FL0034789
 JUN 30 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						3.0	MG/L	0	5X/week	GRAB
PARM Code 00530 1	Permit Requirement						5.0 (Max.)	MG/L		5 Days/Week	Grab
Mon.Site No. EPB-01											
Nitrogen, Total	Sample Measurement				3.9			MG/L	1	MONTHLY	CALC
PARM Code 00600 Y	Permit Requirement				3.0 (An. Avg.)			MG/L		Monthly	Calculation
Mon.Site No. BFD-01											
Nitrogen, Total	Sample Measurement				2.2	2.2	4.2	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 1	Permit Requirement				3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Mon.Site No. BFD-01											
Phosphorus, Total (as P)	Sample Measurement				0.71			MG/L	0	MONTHLY	CALC
PARM Code 00665 Y	Permit Requirement				1.0 (An. Avg.)			MG/L		Monthly	Calculation
Mon.Site No. BFD-01											
Phosphorus, Total (as P)	Sample Measurement				0.35	0.35	0.64	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 1	Permit Requirement				1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
Mon.Site No. BFD-01											
pH	Sample Measurement				7.0	7.9		SU	0	5x/WEEK	METER
PARM Code 00400 1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Mon.Site No. BFD-01											
Coliform, Fecal, % less than detection	Sample Measurement				86			%	0	MONTHLY	CALC
PARM Code 51005 1	Permit Requirement				75 (Min.)			PER-CENT		Monthly	Calculation
Mon.Site No. BFD-01											
Coliform, Fecal	Sample Measurement				3			#100m	0	5x/ week	GRAB
PARM Code 74055 1	Permit Requirement				25 (Max.)			#100ML		7 Days/Week	Grab
Mon.Site No. BFD-01											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6			MG/L	0	5x/WEEK	METER
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		5 Days/Week	Meter
Mon.Site No. EPA-01											
Total Residual Chlorine (For Dechlorination)	Sample Measurement				<0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 1	Permit Requirement				0.01 (Max.)			MG/L		5 Days/Week	Grab
Mon.Site No. EPD-01											
Oxygen, Dissolved (DO)	Sample Measurement				7.0			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 1	Permit Requirement				5.0 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EPD-01											

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: JUN 01 2006 To:

PERMIT NUMBER: FLO034789
 JUN 30 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				76		UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. EPD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement				71		UG/L	0	WEEKLY	GRAB
PARM Code 32106 I Mon. Site No. EPD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.665		MGD				0	MONTHLY	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (A. Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.654	0.670	MGD				0	5x/WEEK	METER
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TBMADP/Permitted Capacity) x 100	Sample Measurement				71		%	0	MONTHLY	CALC
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				350		MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				260		MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement				6.2		INCHES	0	DAILY	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	250,000		GALLONS				0	MONTHLY	CALC
PARM Code 49619 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION - DISCHARGE MONITORING REPORT - PART A DRAFT

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westensfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From JUN 01 2006 To JUN 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Routine)	Sample Measurement				%		EVERY 3 months	
PARAM Code:TBPSB P Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	Every-Other Month	
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code:TBPSB Q Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code:TBPSB R Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRB Pimephales promelas(Routine)	Sample Measurement				%		EVERY 3 MONTHS	
PARAM Code:TBPSB P Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	Every-Other Month	
7-DAY CHRONIC STATRB Pimephales promelas(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code:TBPSB Q Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRB Pimephales promelas(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code:TBPSB R Mon.Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06/07/23

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

Permit Number:
Monitoring Period

FL0034759

From JUN 01 2006 To JUN 30 2006

DAILY SAMPLE RESULTS - PART B

Facility: Mid-County WWTP

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	74055	50060	50060
								EFD-01	EPA-01	EFD-01
1	.574			<2			7.7 7.5	<1	1.8	<.01
2	.595			<2			7.8 7.5	<1	2.5	<.01
3	.603								2.2	<.01
4	.599								2.1	<.01
5	.629			<2			7.7 7.5	<1	1.6	<.01
6	.595	<2	<2	<2	4.2	0.20	7.7 7.6	2	2.0	<.01
7	.582			<2			7.8 7.5	<1	2.3	<.01
8	.595			<2			7.7 7.4	<1	2.1	<.01
9	.613			<2			7.6 7.4	<1	2.0	<.01
10	.671								2.2	<.01
11	.628			<2			7.8 7.0	<1	2.7	<.01
12	.861			<2			7.6 7.2	<1	2.2	<.01
13	.711			<2			7.7 7.0	<1	2.2	<.01
14	.858			<2			7.4 7.2	<1	1.9	<.01
15	.737	<2	<2	<2	1.3	0.043	7.4 7.2	<1	2.3	<.01
16	.664			<2					2.1	<.01
17	.714								2.0	<.01
18	.722			<2			7.5 7.4	<1	1.9	<.01
19	.673			<2			7.6 7.4	<1	2.0	<.01
20	.693			<2			7.7 7.3	<1	2.0	<.01
21	.680	<2	<2	<2	2.0	0.53	7.6 7.4	<1	2.1	<.01
22	.703			<2			7.6 7.4	<1	1.9	<.01
23	.662			<2			7.5 7.4	<1	1.9	<.01
24	.692			<2					1.9	<.01
25	.667								2.2	<.01
26	.699			<2			7.8 7.4	<1	2.8	<.01
27	.667			3			7.9 7.6	3	2.8	<.01
28	.673	<2	<2	<2	1.4	0.64	7.9 7.6	<1	2.8	<.01
29	.649			<2			7.7 7.4	1	2.3	<.01
30	.688			<2			7.5 7.3	<1	2.3	<.01
31										
Total	20.10									
Mo. Avg.	.669									

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832

Name: J HAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: Certificate No:

Name:

Operator

Class: B Certificate No: 7874

Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: JUN 01 2006 To: JUN 30 2006

Facility: Mid County WWTF

Code	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production Total (GPD)	Rainfall (INCHES)				
Mon. Site	EPD-01	EPD-01	BNP-01	BNP-01	OTF-01	OTH-02				
1	7.9									
2	7.7									
3						.75				
4										
5	7.9									
6	7.0			260						
7	8.1	68	350							
8	7.3									
9	7.4									
10										
11										
12	7.4									
13	7.5					3.8				
14	7.8									
15	7.1					0.5				
16	7.2	63								
17						0.25				
18						0.25				
19	7.9									
20	7.3									
21	7.9									
22	7.8	62								
23	7.1									
24										
25										
26	7.4					0.2				
27	7.7					0.45				
28	7.6									
29	7.9	91								
30	7.1									
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832

Name: J HAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: Certificate No:

Name:

Operator

Class: B Certificate No: 7874

Name: S SZCZEPKOWSKI

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: JUL 01 2006 To JUL 31 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.662		MGD					0	MONTHLY	CALC
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.759		MGD					0	5X/week	meter
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.98			MG/L	0	MONTHLY	CALC
PARM Code 40082 Y Mon. Site No. EPD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 I Mon. Site No. EPD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 2			MG/L	0	MONTHLY	CALC
PARM Code 00530 Y Mon. Site No. EPD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 I Mon. Site No. EPD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-287-7978	060823

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Yearly compliance for nitrates will be in compliance next month.
 Fecal samples were found to be grabbed at the wrong place.

DISCHARGE MONITORING REPO. PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: JUL 01 2006 To:

PERMIT NUMBER: FL0034789
JUL 31 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						4	MG/L	0	5x/week	GRAB
PARM Code 00630 Mon. Site No. BFB-01	Permit Requirement						5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				3.09			MG/L	1	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				3.0 (An. Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement				1.49	1.49	2.6	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement				3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				0.71			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement				1.0 (An. Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement				0.71	0.71	0.87	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement				1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement				6.7	8.1		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement				57			%	1	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement				75 (Min.)			PERCENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement				100			#100m	1	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement				25 (Max.)			#100m		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.3			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement				1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				<0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement				0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement				6.5			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement				5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FLO034789

MONITORING PERIOD From: JUL 01 2006 To

JUL 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			74	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. BFD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			73	UG/L	0	WEEKLY	GRAB
PARM Code 32106 1 Mon. Site No. BFD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.662	MGD			0	MONTHLY	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.685	MGD	0.759	MGD	0	5x/WEEK	METER
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			3-Days/Week	Flow Totalizer
Percent Capacity, (TMADR/Permitted Capacity) x 100	Sample Measurement			76	%	0	MONTHLY	CALC
PARM Code 00180 1 Mon. Site No. FLW-01	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			200	MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			10.55	INCHES	0	DAILY	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement			Report (Mo. Total.)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement		GALLONS	187,500		0	MONTHLY	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total.)	Gallon				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION | CHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 1551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0004789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dadeville, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE: **JUL 01 2006** To **JUL 31 2006**
 MONITORING PERIOD From:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon. Site No. EPD-01	Sample Measurement				%		EVERY 3 MONTHS	
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphates promeins(Routine) PARM Code TBP6C P Mon. Site No. EPD-01	Sample Measurement				%		EVERY 3 MONTHS	
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Phosphates promeins(Additional) PARM Code TBP6C Q Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphates promeins(Additional) PARM Code TBP6C R Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

**ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	060823

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

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - December 2006

Lab Sample ID: T068252-01
 Date/Time Sampled: 07/26/06 1200
 Site Name: Effluent Pro-Creek
 Location ID: Outfall 001
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.15		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.4		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	31.0		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	0.80		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	10	U	1	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.44	U	0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.12		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	1.9		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.1		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	10	U	10	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.78		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments: U = The compound was analyzed for but not detected.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - December 2006

Lab Sample ID: T068252-02
 Date/Time Sampled: 07/26/06 1056
 Site Name: Downstream Mid Depth
 Location ID: Test Site #2
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.19		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.7		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.0		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.3	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	430		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.29		0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.49		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.4		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	510		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.32		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	3.0		2.0	E84589

Comments: U = The compound was analyzed for but not detected.

P.D.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Samples Filtered: No
 Monitoring Period: July - December 2006

Lab Sample ID: T068252-03
 Date/Time Sampled: 07/26/06 1134
 Site Name: Upstream Mid Depth
 Location ID: Test Site #1
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.26		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.80		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.9		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.4		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	310		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.23		0.026	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3P	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.080	i	0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.41		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	440		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.17	i	0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments:

i= The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

U = The compound was analyzed for but not detected.

PC

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-04
Date/Time Sampled: 07/26/06 1057
Site Name: Downstream Bottom
Location ID: Test Site #2
DEP Comqap: 980174

Parameter Monitored	Store Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.24		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.7		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	21		N/A	E84589

Comments:

P.P.

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-05
Date/Time Sampled: 07/26/06 1057
Site Name: Downstream Surface
Location ID: Test Site #2
DEP Contqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.05		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.9		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.6		N/A	E84589

Comments:

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Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-06
Date/Time Sampled: 07/26/06 1135
Site Name: Upstream Bottom
Location ID: Test Site #1
DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.37		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	1.4		N/A	E84589

Comments:

end

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-07
Date/Time Sampled: 07/26/06 1133
Site Name: Upstream Surface
Location ID: Test Site #1
DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.17	6.6	N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8	7.2	N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2	0.2	N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9	28.6	N/A	E84589

Comments:

P.10

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: JUL 01 2006 To: JUL 31 2006

Facility: Mid County WWTF

Code	Oxygen Dissolved (DO) (MG/L)	Chlorofom (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production Total (GPD)	Rainfall (INCHES)				
00300		32106	80082	00530	49019	46529				
Mon. Site	EPD-01	EPD-01	INF-01	INF-01	OTH-01	OTH-02				
1										
2										
3	6.8				12,500					
4	7.6					0.5				
5	7.2				12,500					
6	6.9	73								
7	7.0				25,000	0.25				
8						0.75				
9										
10	7.2				18,750					
11	7.3				6,250	2.3				
12	7.1		160	130		0.75				
13	7.4	70			12,500	1.0				
14	7.1				6,250					
15										
16										
17	7.1				18,750					
18	7.0				6,250					
19	7.0					0.4				
20	7.0	75			6,250	1.0				
21	7.0					0.5				
22						0.1				
23						0.4				
24	7.4				12,500	0.2				
25	7.5				12,500					
26	7.1				12,500					
27	7.5	73				1.25				
28	6.5				12,500	0.5				
29						0.65				
30										
31	6.9				12,500					
Total										
Mo. Avg.						10.55				

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832 Name: J HAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLD034789

From: JUL 01 2006

To: JUL 31 2006

Facility: Mid-County WWTP

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00330	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EPD-01	EPD-01	EPB-01	EPD-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01
1	.725									
2	.681									
3	.658			< 2			7.6 7.4	< 1	2.5	< .01
4	.651			< 2			7.6 7.0	< 1	2.4	< .01
5	.732	< 2	< 2	4	1.1	0.63	8.1 7.2	< 1	1.8	< .01
6	.655			< 2			7.5 7.3	100	2.0	< .01
7	.617			< 2			7.4 7.2	< 1	2.5	< .01
8	.699									
9	.691									
10	.670			< 2						
11	.827			< 2			7.5 7.3	< 1	1.7	< .01
12	.866	< 2	< 2	< 2	0.54	0.87	7.6 7.3	22	1.6	< .01
13	.936			< 2			7.5 7.2	10	1.7	< .01
14	.846			< 2			7.4 7.1	14	2.4	< .01
15	.847						7.3 7.0	3	2.2	< .01
16	.793									
17	.775									
18	.732			< 2			7.4 7.2	1	2.2	< .01
19	.766	< 2	< 2	< 2			7.6 7.2	3	1.7	< .01
20	.802			3	1.7	0.84	7.7 7.3	< 1	1.3	< .01
21	.792			< 2			7.8 7.1	4	4.4	< .01
22	.768			< 2			7.7 7.2	< 1	3.3	< .01
23	.812									
24	.823									
25	.741			< 2			8.0 6.8	< 1	1.7	< .01
26	.764	< 2	< 2	< 2	2.6	0.48	7.6 7.4	< 1	1.4	< .01
27	.779			< 2			7.7 7.5	< 1	2.2	< .01
28	.765			< 2			8.0 6.7	< 1	1.9	< .01
29	.773						8.1 6.7	8	2.0	< .01
30	.786									
31	.755			< 2						
Total	23.527						7.8 6.8	< 1	2.3	< .01
Mo. Avg.	.759									

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832

Name: J HAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____

Name: _____

Lead Operator

Class: B Certificate No: 7874

Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FLO034789
Monitoring Period: JUL 01 2006

From: JUL 01 2006 To: JUL 31 2006

Facility: Mid-County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)			
Code	00300	32106	80082	00530	49019	46529			
Mon. Site	EPD-01	EPD-01	INF-01	INF-01	OTH-01	OTH-02			
1									
2									
3	6.8				12,500				
4	7.6					0.5			
5	7.2				12,500				
6	6.9	73							
7	7.0				25,000	0.25			
8						0.75			
9									
10	7.2				18,750				
11	7.3				6,250	2.3			
12	7.1		160	130		0.75			
13	7.4	70			12,500	1.0			
14	7.1				6,250				
15									
16									
17	7.1				18,750				
18	7.0				6,250				
19	7.0					0.4			
20	7.0	75			6,250	1.0			
21	7.0					0.5			
22						0.1			
23						0.4			
24	7.4				12,500	0.2			
25	7.5				12,500				
26	7.1				12,500				
27	7.5	73				1.25			
28	6.5				12,500	0.5			
29						0.65			
30									
31	6.9				12,500				
Total					187,500	10.55			
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 13832	Name: J HAHN
Evening Shift Operator	Class: A + A	Certificate No: 2772 + 512	Name: M GUNTHER R JOHNS
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: B	Certificate No: 7874	Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2490

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

FILE COPY

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: AUG 01 2006 To AUG 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.659	MGD			0	MONTHLY	CALC
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.772	MGD			0	5X/week	meter
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.1		0	MONTHLY	CALC
PARM Code 80082 Mon. Site No. BFD-01	Permit Requirement			5.0 (An. Avg.)			Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.0	5.0	1	WEEKLY	16HR FPC
PARM Code 80082 Mon. Site No. BFD-01	Permit Requirement			6.25 (Mo. Avg.)	7.5 (Weekly Avg.)		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2		0	MONTHLY	CALC
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement			5.0 (An. Avg.)			Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 2	< 2	0	WEEKLY	16HR FPC
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement			6.25 (Mo. Avg.)	7.5 (Weekly Avg.)		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>STEPHEN Szczepekowski</i>	727-787-7978	06-09-17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 In our insistence to place Total Nitrates in compliance, for the year, Methonal was increased to reduce nitrates.

DISCHARGE MONITORING REPORT PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: AUG 01 2006 To: AUG 31 2006

PERMIT NUMBER: FL0034789
AUG 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			< 2	MG/L	0	5x/week	GRAB
PARM Code 00530 Mon. Site No. BFB-01	Permit Requirement			5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			2.88	MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			3.0 (Mo. Avg.)	MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.9	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			3.75 (Mo. Avg.)	MG/L		Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.66	MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.0 (Mo. Avg.)	MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.31	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.25 (Mo. Avg.)	MG/L		Weekly	16-hr FPC
pH	Sample Measurement			6.4	SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. EFD-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Meter
Coliform, Fecal, % less than discrete	Sample Measurement			8.2	%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Min.)	PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			7	#/100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)	#/100ml		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)	MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01	MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)	MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.6	MG/L	0	5x/ WEEK	GRAB
PARM Code 00500 Mon. Site No. BFD-01	Permit Requirement			5.0 (Min.)	MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: AUG 01 2006 To

PERMIT NUMBER: FLO034789
AUG 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			73	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. EFD-01	Permit Requirement			Report (An. Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			70	UG/L	0	WEEKLY	GRAB
PARM Code 32106 I Mon. Site No. EFD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.659	MGD			0	MONTHLY	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.742	MGD	0.772		0	5x/WEEK	METER
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			3 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement			82	%	0	MONTHLY	CALC
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			96	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 Q Mon. Site No. INP-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			130	MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 Q Mon. Site No. INP-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			11	INCHES	0	DAILY	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	193,750	GALLONS			0	MONTHLY	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)	Gallons				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DIV LARGE MONITORING REPORT - PART A UNKAF

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Alamosa Springs, FL 32714

PERMIT NUMBER: PL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: AUG 01 2006 To: AUG 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EPD-01	Sample Measurement				%		EVERY 3 months	
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Pinnaphalea promelas(Routine) PARM Code TBP6C P Mon.Site No. EPD-01	Sample Measurement				%		EVERY 3 MONTHS	
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Pinnaphalea promelas(Additional) PARM Code TBP6C Q Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Pinnaphalea promelas(Additional) PARM Code TBP6C R Mon.Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (Min)	NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	STEPHEN SZCZEPKOWSKI	727-787-7879	06-09-17

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: AUG 01 2006 To: AUG 31 2006

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	PLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.700			< 2			7.7 7.0	< 1	1.9	<.01
2	.749	< 2	< 2	< 2	2.6	0.47	7.4 7.2	< 1	2.4	<.01
3	.757			< 2			7.6 7.2	< 1	2.6	<.01
4	.683			< 2			7.4 6.8	< 1	2.7	<.01
5	.690									
6	.739									
7	.744			< 2			7.7 7.4	3	2.7	<.01
8	.740			< 2			7.8 7.6	5	2.8	<.01
9	.679	10	< 2	< 2	3.0	0.40	7.6 7.4	< 1	2.5	<.01
10	.664			< 2			8.2 7.3	7	3.2	<.01
11	.680			< 2			7.7 7.5	1	1.7	<.01
12	.708									
13	.746									
14	.681	3.1	< 2	< 2	1.5	0.28	7.8 7.3	< 1	3.0	<.01
15	.766			< 2			7.6 7.5	< 1	2.3	<.01
16	.847			< 2			7.5 7.2	< 1	2.4	<.01
17	.903			< 2			7.4 7.0	< 1	2.5	<.01
18	.815			< 2			7.4 7.2	< 1	2.1	<.01
19	.869									
20	.799									
21	.785			< 2			7.6 7.4	< 1	2.5	<.01
22	.888	12	< 2	< 2	1.9	0.37	7.7 7.2	3	2.5	<.01
23	.812			< 2			7.6 7.3	< 1	2.0	<.01
24	.756			< 2			7.5 7.2	< 1	2.4	<.01
25	.769			< 2			7.4 7.2	< 1	1.0	<.01
26	.914									
27	.882									
28	.804	< 2	< 2	< 2	0.46	0.043	7.6 7.3	< 1	2.8	<.01
29	.734			< 2			7.6 7.3	< 1	2.7	<.01
30	.776			< 2			7.6 7.2	< 1	2.4	<.01
31	.841			< 2			7.4 6.4	< 1	2.0	<.01
Total	23.930									
Mo. Avg.	0.772									

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 13832

Name: J HAHN

Evening Shift Operator

Class: A + A

Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: B

Certificate No: 7874

Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Record

FLD034789

From: AUG 01 2006

To: AUG 31 2006

Facility: Mid County WWTP

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	BNF-01	BNF-01	OTH-01	OTH-02				
1	7.0				12,500					
2	7.0		96	130	6,250					
3	7.0	73				0.25				
4	6.9				6,250					
5						0.50				
6										
7	7.0				6,250					
8	6.9				12,500	0.60				
9	7.1									
10	6.7	62								
11	6.8				12,500					
12										
13										
14	7.1				31,250	0.75				
15	7.2	65			6,250	0.25				
16	7.0				6,250	2.25				
17	6.9					0.50				
18	7.1				6,250	0.50				
19						0.50				
20										
21	7.1				18,750	0.40				
22	7.3	87			6,250	1.50				
23	7.0				6,250					
24	6.8				6,250					
25	6.9									
26						1.80				
27						0.10				
28	6.6				25,000					
29	6.9	61			6,250	0.20				
30	7.0				18,750	0.10				
31	7.1					0.80				
Total					193,750	11				
Mo. Avg.					6,250	0.35				

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13832 Name: J HAHN

Evening Shift Operator Class: A ÷ A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

6475

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: SEP 01 2006 To: SEP 30 2006

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.679		MGD					0	MONTHLY	CALC
PARM Code 50050 Y Mon. Site No. PLW-01	Permit Requirement	0.9 (Ar. Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.911		MGD					0	5X/week	meter
PARM Code 50050 I Mon. Site No. PLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.2			MG/L	0	MONTHLY	CALC
PARM Code 80082 Y Mon. Site No. EPD-01	Permit Requirement				5.0 (Ar. Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.55	1.55	4.0	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 I Mon. Site No. EPD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 2			MG/L	0	MONTHLY	CALC
PARM Code 00530 Y Mon. Site No. EPD-01	Permit Requirement				5.0 (Ar. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 I Mon. Site No. EPD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-10-19

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

Due to a sewer main break at 2521 Estancia BLVD. Plant flow increased for September..

DISCHARGE MONITORING REPORT PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D001
 MONITORING PERIOD From: SEP 01 2006 To

PERMIT NUMBER: FL0034789
 SEP 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					< 2	MG/L	0	5x/week	GRAB
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			2.89			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (An. Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			2.1	2.1	3.4	MG/L	0	WEEKLY	16hr PPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. PPC
Phosphorus, Total (as P)	Sample Measurement			0.61			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (An. Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.22	0.22	0.40	MG/L	0	WEEKLY	16hr PPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. PPC
pH	Sample Measurement			6.5	7.9		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			95			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1			#100m	0	5x/ week	GRAB
PARM Code 74053 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100mL		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.51 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.5			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			4.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: ~~SEP 01 2006~~ To: ~~SEP 30 2006~~

PERMIT NUMBER: FLO034789
 SEP 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			77	UG/L	0	MONTHLY	CALC
PARM Code 32106 Mon. Site No. BFD-01	Y Permit Requirement			Report (Mo. Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			93	UG/L	0	WEEKLY	GRAB
PARM Code 32106 Mon. Site No. BFD-01	I Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.679	MGD			0	MONTHLY	CALC
PARM Code 30050 Mon. Site No. FLW-01	P Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.813	MGD	0.911	MGD	0	5x/WEEK	METER
PARM Code 40050 Mon. Site No. FLW-01	Q Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)	MGD		3 Days/Week	Flow Totalizer
Percent Capacity, (TMADR/Permitted Capacity) x 100	Sample Measurement			89	%	0	MONTHLY	CALC
PARM Code 00180 Mon. Site No. FLW-01	I Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190	MG/L	0	MONTHLY	16 HR FPC
PARM Code 00082 Mon. Site No. INP-01	O Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			110	MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 Mon. Site No. INP-01	O Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			14.35	INCHES	0	DAILY	CALC
PARM Code 46529 Mon. Site No. OTH-02	P Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement		GALLONS			0	MONTHLY	CALC
PARM Code 49019 Mon. Site No. OTH-01	P Permit Requirement	Report (Mo. Total)	Gallons	200,000			Monthly	Calculation

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Excluding surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: SEP 01 2006 to SEP 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon. Site No. EPD-01	Sample Measurement			>100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Mils)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mils) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mils) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate promeies(Routine) PARM Code TBP6C P Mon. Site No. EPD-01	Sample Measurement			>100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Mils)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Phosphate promeies(Additional) PARM Code TBP6C Q Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mils) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate promeies(Additional) PARM Code TBP6C R Mon. Site No. EPD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			100 (Mils) NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-10-19

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

DAILY SAMPLE RESULTS - PART B

Permit Number: PL0034789
Monitoring Period: From: SEP 01 2006 To: SEP 30 2006 Facility: Mid-County WWTF

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SD)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Mon. Site	50050	80882	00530	00530	00600	00665	00400	74055	50060	50060
	PLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01
1	1.154			<2			7.1 6.5	<1	2.0	<.01
2	1.003									
3	.869									
4	1.023	4	<2	<2	0.15	0.043	7.7 7.2	<1	2.0	<.01
5	.991			<2			7.7 7.5	<1	1.6	<.01
6	.866			<2			7.7 7.5	<1	1.7	<.01
7	1.063			<2			7.5 7.0	<1	1.5	<.01
8	1.103			<2			7.4 7.1	<1	1.9	<.01
9	1.023									
10	.929	<2	<2		1.7	0.31				
11	.884			<2			7.8 7.4	1	1.0	<.01
12	.884			<2			7.8 7.5	<1	1.3	<.01
13	.970			<2			7.9 7.2	<1	1.2	<.01
14	.893			<2			7.6 7.2	<1	1.0	<.01
15	.812			<2			7.5 7.3	<1	1.6	<.01
16	.887									
17	.806		<2		3.1	0.40				
18	.757			<2			7.9 7.4	<1	1.0	<.01
19	1.003			<2			7.8 7.4	<1	1.0	<.01
20	1.292			<2			7.6 7.4	<1	1.5	<.01
21	.943	2.2		<2			7.7 7.0	<1	1.3	<.01
22	.889			<2			7.5 7.2	<1	2.3	<.01
23	.871									
24	.836									
25	.846	<2	<2	<2	3.4	0.14	7.6 7.4	<1	1.3	<.01
26	.834			<2			7.7 7.4	<1	2.5	<.01
27	.759			<2			7.6 7.4	<1	3.3	<.01
28	.757			<2			7.5 7.3	<1	2.0	<.01
29	.704			<2			7.6 7.4	<1	2.2	<.01
30	.690									
31										
Total	27.340									
Mo. Avg.	0.911									

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832 Name: J RAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: SEP 01 2006 To: SEP 30 2006

Facility: Mid County WWTF

Code	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)
00300		32106	80082	00530	49019	46529
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02
1	6.9					3.75
2						0.1
3						
4	6.7	94				1.6
5	6.9					
6	7.0					1.5
7	7.0					
8	6.5					
9						
10						0.5
11	6.9	110	190	110		
12	7.0					0.7
13	6.9					0.6
14	7.4					
15	6.9					
16						
17		77				
18	7.0					0.5
19	7.0					4.0
20	6.7					
21	7.0					
22	6.8					
23						
24						
25	6.7					1.1
26	7.0	91				
27	6.7					
28	6.9					
29	7.1					
30						
31						
Total						14.35
Mo. Avg						0.48

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13832 Name: J HAHN

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

695

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

FILE COPY

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL003-4789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: OCT 01 2006 To: OCT 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.678	MGD			0	MONTHLY	CALC
PARAM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.652	MGD			0	5X/week	meter
PARAM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				3 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.07	MG/L	0	MONTHLY	CALC
PARAM Code 80082 Mon. Site No. BFD-01	Permit Requirement			5.0 (An. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.44	MG/L	0	WEEKLY	16HR FPC
PARAM Code 80082 Mon. Site No. BFD-01	Permit Requirement			6.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			<2	MG/L	0	MONTHLY	CALC
PARAM Code 00530 Mon. Site No. BFD-01	Permit Requirement			3.0 (An. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			<2	MG/L	0	WEEKLY	15HR FPC
PARAM Code 00530 Mon. Site No. BFD-01	Permit Requirement			6.25 (Mo. Avg.)	MG/L		Weekly	16-hr. FPC

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 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 (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	06-11-19

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: MM Coosy WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: OCT 01 2006 To

PERMIT NUMBER: FL0034799
OCT 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement							
PARM Code 06530 Mon. Site No. BFD-01	Permit Requirement			< 2	MG/L	0	5X/week	GRAB
Nitrogen, Total	Sample Measurement			2.73	MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (Max.)	MG/L	0	Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.5 0.5 1.0	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			1.0 (Max.)	MG/L	0	Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.57	MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (Max.)	MG/L	0	Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.1 0.1 0.1	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (Max.)	MG/L	0	Weekly	16-hr FPC
pH	Sample Measurement			6.9 7.9	SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.) 8.5 (Max.)	SU	0	1 Days/Week	Meter
Coliform, Fecal, 96 less than	Sample Measurement			96	%	0	MONTHLY	CALC
PARM Code 31005 Mon. Site No. BFD-01	Permit Requirement			75 (Max.)	PER-CENT	0	Monthly	Calculation
Coliform, Fecal	Sample Measurement			1	#100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)	#100ML	0	7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			1.0 (Min.)	MG/L	0	5 Days/Week	Mean
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01	MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)	MG/L	0	5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.2	MG/L	0	5x/ WEEK	GRAB
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			5.0 (Min.)	MG/L	0	5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: **Mid County WWTP**

MONITORING GROUP NUMBER: **D-001**
 MONITORING PERIOD: From **OCT 01 2006** To **OCT 31 2006**

PERMIT NUMBER: **FL0034789**
OCT 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			75	UG/L	<input type="radio"/>	MONTHLY	CALC
PARM Code 32106 Mon Site No. EPD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			66	UG/L	<input type="radio"/>	WEEKLY	GRAB
PARM Code 32106 Mon Site No. EPD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.678	MGD			<input type="radio"/>	MONTHLY	CALC
PARM Code 59050 Mon Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD				Monthly	Calculation
Flow (Total Flow)	Sample Measurement	0.777	MGD	0.652	MGD	<input type="radio"/>	5x/WEEK	METER
PARM Code 59050 Mon Site No. FLW-01	Permit Requirement	Report (2-Mo. Avg.)	MGD	Report (Mo. Avg.)	MGD		5 Days/Week	Flow Totalizer
Percent Capacity, (TMAD/Permitted Capacity) x 100	Sample Measurement			86	%	<input type="radio"/>	MONTHLY	CALC
PARM Code 00180 Mon Site No. FLW-01	Permit Requirement			Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1100	MG/L	<input type="radio"/>	MONTHLY	16 HR FPC
PARM Code 80063 Mon Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			280	MG/L	<input type="radio"/>	MONTHLY	16 HR FPC
PARM Code 00530 Mon Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			1.5	INCHES	<input type="radio"/>	DAILY	CALC
PARM Code 46529 Mon Site No. OTM-02	Permit Requirement			Report (Mo. Total.)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	225,000	GALLONS			<input type="radio"/>	MONTHLY	CALC
PARM Code 49019 Mon Site No. OTM-01	Permit Requirement	Report (Mo. Total.)	Gallons				Monthly	Calculation

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PAGE 04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3451, 2600 Birch Street Road, Tallahassee, FL 32399-2408

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity
 Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2799 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From OCT 01 2006 To OCT 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code: TBP3B P Mon. Site No. BFD-01	Sample Measurement				%		EVERY 3 MONTHS	
	Permit Requirement			NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code: TBP3B Q Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			NODI-9	PER-CENT	0	As needed	As required by the permit.
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code: TBP3B R Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			NODI-9	PER-CENT	0	As needed	As required by the permit.
7-DAY CHRONIC STATRE Picrophages promelas(Routine) PARM Code: TBP6C P Mon. Site No. BFD-01	Sample Measurement				%		EVERY 3 MONTHS	
	Permit Requirement			NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code: TBP6C Q Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			NODI-9	PER-CENT	0	As needed	As required by the permit.
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code: TBP6C R Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement			NODI-9	PER-CENT	0	As needed	As required by the permit.

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THE REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 persons 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY.MM.DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-9778	06-11-19

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

DAILY SAMPLE RESULTS - PART B

Plant Number: **PL4004789**
Monitoring Period:

From: **OCT 01 2006** To: **OCT 31 2006**

Facility: **MS4-Campy WWTP**

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Total Coliform Bacteria (#/100ML)	TRC (Per Deciliter) (MG/L)	TRC (Per Deciliter) (MG/L)
Mon. Site	FLW-01	EBFD-01	EBFD-01	EBFD-01	EBFD-01	EBFD-01	EBFD-01	EBFD-01	EPA-01	EBFD-01
1	.762						7.67.5		1.9	<.01
2	.723			<2			7.87.4	1	2.5	<.01
3	.676			<2			7.87.8	<1	2.7	<.01
4	.673	2.2	<2	<2	0.05	0.1	7.87.6	<1	2.7	<.01
5	.681			<2			7.77.4	<1	1.5	<.01
6	.647			<2			7.67.2	<1	2.3	<.01
7	.653									
8	.680									
9	.668			<2			7.77.5	<1	2.6	<.01
10	.637	<2	<2	<2	0.77	0.1	7.77.5	<1	2.3	<.01
11	.620			<2			7.77.5	<1	2.1	<.01
12	.672			<2			7.67.4	<1	2.1	<.01
13	.649			<2			7.77.2	<1	2.4	<.01
14	.678									
15	.673									
16	.624			<2			7.57.2	<1	1.4	<.01
17	.650			<2			7.67.3	<1	1.3	<.01
18	.662	<2	<2	<2	1.0	0.04	7.67.4	<1	2.2	<.01
19	.668			<2			7.37.1	<1	2.5	<.01
20	.652			<2			7.57.2	<1	2.4	<.01
21	.724									
22	.685									
23	.607	<2	<2	<2	0.1	0.04	7.87.6	<1	2.7	<.01
24	.548			<2			7.97.6	<1	1.0	<.01
25	.573			<2			7.87.2	<1	1.0	<.01
26	.617			<2			7.37.9	<1	1.0	<.01
27	.633			<2			7.37.0	<1	1.9	<.01
28	.681									
29	.568									
30	.625	<2	<2	<2	0.31	0.1	7.87.4	<1	2.2	<.01
31	.599			<2			7.87.5	<1	2.8	<.01
Total	20.208									
Mo. Avg.	0.652									

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13840

Name: R BUONO

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____

Name: _____

Lead Operator

Class: B Certificate No: 7874

Name: S SZCZEPROWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0004780

From: OCT 01 2006 To: OCT 31 2006

Facility: Mid County WWTF

Code	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Residual (MG/L)
Mon. Sam	EFD-01	EFD-01	BVF-01	RF-01	OTB-01	OTB-02
1	6.7					
2	6.9				6,250	
3	7.0				6,250	
4	7.3		1100	280	6,250	
5	7.0	98				
6	7.2				18,750	
7						
8						
9	6.9				25,000	
10	7.0				6,250	
11	6.9	67				
12	7.3				6,250	0.75
13	6.9				25,000	
14						
15						
16	6.9				12,500	
17	7.1				18,750	
18	6.4				12,500	
19	7.1				6,250	
20	8.0	53				
21						
22						
23	7.1					
24	6.7	60			6,250	
25	6.6				6,250	
26	6.2				12,500	
27	6.7				6,250	0.75
28						
29						
30	7.3	54			18,750	
31	7.4				25,000	
Total					225,000	1.5
No. Avg					72.58	0.05

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13840 Name: R BUONO

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7876 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

FILE COPY

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Wathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid County WWTF
 LOCATION: 2399 Spanish Vista Drive
 Dadeville, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pasco

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: NOV 01 2006 To: NOV 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.678	MGD			0	MONTHLY	CALC
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.9 (An. Ave.)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.618	MGD			0	5X/week	meter
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Ave.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.49	MG/L	0	MONTHLY	CALC
PARM Code 80082 Mon. Site No. BFD-01	Y Permit Requirement			5.0 (An. Ave.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.1	MG/L	1	WEEKLY	16HR FPC
PARM Code 80082 Mon. Site No. BFD-01	I Permit Requirement			7.1 (Weekly Avg.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2	MG/L	0	MONTHLY	CALC
PARM Code 00530 Mon. Site No. BFD-01	Y Permit Requirement			5.0 (An. Ave.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 1	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 Mon. Site No. BFD-01	I Permit Requirement			7.5 (Mo. Ave.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7879	06-12-20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 One CBOD sample of 12 is a result of using methanol to keep nitrates low..
 Methanol is CBOD. Methanol feed rate was reduced.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: **Mald County WWTP**

MONITORING GROUP NUMBER: **D-001**
 MONITORING PERIOD: **From: NOV 01 2006 To NOV 30 2006**

PERMIT NUMBER: **FL0034789**
NOV 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.0	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			2.57			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			5.0 (As Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.0	1.0	1.4	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (No. Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.5			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (As Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.63	0.63	0.73	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (No. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.0	8.0		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.7			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD: From NOV 01 2006 To

PERMIT NUMBER: FL0034789
 NOV 30 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform PARM Code 32106 Mon. Site No. BFD-01	Y	Sample Measurement			73		UG/L	0	MONTHLY	CALC
	Permit Requirement				Report (Mo. Avg.)		UG/L		Monthly	Calculation
Chloroform PARM Code 32106 Mon. Site No. BFD-01	I	Sample Measurement			59		UG/L	0	WEEKLY	GRAB
	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Flow (Total Plant) PARM Code 50050 Mon. Site No. FLW-01	P	Sample Measurement	0.678	MGD				0	MONTHLY	CALC
	Permit Requirement		0.9 (Mo. Avg.)	MGD					Monthly	Calculation
Flow (Total Plant) PARM Code 50050 Mon. Site No. FLW-01	Q	Sample Measurement	0.726	MGD	0.618			0	5x/WEEK	METER
	Permit Requirement		0.9 (Mo. Avg.)	MGD	Report (Mo. Avg.)				5 Days/Week	Flow Totalizer
Percent Capacity, (TMADFP Permitted Capacity) x 100 PARM Code 00130 Mon. Site No. FLW-01	I	Sample Measurement			81		%	0	MONTHLY	CALC
	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-01	Q	Sample Measurement			220		MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-01	Q	Sample Measurement			570		MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Rainfall PARM Code 46320 Mon. Site No. OTH-02	P	Sample Measurement			2.65		INCHES	0	DAILY	CALC
	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Annual Sludge Production, Total PARM Code 49019 Mon. Site No. OTH-01	P	Sample Measurement	267,500	GALLONS				0	MONTHLY	CALC
	Permit Requirement		Report (Mo. Total)	Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION **DISCHARGE MONITORING REPORT - PART A DRAFT**

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity
 Domestic

FACILITY LOCATION: Mid-County WWTP
 2299 Spanish Vista Drive
 Dunshee, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: NOV 01 2006 To: NOV 30 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				%		EVERY 3 MONTHS	
PARAM Code TBP3B P Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code TBP3B Q Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code TBP3B R Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				%		EVERY 3 MONTHS	
PARAM Code TBP6C P Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code TBP6C Q Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement				%		PERMIT	24hr FPC
PARAM Code TBP6C R Mon. Site No. BFD-01	Permit Requirement			100 (Min.) NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7478	06/2/20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLO004789
From: NOV 01 2006

To: NOV 30 2006

Facility: Mill County WWTP

	Oxygen Dissolved (DO) (MG/L)	Chlorophyll (UG/L)	COD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	08508	32106	30082	08530	49019	46526				
Mon. Site	BFD-01	BFD-01	BFD-01	BFD-01	OTH-01	OTH-02				
1	7.5									
2	7.0									
3	7.7									
4										
5										
6	7.4					1.25				
7	7.6									
8	7.1									
9	7.5	80								
10	7.3									
11										
12										
13	8.1									
14	6.7					1.4				
15	6.7		220	570						
16	6.9	65								
17	7.2									
18										
19										
20	6.8									
21	8.9	30								
22	7.1									
23	8.1									
24										
25										
26										
27	7.9									
28	7.9									
29	7.5	61								
30	7.1									
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13840 Name: R BUONO

ng Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Plant Number:
Monitoring Period:

PLANT 0789
From: NOV 0 1 2006

To: NOV 3 0 2006

Facility: Mill-Creeky WWTP

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Dissolved) (MG/L)	TRC (For Dissolved) (MG/L)
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01
1	.622			< 2			7.7 6.8	< 1	2.3	< .01
2	.605			< 2			7.4 6.8	< 1	2.5	< .01
3	.578			< 1			7.5 7.1	< 1	1.9	< .01
4	.617									
5	.664									
6	.642			< 1			7.6 7.3	< 1	2.0	< .01
7	.687			< 1			7.8 7.2	< 1	1.0	< .01
8	.628	12	< 1	< 1	1.4	0.73	7.9 7.4	< 1	2.5	< .01
9	.632			< 1			7.6 7.2	< 1	1.6	< .01
10	.580			< 1			7.4 7.1	< 1	2.4	< .01
11	.663									
12	.587									
13	.603			< 1			7.9 7.6	< 1	3.3	< .01
14	.590			1.6			8.0 7.8	< 1	3.1	< .01
15	.692	6	< 1	< 1	1.3	0.63	8.0 7.9	< 1	2.7	< .01
16	.661			< 1			7.9 7.4	< 1	3.1	< .01
17	.593			< 1			7.6 7.0	< 1	3.2	< .01
18	.616									
19	.601									
20	.568	< 2	< 1	< 1	0.77	0.53	7.8 7.4	< 1	1.9	< .01
21	.568			< 1			7.3 7.1	< 1	0.3	< .01
22	.577			1.2			7.8 7.7	< 1	1.0	< .01
23	.637			< 1			8.0 6.6	< 1	0.5	< .01
24	.565			< 1			7.8 6.0	< 1	2.6	< .01
25	.606									
26	.656									
27	.621			< 1			7.5 7.4	< 1	3.4	< .01
28	.634	24	< 1	2	0.51	0.63	7.4 7.2	< 1	3.2	< .01
29	.623			< 1			7.7 7.4	< 1	3.0	< .01
30	.625			< 1			7.7 7.5	< 1	2.8	< .01
31										
Total	18.55									
Mo. Avg.	.616									

PLANT STAFFING

Day Shift Operator

Class: C

Certificate No: 13840

Name: R BUONO

Shift Supervisor

Class: A + A

Certificate No: 2772 + 512

Name: M GUNTNER R JOHNS

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No: 7874

Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32310-4000

FILE COPY

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Wackerfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2289 Spanish Vista Drive
 Duseida, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: **DEC 01 2006** To: **DEC 31 2006**

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.681	MGD					0	MONTHLY	CALC
PARM Code 50050 Mon.Site No. FLW-0	Permit Requirement	0.9 (Ar.Avg.)	MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.612	MGD					0	5X/week	meter
PARM Code 50050 Mon.Site No. FLW-0	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.5			MG/L	0	MONTHLY	CALC
PARM Code 80082 Mon.Site No. BFD-01	Permit Requirement			5.0 (Ar.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.6	0.6	2.4	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 Mon.Site No. BFD-01	Permit Requirement			2.5 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2			MG/L	0	MONTHLY	CALC
PARM Code 00530 Mon.Site No. BFD-01	Permit Requirement			5.0 (Ar.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 1	< 1	< 1	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 Mon.Site No. BFD-01	Permit Requirement			7.5 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-287-7978	07-12-21

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-99
 MONITORING PERIOD From DEC 01 2006 To DEC 31 2006

PERMIT NUMBER: FL0034789
DEC 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. EFD-01	Permit Requirement					50 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			2.1			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			3.0 (An. Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.5	1.5	2.7	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			3.0 (Mo. Avg.)	4.3 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.5			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.0 (An. Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.45	0.45	0.69	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.0 (Mo. Avg.)	1.5 (Weekly Avg.)	5.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.5	8.0		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. EFD-01	Permit Requirement			75 (Min.)			PER CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100m	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. EFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			7.2			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD: From DEC 01 2006

PERMIT NUMBER: FL0034789
DEC 31 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				71		UG/L	0	MONTHLY	CALC
PARM Code 32106 Y	Permit Requirement				Report (Mo. Avg.)		UG/L		Monthly	Calculation
Mon. Site No. EPD-01										
Chloroform	Sample Measurement				57		UG/L	0	WEEKLY	GRAB
PARM Code 32106 I	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Mon. Site No. EPD-01										
Flow (Total Plant)	Sample Measurement	0.681		MGD				0	MONTHLY	CALC
PARM Code 50050 P	Permit Requirement	0.9 (As. Avg.)		MGD					Monthly	Calculation
Mon. Site No. FLW-01										
Flow (Total Plant)	Sample Measurement	0.627	0.612	MGD				0	5x/WEEK	METER
PARM Code 50050 Q	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Totalizer
Mon. Site No. FLW-01										
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				70		%	0	MONTHLY	CALC
PARM Code 00180 I	Permit Requirement				Report		PER-CENT		Monthly	Calculation
Mon. Site No. FLW-01										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 Q	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Mon. Site No. INF-01										
Solids, Total Suspended	Sample Measurement				240		MG/L	0	MONTHLY	16 HR FPC
PARM Code 90530 Q	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Mon. Site No. INF-01										
Rainfall	Sample Measurement				3		INCHES	0	DAILY	CALC
PARM Code 46529 P	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Mon. Site No. OTH-02										
Annual Sludge Production, Total	Sample Measurement			GALLONS				0	MONTHLY	CALC
PARM Code 49019 P	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation
Mon. Site No. OTH-01										

DEPARTMENT OF ENVIRONMENTAL PROTECTION LARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Ahamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: DEC 01 2006 To DEC 31 2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Carotodaphnia dubia(Routine) PARM Code TBP3B P Mon. Site No. EPD-01	Sample Measurement			100	%		EVERY 3 months	
	Permit Requirement			100 (Min.)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Carotodaphnia dubia(Additional) PARM Code TBP3B Q Mon. Site No. EPD-01	Sample Measurement			100	%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT	0	As needed	As required by the permit
				NODI-9				
7-DAY CHRONIC STATRE Carotodaphnia dubia(Additional) PARM Code TBP3B R Mon. Site No. EPD-01	Sample Measurement			100	%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT	0	As needed	As required by the permit
				NODI-9				
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon. Site No. EPD-01	Sample Measurement			100	%		EVERY 3 MONTHS	
	Permit Requirement			100 (Min.)	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon. Site No. EPD-01	Sample Measurement			100	%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT	0	As needed	As required by the permit
				NODI-9				
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon. Site No. EPD-01	Sample Measurement			100	%		PERMIT	24hr FPC
	Permit Requirement			100 (Min.)	PER-CENT	0	As needed	As required by the permit
				NODI-9				

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i> 727-787-7978		07-12-21

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

DAILY SAMPLE RESULTS - PART B

Plant Number:
Monitoring Period:

PLANT#789
From: DEC 01 2006

To: DEC 31 2006

Facility: M&C Conroy WWTP

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TBC (For Disinfect.) (MG/L)	TBC (For Disinfect.) (MG/L)
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01
1	.698			<1			7.8 7.5	<1	3.2	<.01
2	.610									
3	.614									
4	.539			<1			7.8 7.6	<1	3.3	<.01
5	.537	<2	<1	2	1.5	0.59	8.0 7.7	<1	3.0	<.01
6	.568			<1			7.9 7.5	<1	2.6	<.01
7	.552			<1			7.6 7.4	<1	3.1	<.01
8	.482			<1			7.7 7.0	<1	2.9	<.01
9	.582									
10	.611									
11	.604	2.4	<1	<1	2.7	0.69	7.8 7.7	<1	1.7	<.01
12	.578			<1			7.8 7.6	<1	1.7	<.01
13	.585			<1			7.7 7.4	<1	1.2	<.01
14	.617			<1			7.6 7.3	<1	1.4	<.01
15	.576			<1			7.4 7.2	<1	1.6	<.01
16	.612									
17	.623									
18	.610			<1			7.6 7.4	<1	3.4	<.01
19	.563	<2	<1	2	1.1	0.34	7.7 7.5	<1	2.8	<.01
20	.577			<1			7.6 7.2	<1	3.2	<.01
21	.617			<1			7.5 6.5	<1	3.4	<.01
22	.635			<1			7.3 6.9	<1	2.8	<.01
23	.679									
24	.648									
25	.729			<1			7.9 6.8	<1	4.0	<.01
26	.629	<2	<1	<1	0.50	0.17	7.7 7.2	<1	2.9	<.01
27	.608			2			7.7 7.2	<1	3.2	<.01
28	.613			<1			7.5 7.3	<1	2.7	<.01
29	.669			<1			7.5 7.3	<1	2.1	<.01
30	.683									
31	.718									
Total	19.966									
Mo. Avg.	.612									

PLANT STAFFING:

Day Shift Operator	Class: <u>G + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNDNER R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPONSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FL0034789

From: DEC 0 1 2006 To: DEC 3 1 2006

Facility: Mid County WWTP

Code	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Mon. Sta.	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	7.9									
2										
3										
4	7.5				18,750					
5	7.7		150	240						
6	7.7	59			18,750					
7	7.4				12,500					
8	8.3				12,500					
9										
10										
11	7.6	63			12,500					
12	7.6				6,250					
13	7.2				12,500					
14	7.2									
15	7.4									
16										
17										
18	7.4				18,750					
19	8.0				6,250					
20	7.6	59								
21	8.0				12,500					
22	8.7					1.0				
23					18,750					
24										
25	8.6					1.5				
26	7.5				18,750					
27	7.6	45			12,500					
28	7.5				12,500					
29	7.5				12,500					
30					12,500					
31						0.50				
Total					218,750	3				
Mo. Avg.					7056	0.1				

PLANT STAFFING:

Day Shift Operator

Class: C + C Certificate No: 13840 + 14129 Name: R BUONO J FINEHIRSH

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

2007

**25.30.440 (4)
OPERATIONS REPORTS**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789

CLASS SIZE: Feed
 N/A

REPORT GROUP: Monthly
 Domestic

FACILITY: Mid County WWTP
 LOCATION: 2399 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From JAN 01 2007 To JAN 31 2007

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.682	MGD			0	MONTHLY	CALC
PARAM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.9 (As-Avg)	MGD				Monthly	Calculation
Flow (D-001)	Sample Measurement	0.633	MGD			0	5X/week	meter
PARAM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo-Avg)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.5	MG/L	0	MONTHLY	CALC
PARAM Code 80082 Y Mon. Site No. BFD-01	Permit Requirement			5.0 (As-Avg)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.3	MG/L	0	WEEKLY	16HR FPC
PARAM Code 80082 I Mon. Site No. BFD-01	Permit Requirement			5.0 (As-Avg)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2	MG/L	0	MONTHLY	CALC
PARAM Code 00536 Y Mon. Site No. BFD-01	Permit Requirement			5.0 (As-Avg)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 1	MG/L	0	WEEKLY	16HR FPC
PARAM Code 00530 I Mon. Site No. BFD-01	Permit Requirement			5.0 (As-Avg)	MG/L		Weekly	16-hr. FPC

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 fines 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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	07-02-26

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

Low c12 residual on the 30th was caused by

Hach c1 17 malfunctioned, and was reset.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: JAN 01 2007 To: JAN 31 2007

PERMIT NUMBER: FLB034789
 JAN 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.4	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.8			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (As Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			0.60	0.60	0.89	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (As Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.44			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (As Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.1	0.1	0.28	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (As Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.7	7.9		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Min.)			PERCENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	1	5x/WEEK	METER
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			7.0			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			3.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD: From JAN 01 2007 To

PERMIT NUMBER: FLO034789

JAN 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			69	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y	Permit Requirement			Report (Ar.Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			54	UG/L	0	WEEKLY	GRAB
PARM Code 32106 I	Permit Requirement			Report (Mo.Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.633	MGD			0	MONTHLY	CALC
PARM Code 50050 P	Permit Requirement	0.9	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.621	MGD			0	5x/WEEK	METER
PARM Code 50050 Q	Permit Requirement	0.9	MGD				5 Days/Week	Flow Total/Year
Percent Capacity, (TMADWP Permitted Capacity) ± 100	Sample Measurement			69	%	0	MONTHLY	CALC
PARM Code 00180 I	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			370	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			220	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80530 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			3	INCHES	0	DAILY	CALC
PARM Code 46539 P	Permit Requirement			Report (Mo.Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement		GALLONS	262,500		0	MONTHLY	CALC
PARM Code 49019 P	Permit Requirement		Gallons				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2500 Blair Stone Road, Tallahassee, FL 32399-2409

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Alhambra Springs, FL 32714

PERMIT NUMBER: FLO034789

LIMIT: Real
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dadeola, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD FROM: JAN 01 2007 TO JAN 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Carotodaphnia dubia(Routine) PARAM Code TBP3B P Mon. Site No. BFD-01	Sample Measurement			NODI-9	%	0	EVERY 3 months	
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Carotodaphnia dubia(Additional) PARAM Code TBP3B Q Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Carotodaphnia dubia(Additional) PARAM Code TBP3B R Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate promelas(Routine) PARAM Code TBP6C P Mon. Site No. BFD-01	Sample Measurement			NODI-9	%	0	EVERY 3MONTHS	
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Phosphate promelas(Additional) PARAM Code TBP6C Q Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate promelas(Additional) PARAM Code TBP6C R Mon. Site No. BFD-01	Sample Measurement				%		PERMIT	24hr FPC
	Permit Requirement		100 (dph)	NODI-9	PER-CENT	0	As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	07-02-26

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

DAILY SAMPLE RESULTS - PART B

Plant Number: **PLM04700**
 Monitoring Period: _____

From: **JAN 01 2007** To: **JAN 31 2007**

Facility: **M&C County WWTP**

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Dissolved) (MG/L)	TRC (For Decolor.) (MG/L)
Mon. Sta.	50000	50002	00530	00530	90600	00600	00400	74025	50000	50000
	FLW-01	EPD-01	EPD-01	EPD-01	NSD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01
1	.757			<1			7.6 6.9	<1	3.6	<.01
2	.669			<1			7.6 7.2	<1	3.7	<.01
3	.744	6.4	<1	<1	0.89	0.16	7.6 7.4	<1	3.3	<.01
4	.714			<1			7.5 7.3	<1	2.8	<.01
5	.699			<1			7.5 7.3	<1	2.9	<.01
6	.693									
7	.746									
8	.631			<1			7.7 7.3	<1	3.2	<.01
9	.581	<2	<1	<1	0.56	0.28	7.8 7.7	<1	3.0	<.01
10	.550			1.4			7.9 7.4	<1	1.6	<.01
11	.605			2.4			7.6 7.4	<1	2.8	<.01
12	.635			<1			7.5 7.4	<1	3.5	<.01
13	.674									
14	.671									
15	.635			<1			7.6 7.4	<1	3.1	<.01
16	.626	<2	<1	<1	0.33	0.035	7.6 7.4	<1	2.2	<.01
17	.601			<1			7.6 7.4	<1	1.7	<.01
18	.592			<1			7.4 7.0	<1	1.6	<.01
19	.598			<1			7.3 7.1	<1	2.3	<.01
20	.650									
21	.703									
22	.638			<1			7.7 7.4	<1	3.4	<.01
23	.608	<2	<1	2	0.62	0.043	7.8 7.7	<1	2.5	<.01
24	.571			<1			7.9 7.5	<1	0.5	<.01
25	.574			<1			7.8 6.7	<1	2.8	<.01
26	.503			<1			7.8 7.3	<1	2.8	<.01
27	.641									
28	.601									
29	.538			<1			7.8 7.4	<1	2.8	<.01
30	.551			<1			7.8 7.3	<1	0.5	<.01
31	.617	<2	<1	<1	0.58	0.035	7.9 7.6	<1	2.3	<.01
Total	19.616									
Mo. Avg.	0.633									

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number: PL0034789
Monitoring Period:

From: JAN 01 2007 To: JAN 31 2007

Facility: Mid County WWTP

Code	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (SPD)	Rainfall (INCHES)			
Mon. Site	EPD-01	EPD-01	RNF-01	RNF-01	OTH-01	OTH-02			
1	7.5					0.85			
2	7.1				12500				
3	7.6		370	220					
4	7.4	50			12500	0.25			
5	8.0				18750				
6					6250				
7						0.40			
8	7.4				12500				
9	7.6				12500				
10	7.6	47			12500				
11	7.8				6250				
12	8.4				12500				
13									
14									
15	7.0				25000				
16	7.0				12500				
17	7.1	60			6250				
18	7.4				6250				
19	7.9								
20									
21						TRACE			
22	8.2				25000	0.2			
23	7.7				12500				
24	7.9	71			6250	0.7			
25	7.7								
26	8.0				18750				
27						0.6			
28									
29	7.5				18750				
30	8.2				12500				
31	8.0	43			12500				
Total					262500	3			
Mo. Avg.					8468	0.1			

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 + 14129 Name: R BUONO J FINEHIRSH

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034799

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2399 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: FEB 01 2007 To: FEB 28 2007

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.677	MGD					0	MONTHLY	CALC
PARAM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)	MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.609	MGD					0	5X/week	meter
PARAM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.3			MG/L	0	MONTHLY	CALC
PARAM Code 80061 Mon. Site No. EPD-01	Permit Requirement			5.0 (An. Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 30C	Sample Measurement			< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
PARAM Code 80061 Mon. Site No. EPD-01	Permit Requirement			5.0 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2			MG/L	0	MONTHLY	CALC
PARAM Code 00530 Mon. Site No. EPD-01	Permit Requirement			5.0 (An. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			< 1	< 1	< 1	MG/L	0	WEEKLY	16HR FPC
PARAM Code 00530 Mon. Site No. EPD-01	Permit Requirement			5.0 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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 fines 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)
STEPHEN SZCZEPROWSKI	<i>Stephen Szczeprowski</i>	727-787-7978	07-03-22

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

There was a very brief spike in CL2 residual, on 2-16-07.

CL2 pump was air bound and was reprimed.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: FEB 01 2007 To: FEB 28 2007

PERMIT NUMBER: PL0034789

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Solids, Total Suspended	Sample Measurement				2	MG/L	0	5X/week	GRAB	
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement				50 (Max.)	MG/L		5 Days/Week	Grab	
Nitrogen, Total	Sample Measurement			1.69		MG/L	0	MONTHLY	CALC	
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			5.0 (An. Avg.)		MG/L		Monthly	Calculation	
Nitrogen, Total	Sample Measurement			0.80	0.80	1.4	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.7 (MG. Avg.)	4.3 (Weekly Avg.)	6.8 (Max.)	MG/L	Weekly	16-hr. FPC	
Phosphorus, Total (as P)	Sample Measurement			0.39			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (An. Avg.)			MG/L	Monthly	Calculation	
Phosphorus, Total (as P)	Sample Measurement			0.22	0.22	0.46	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (MG. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L	Weekly	16-hr. FPC	
pH	Sample Measurement			7.0	7.9		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Max.)			PER. CNT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100m	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7			MG/L	1	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.2			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: FEB 01 2007 To FEB 28 2007

PERMIT NUMBER: FL0034789

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement			66	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. BFD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Monthly	Calculation
Chloroform	Sample Measurement			39	UG/L	0	WEEKLY	GRAB
PARM Code 32106 I Mon. Site No. BFD-01	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.677	MGD			0	MONTHLY	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (Mo. Avg.)	MGD				Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.625	MGD	0.609		0	5x/WEEK	METER
PARM Code 50059 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			3 Days/Week	Flow Totalizer
Percent Capacity, (TMADH/Permitted Capacity) x 100	Sample Measurement			69	%	0	MONTHLY	CALC
PARM Code 00100 I Mon. Site No. FLW-01	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 O Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			250	MG/L	0	MONTHLY	16 HR FPC
PARM Code 40330 O Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement			1.35	INCHES	0	DAILY	CALC
PARM Code 46525 P Mon. Site No. OTH-02	Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	231,250	GALLONS	231,250		0	MONTHLY	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)	GALLONS				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Today
 GROUP: Domestic

FACILITY LOCATION: Mid County WWTP
 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD FROM: FEB 01 2007 To FEB 28 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Carotodopsis dubia(Routine) PARM Code TSP38 P Mon. Site No. BFD-01	Sample Measurement			>100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Min)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Carotodopsis dubia(Additional) PARM Code TSP38 Q Mon. Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			NR (Min)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Carotodopsis dubia(Additional) PARM Code TSP38 R Mon. Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			NR (Min)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate phosphorus(Routine) PARM Code TSP6C P Mon. Site No. BFD-01	Sample Measurement			>100	%	0	EVERY 3 MONTHS	
	Permit Requirement			100 (Min)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Phosphate phosphorus(Additional) PARM Code TSP6C Q Mon. Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			NR (Min)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Phosphate phosphorus(Additional) PARM Code TSP6C R Mon. Site No. BFD-01	Sample Measurement				%	0	PERMIT	24hr FPC
	Permit Requirement			NR (Min)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-S IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	07-03-22

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

DAILY SAMPLE RESULTS - PART B

Plant Number:
Monitoring Point:

FLM04788

From: FEB 01 2007

To: FEB 28 2007

Facility: M&C County WWTP

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (N/100ML)	TBC (For Disinfect.) (MG/L)	TBC (For Disinfect.) (MG/L)
Mon. Site	FLW-01	EFY-01	EFD-01	EFB-01	EED-01	EED-01	EED-01	EFD-01	EPA-01	EFD-01
1	.665			<1			7.773	<1	2.3	<.01
2	.615			<1			7.57.2	<1	2.8	<.01
3	.588									
4	.620									
5	.573	<2	<1	<1	0.13	0.1	7.97.2	<1	0.5	<.01
6	.576			<1			7.87.4	<1	2.3	<.01
7	.561			<1			7.67.2	<1	2.5	<.01
8	.590			<1			7.27.1	<1	2.3	<.01
9	.579						7.37.1	<1	1.1	<.01
10	.607									
11	.593									
12	.575	<2	<1	2	1.4	0.27	7.52.4	<1	2.4	<.01
13	.626			<1			7.57.2	<1	2.0	<.01
14	.618			<1			7.67.2	<1	2.5	<.01
15	.589			<1			7.67.3	<1	2.1	<.01
16	.490			<1			7.47.1	<1	0.7	<.01
17	.659									
18	.587									
19	.584			<1			7.27.0	<1	1.7	<.01
20	.612			<1			7.47.0	<1	1.8	<.01
21	.649	<2	<1	<1	0.88	0.035	7.47.1	<1	3.0	<.01
22	.624			<1			7.57.1	<1	3.2	<.01
23	.608			2			7.67.4	<1	2.7	<.01
24	.653									
25	.658									
26	.665			<1			7.77.6	<1	2.7	<.01
27	.628	<2	<1	<1	0.73	0.46	7.67.4	<1	2.3	<.01
28	.666			<1			7.77.4	<1	2.7	<.01
29										
30										
31										
Total	17.058									
Mo. Avg.	0.609									

PLANT STAFFING:

Day Shift Operator

Class: C + C Certificate No: 13840 + 14129 Name: R BUONO J FINEHIRSH

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTNER R JOHNS

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From FEB 01 2007 To FEB 28 2007

Facility: Mid County WWTF

	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	BNF-01	BNF-01	OTH-01	OTH-02				
1	6.2									
2	6.9				12,500					
3						0.50				
4										
5	8.0				18,750					
6	7.2	46			6,250					
7	7.0				12,500					
8	6.5									
9	6.2				12,500					
10										
11										
12	8.1		170	250	25,000					
13	7.8	36			6,250					
14	7.4				6,250					
15	7.1				12,500	0.25				
16	7.8				6,250					
17						0.50				
18										
19	6.2				18,750					
20	7.0				6,250					
21	6.8				18,750					
22	6.2	39			25,000					
23	6.3				6,250					
24										
25										
26	6.8				25,000	0.10				
27	7.3				6,250					
28	7.5	35			6,250					
29										
30										
31										
Total					231,250	1.35				
Mo. Avg.					8259	0.05				

PLANT STAFFING:

Day Shift Operator

Class: C + C Certificate No: 13840 + 14129 Name: R BUONO J FINEHIRSH

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-3400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Whetstone Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: MAR 01 2007 To: MAR 31 2007

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.668		MGD					0	MONTHLY	CALC
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.634		MGD					0	5X/week	meter
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.23			MG/L	0	MONTHLY	CALC
PARM Code 80082 Mon. Site No. BFD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 Mon. Site No. BFD-01	Permit Requirement				5.0 (An. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 2			MG/L	0	MONTHLY	CALC
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				< 1	< 1	< 1	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement				5.0 (An. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	070425

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: ~~MAR 01 2007~~ To

~~MAR 31 2007~~

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					4.0	MG/L	0	5x/week	GRAB
PARM Code 00530 Mon. Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.5			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			1.0 (As Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.0	1.0	1.4	MG/L	0	WEEKLY	16hr PPC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			1.75 (As Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. PPC
Phosphorus, Total (as P)	Sample Measurement			0.4			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.0 (As Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.23	0.23	0.37	MG/L	0	WEEKLY	16hr PPC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.25 (As Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. PPC
pH	Sample Measurement			6.8	8.3		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. EFD-01	Permit Requirement			75 (Min.)			PER CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#/100ml	0	5x/ week	GRAB
PARM Code 74055 Mon. Site No. EFD-01	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			< 0.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.7			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Naal
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Demosia, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: MAR 01 2007 To: MAR 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Routine) PARAM Code:TBPSB P Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	EVERY 3 months Every Other Month	
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Additional) PARAM Code:TBPSB Q Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRB Ceriodaphnia dubia(Additional) PARAM Code:TBPSB R Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRB Pinophthal promelas(Routine) PARAM Code:TBPGC P Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	EVERY 3MONTHS Every Other Month	
7-DAY CHRONIC STATRB Pinophthal promelas(Additional) PARAM Code:TBPGC Q Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRB Pinophthal promelas(Additional) PARAM Code:TBPGC R Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Mn.) NODI-9	PER-CENT	0	PERMIT As needed	24hr FPC As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 fines 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 (YYMM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	070425

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: MAR 01 2007 To

PERMIT NUMBER: FL0034789
 MAR 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				64		UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. BFD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement				41		UG/L	0	WEEKLY	GRAB
PARM Code 32106 I Mon. Site No. BFD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.668		MGD				0	MONTHLY	CALC
PARM Code 50030 P Mon. Site No. FLW-01	Permit Requirement	0.9 (Mo. Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.626	0.634	MGD				0	5x/WEEK	METER
PARM Code 50030 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD					3 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				70		%	0	MONTHLY	CALC
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				110		MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G Mon. Site No. BNF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				460		MG/L	0	MONTHLY	16 HR FPC
PARM Code 30530 G Mon. Site No. BNF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement				1.4		INCHES	0	DAILY	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	250,000		GALLONS				0	MONTHLY	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation

DAILY SAMPLE RESULTS - PART B

Plant Number
Monitoring Period

PL0004789

From: MAR 01 2007 To: MAR 31 2007

Facility: MSA County WWTP

Code	Flow (MGD)	COBOD (MG/L)	TSS (MG/L)	TS3 (MG/L)	Nitrate Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TBC (Per Dishlet.) (MG/L)	TBC (Per Dishlet.) (MG/L)
Mon. Site	FLW-01	COB-01	TSS-01	TS3-01	NIT-01	PHOS-01	pH-01	FCD-01	TBC-01	TBC-01
1	.663			<1			8.07.0	<1	2.9	<.01
2	.622			2			7.57.3	<1	2.9	<.01
3	.590									
4	.635									
5	.558			<1			7.97.7	<1	2.7	<.01
6	.576			<1			8.07.6	<1	1.0	<.01
7	.605			<1			8.27.4	<1	3.0	<.01
8	.584	<2	<1	<1	0.55	0.035	7.67.3	<1	3.1	<.01
9	.610			2			7.67.3	<1	2.7	<.01
10	.650									
11	.678									
12	.667			2			7.57.4	<1	3.5	<.01
13	.673	<2	<1	<1	1.3	0.1	7.77.4	<1	3.0	<.01
14	.632			<1			7.87.5	<1	3.2	<.01
15	.635			<1			7.87.4	<1	3.1	<.01
16	.645			<1			7.57.2	<1	3.0	<.01
17	.600									
18	.611									
19	.617			<1			8.37.5	<1	1.2	<.01
20	.624			4			8.37.3	<1	2.7	<.01
21	.639	<2	<1	2	1.4	0.035	7.67.4	<1	3.1	<.01
22	.648			<1			7.26.9	<1	3.2	<.01
23	.650			<1			7.16.8	<1	2.5	<.01
24	.667									
25	.686									
26	.614			<1						
27	.639			1.4			7.57.2	<1	3.2	<.01
28	.643	<2	<1	<1	0.70	0.37	7.37.2	<1	3.0	<.01
29	.666			<1			7.37.2	<1	3.0	<.01
30	.667			<1			7.67.3	<1	3.1	<.01
31	.675						7.47.2	<1	3.1	<.01
Total	19.660									
Mo. Avg.	0.634									

PLANT STAFF:

D Shift Operator

Class: C + C Certificate No: 13840 + 14129

Name: R BUONO J FINEHIRSH

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512

Name: M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____

Name: _____

Lead Operator

Class: B Certificate No: 7874

Name: S SZCZEPANSKI

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLO034729
From: MAR 01 2007

To: MAR 31 2007

Facility: Mid County WWTF

Code	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Mon. Site	HFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	8.1									
2	7.3				18,750					
3						0.9				
4										
5	7.3				25,000					
6	6.7				6,250					
7	7.1				18,750					
8	7.1				6,250					
9	7.2	33			18,750					
10										
11										
12	7.2				6,250					
13	8.1		110	460	12,500					
14	7.4	44			18,750					
15	7.6				6,250	0.25				
16	7.2				12,500	0.25				
17										
18					6,250					
19	7.5				6,250					
20	6.8				12,500					
21	8.3				12,500					
22	7.3	44			6,250					
23	7.5				6,250					
24										
25										
26	7.5				12,500					
27	7.8				6,250					
28	7.3									
29	7.4	44			12,500					
30	7.6				18,750					
31										
Total					250,000	1.4				
Mo. Avg.					8,065	0.05				

PLANT STAFFING:

Day Shift Operator

Class: C + C Certificate No: 13840 + 14129 Name:

R BUONO J FINEHIRSH

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name:

M GUNTHER R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name:

Lead Operator

Class: B Certificate No: 7874 Name:

S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789

LIMIT: Final
 CLASS SIZE: N/A

FILE COPY
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: APR 01 2007 To APR 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.674	MGD			0	MONTHLY	CALC
PARM Code 50050 Y	Permit Requirement	0.9 (AN.AVE)	MGD				Monthly	Calculation
Mon. Site No. PLW-01								
Flow (D-001)	Sample Measurement	0.617	MGD			0	5X/week	meter
PARM Code 50050 I	Permit Requirement	Report (Mo.AVE)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. PLW-01								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.2	MG/L	0	MONTHLY	CALC
PARM Code 80082 Y	Permit Requirement			5.0 (AN.AVE)	MG/L		Monthly	Calculation
Mon. Site No. BFD-01								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.5	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 I	Permit Requirement			5.5 (Mo.AVE)	MG/L		Weekly	16-hr. FPC
Mon. Site No. BFD-01								
Solids, Total Suspended	Sample Measurement			0.08	MG/L	0	MONTHLY	CALC
PARM Code 00530 Y	Permit Requirement			5.0 (AN.AVE)	MG/L		Monthly	Calculation
Mon. Site No. BFD-01								
Solids, Total Suspended	Sample Measurement			1	MG/L	0	WEEKLY	16HR FPC
PARM Code 00530 I	Permit Requirement			7.5 (Mo.AVE)	MG/L		Weekly	16-hr. FPC
Mon. Site No. BFD-01								

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 (YYMMDD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	07-05-21

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTP

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: APR 01 2007 To

PERMIT NUMBER: FL0034789
 APR 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. BFD-01	Permit Requirement					500 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.5			MG/L	0	MONTHLY	CALC
PARM Code 00600 Mon. Site No. BFD-01	Permit Requirement			3.0 (An. Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.4	1.4	1.6	MG/L	0	WEEKLY	16hr FPC
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.33			MG/L	0	MONTHLY	CALC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.0 (An. Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.29	0.29	0.54	MG/L	0	WEEKLY	16hr FPC
PARM Code 00665 Mon. Site No. BFD-01	Permit Requirement			1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	3.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.8	7.6		SU	0	5x/WEEK	METER
PARM Code 00400 Mon. Site No. BFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	MONTHLY	CALC
PARM Code 51005 Mon. Site No. BFD-01	Permit Requirement			75 (Min.)			PERCENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100m	0	5x/ week	GRAB
PARM Code 74035 Mon. Site No. BFD-01	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.3			MG/L	0	5x/WEEK	METER
PARM Code 50060 Mon. Site No. BFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<.01			MG/L	0	5x/ WEEK	GRAB
PARM Code 50060 Mon. Site No. BFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.2			MG/L	0	5x/ WEEK	GRAB
PARM Code 00300 Mon. Site No. BFD-01	Permit Requirement			3.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD: From: APR 01 2007 To: APR 30 2007

PERMIT NUMBER: FL0034789

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform PARM Code 32106 Y Mon. Site No. BFD-01	Sample Measurement			63	UG/L	0	MONTHLY	CALC
	Permit Requirement			Report (As Avg.)	UG/L		Monthly	Calculation
Chloroform PARM Code 32106 I Mon. Site No. BFD-01	Sample Measurement			51	UG/L	0	WEEKLY	GRAB
	Permit Requirement			Report (Mo. Avg.)	UG/L		Weekly	Grab
Flow (Total Plant) PARM Code 30050 P Mon. Site No. FLW-01	Sample Measurement	0.674	MGD			0	MONTHLY	CALC
	Permit Requirement	0.9 (As Avg.)	MGD				Monthly	Calculation
Flow (Total Plant) PARM Code 30050 Q Mon. Site No. FLW-01	Sample Measurement	0.620	MGD	0.617		0	5x/WEEK	METER
	Permit Requirement	Report (3-Mo. Avg.)	MGD	Report (Mo. Avg.)			3-Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100 PARM Code 00180 I Mon. Site No. FLW-01	Sample Measurement			69	%	0	MONTHLY	CALC
	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 O Mon. Site No. BNF-01	Sample Measurement			130	MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended PARM Code 00330 G Mon. Site No. INF-01	Sample Measurement			280	MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall PARM Code 46320 P Mon. Site No. OTH-02	Sample Measurement			1.85	INCHES	0	DAILY	CALC
	Permit Requirement			Report (Mo. Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total PARM Code 49019 P Mon. Site No. OTH-01	Sample Measurement	250,000	GALLONS			0	MONTHLY	CALC
	Permit Requirement	Report (Mo. Total)	Gallons				Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION. CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherford Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL064789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTF
 LOCATION: 2199 Spanish Vista Drive
 Dadeville, FL

MONITORING GROUP NUMBER: D-801
 MONITORING GROUP DSSC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM STTS:
 MONITORING PERIOD From: APR 01 2007 To: APR 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon. Site No. EPD-01	Sample Measurement Permit Requirement			> 100 100 (Min.)		% PERCENT	0 EVERY 3 MONTHS Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Min.) NODI-9		% PERCENT	0 PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Min.) NODI-9		% PERCENT	0 PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRE Phosphates promelas(Routine) PARM Code TBP6C P Mon. Site No. EPD-01	Sample Measurement Permit Requirement			> 100 100 (Min.)		% PERCENT	0 EVERY 3 MONTHS Every Other Month	
7-DAY CHRONIC STATRE Phosphates promelas(Additional) PARM Code TBP6C Q Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Min.) NODI-9		% PERCENT	0 PERMIT As needed	24hr FPC As required by the permit
7-DAY CHRONIC STATRE Phosphates promelas(Additional) PARM Code TBP6C R Mon. Site No. EPD-01	Sample Measurement Permit Requirement			100 (Min.) NODI-9		% PERCENT	0 PERMIT As needed	24hr FPC As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	07-05-21

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FL0034789
From: APR 01 2007 To: APR 30 2007

Facility: Mad County WWTF

	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production Total (GPD)	Rainfall (INCHES)			
Code	00000	32106	20082	00530	49019	46529			
Mon. Site	EPD-01	EPD-01	BNF-01	INF-01	OTH-01	OTB-02			
1									
2	7.2		130	280	6,250				
3	7.4	51			18,750				
4	7.6				12,500				
5	7.6				18,750				
6	7.3								
7									
8									
9	7.7				12,500	0.4			
10	7.6	56			12,500	0.6			
11	7.3				12,500	0.5			
12	8.0				6,250				
13	6.2				18,750				
14						0.35			
15									
16	8.1				25,000				
17	7.8	43			12,500				
18	8.3				12,500				
19	6.4								
20	7.5				18,750				
21									
22									
23	7.4				18,750				
24	7.2	55			12,500				
25	8.2				6,250				
26	8.0				6,250				
27	8.5				12,500				
28									
29									
30	7.4				6,250				
31									
Total					250,000	1.85			
Mo. Avg.					2632	0.06			

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 + 14129 Name: R BUONO J FINEHIRSH

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Plant Number: **FL084789**
Monitoring Period:

From: APR 01 2007 To: APR 30 2007

Facility: **MIL-County WWTP**

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50030	30082	00530	00530	00600	00665	00400	74855	30080	50080
Mon. Str.	FLW-01	EBD-01	EPD-01	EPB-01	EBD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01
1	.666									
2	.661	2.1	<1	<1	1.6	0.20	7.37.1	<1	3.3	<.01
3	.617			<1			7.47.2	<1	3.1	<.01
4	.624			<1			7.46.9	<1	2.9	<.01
5	.600			<1			7.56.8	<1	3.2	<.01
6	.567			<1			7.57.2	<1	3.7	<.01
7	.590									
8	.589									
9	.587	<2	<1	<1	1.1	0.28	7.67.4	<1	3.4	<.01
10	.633			<1			7.67.4	<1	3.4	<.01
11	.687			<1			7.57.3	<1	3.0	<.01
12	.659			<1			7.47.2	<1	3.2	<.01
13	.654			<1			7.47.2	<1	3.1	<.01
14	.706									
15	.631									
16	.595	<2	<1	<1	1.4	0.14	7.47.2	<1	3.2	<.01
17	.592			<1			7.37.2	<1	3.0	<.01
18	.585			<1			7.37.1	<1	2.7	<.01
19	.550			<1			7.47.1	<1	2.3	<.01
20	.583			<1			7.37.1	<1	2.4	<.01
21	.634									
22	.645									
23	.618	<2	4	2	1.4	0.54	7.67.4	<1	3.1	<.01
24	.593			<1			7.67.3	<1	2.9	<.01
25	.612			<1			7.57.4	<1	2.9	<.01
26	.571			<1			7.57.2	<1	2.8	<.01
27	.635			<1			7.67.2	<1	3.2	<.01
28	.626									
29	.627									
30	.563			<1			7.37.2	<1	3.0	<.01
31										
Total	18.501									
Mo. Avg.	0.617									

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dadeville, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5-1-07

To: 5-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.672		MGD					0	Monthly	CALC
PARAM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.9 (An. Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.580		MGD					0	5 X / Week	Meter
PARAM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.24			MG/L	0	Monthly	CALC
PARAM Code 80082 Y Mon. Site No. EFD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.44	0.44	2.2	MG/L	0	Weekly	16-hr FPC
PARAM Code 80082 I Mon. Site No. EFD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	CALC
PARAM Code 00530 Y Mon. Site No. EFD-01	Permit Requirement				5.0 (An. Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	0	Weekly	16-hr FPC
PARAM Code 00530 I Mon. Site No. EFD-01	Permit Requirement				6.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

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MID COUNT

PAGE 03/06

DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034729

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTF
 LOCATION: 1299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5-1-07

To: 5-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARM Code TBP3B P	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
Mon.Site No. EFD-01								
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP3B Q	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
Mon.Site No. EFD-01								
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP3B R	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
Mon.Site No. EFD-01								
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARM Code TBP6C P	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
Mon.Site No. EFD-01								
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP6C Q	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
Mon.Site No. EFD-01								
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP6C R	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
Mon.Site No. EFD-01								

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 5-1-07

PERMIT NUMBER: FL0034789
To: 5-31-07

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				60		UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon. Site No. EPD-01	Permit Requirement				Report (Ar. Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement				51		UG/L	0	Weekly	Grab
PARM Code 32106 I Mon. Site No. EPD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.672		MGD				0	Monthly	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (Ar. Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.617	0.580	MGD				0	5 X / Week	Meter
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69		PER-CENT	0	Monthly	CALC
PARM Code 00150 I Mon. Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				120		MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				200		MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr FPC
Rainfall	Sample Measurement				0.3		INCHES	0	Daily	CALC
PARM Code 46529 P Mon. Site No. OTH-02	Permit Requirement				Report (Mo. Total.)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	243,750		Gallons				0	Monthly	CALC
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation

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DISCHARGE MONITORING REPORT - PART 3 DRAFT (CONTINUED)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 5-31-07

PERMIT NUMBER: FL0034789
To: 5-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					< 1	MGL	0	5 X / Week	Grab	
PARM Code 00530 Mon. Site No. EPB-01	Permit Requirement					5.0 (Max.)	MGL		5 Days/Week	Grab	
Nitrogen, Total	Sample Measurement				1.3		MGL	0	Monthly	CALC	
PARM Code 00600 Mon. Site No. EPD-01	Permit Requirement				3.0 (An. Avg.)		MGL		Monthly	Calculation	
Nitrogen, Total	Sample Measurement				1.4	1.4	MGL	0	Weekly	16-hr FPC	
PARM Code 00600 Mon. Site No. EPD-01	Permit Requirement				3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	MGL		Weekly	16-hr FPC	
Phosphorus, Total (as P)	Sample Measurement				0.33		MGL	0	Monthly	CALC	
PARM Code 00665 Mon. Site No. EPD-01	Permit Requirement				1.0 (An. Avg.)		MGL		Monthly	Calculation	
Phosphorus, Total (as P)	Sample Measurement				0.34	0.34	MGL	0	Weekly	16-hr FPC	
PARM Code 00665 Mon. Site No. EPD-01	Permit Requirement				1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	MGL		Weekly	16-hr FPC	
pH	Sample Measurement				6.9	8.0	SU	0	5 X / Week	Meter	
PARM Code 00400 Mon. Site No. EPD-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Meter	
Coliform, Fecal, % less than detection	Sample Measurement				100		%	0	Monthly	CALC	
PARM Code 51005 Mon. Site No. EPD-01	Permit Requirement				75 (Min.)		PER-CENT		Monthly	Calculation	
Coliform, Fecal	Sample Measurement				< 1		#/100 ML	0	7 X / Week	Grab	
PARM Code 74055 Mon. Site No. EPD-01	Permit Requirement				25 (Max.)		#/100 ML		7 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6		MGL	0	5 X / Week	Meter	
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement				1.0 (Min.)		MGL		5 Days/Week	Meter	
Total Residual Chlorine (For Dechlorination)	Sample Measurement				< 0.01		MGL	0	5 X / Week	Grab	
PARM Code 50060 Mon. Site No. EPD-01	Permit Requirement				0.01 (Max.)		MGL		5 Days/Week	Grab	
Oxygen, Dissolved (DO)	Sample Measurement				6.3		MGL	0	5 X / Week	Grab	
PARM Code 60300 Mon. Site No. EPD-01	Permit Requirement				5.0 (Min.)		MGL		5 Days/Week	Grab	

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DAILY SAMPLE RESULTS - PART B

Permit Number: PJ0034789
 Monitoring Period: From: 5-1-07

To: 5-31-07

Facility: Mid County WWTF

Code	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
00300	32106	80082	00530	49019	46529					
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	7.6				12,500					
2	7.0	48			18,750					
3	7.0				12,500					
4	7.4				12,500					
5										
6						0.3				
7	7.3				12,500					
8	6.4		120	200	12,500					
9	7.6	14			6,250					
10	6.9				6,250					
11	7.4				12,250					
12										
13										
14	7.2				12,500					
15	6.4				12,500					
16	6.3				6,250					
17	7.1	54								
18	6.8				12,500					
19					12,500					
20										
21	6.9				12,500					
22	7.2	58			6,250					
23	7.0				6,250					
24	7.2				6,250					
25	7.1				12,500					
26										
27										
28	7.2									
29	6.9				31,250					
30	7.0	53			6,250					
31	7.7									
Total					243,750					
Mo. Avg.					7,863					

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 + 14129 Name: R BUONO + J FINEHIRSH
 Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
 Monitoring Period From: 5-1-07

To: 5-31-07

Facility: Mid-County WWT

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (N/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	90050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	BFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	.548	2.2	<1	<1	0.97	0.32	7.5 7.2	<1	3.2	<.01
2	.580			<1			7.4 7.3	<1	3.4	<.01
3	.572			<1			7.3 7.2	<1	3.3	<.01
4	.597			<1			7.4 7.0	<1	3.1	<.01
5	.632									
6	.626									
7	.533			<1			7.2 7.1	<1	2.8	<.01
8	.547	<2	<1	<1	1.3	0.27	7.5 7.2	<1	2.8	<.01
9	.593			<1			7.5 7.2	<1	1.8	<.01
10	.568			<1			7.4 7.3	<1	2.5	<.01
11	.569			<1			7.4 7.1	<1	3.0	<.01
12	.564									
13	.642									
14	.612			<1			7.6 7.3	<1	2.6	<.01
15	.578			<1			7.5 7.3	<1	2.3	<.01
16	.577	<2	<1	<1	1.9	0.58	7.4 6.9	<1	1.6	<.01
17	.566			<1			7.4 7.1	<1	3.2	<.01
18	.579			<1			7.4 7.1	<1	3.0	<.01
19	.567									
20	.574									
21	.579	<2	<1	<1	1.9	0.38	7.6 7.3	<1	3.1	<.01
22	.565			<1			8.0 7.4	<1	2.9	<.01
23	.577			<1			7.4 6.9	<1	2.7	<.01
24	.545			<1			7.5 7.4	<1	2.8	<.01
25	.582			<1			7.5 7.2	<1	2.2	<.01
26	.576									
27	.588									
28	.599			<1			7.6 7.3	<1	2.8	<.01
29	.580	<2	<1	<1	1.0	0.14	7.6 7.3	<1	3.0	<.01
30	.570			<1			7.5 7.3	<1	2.6	<.01
31	.569			<1			7.4 7.2	<1	2.5	<.01
Total	17.984									
Mo. Avg.	.580									

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 + 14129 Name: R BUONO + J FINEHIRSH
 Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION / CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6-1-07

To: 6-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.673		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.672		MGD					0	5 X/ Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.2			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	CALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

645

DISCHARGE MONITORING REPORT PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: 6-1-07

PERMIT NUMBER: FL0034789
 To 6-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5 X / Week	Grab
PARM Code 00530 Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.3			MG/L	0	Monthly	CALC
PARM Code 00600 Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			2	2	3.3	MG/L	0	Weekly	16-hr FPC
PARM Code 00600 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.33			MG/L	0	Monthly	CALC
PARM Code 00665 Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.3	0.3	0.38	MG/L	0	Weekly	16-hr FPC
PARM Code 00665 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.8	7.7		SU	0	5 X / Week	Meter
PARM Code 00400 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	Monthly	CALC
PARM Code 51005 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			#100 ML	0	7 X / Week	Grab
PARM Code 74055 Mon.Site No. EFD-01	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 X / Week	Meter
PARM Code 50060 Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
PARM Code 50060 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.4			MG/L	0	5 X / Week	Grab
PARM Code 00300 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: 6-1-07

PERMIT NUMBER: FL0034789
 To 6-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				60			UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement				76			UG/L	0	Weekly	Grab
PARM Code 32106 I Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.673		MGD					0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.623	0.672	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69			PER-CENT	0	Monthly	CALC
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180			MGL	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MGL		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				400			MGL	0	Monthly	16-hr FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MGL		Monthly	16-hr FPC
Rainfall	Sample Measurement				11.95			INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	218,750		Gallons					0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION LARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6-1-07 To 6-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 6-1-07

To: 6-30-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.622			<1			7.7 6.9	<1	2.8	<.01
2	.914									
3	.713									
4	.671			<1			7.5 6.9	<1	2.2	<.01
5	.716			<1			7.5 7.3	<1	2.4	<.01
6	.646	<2	<1	<1	3.3	0.29	7.5 7.3	<1	2.2	<.01
7	.626			<1			7.5 7.4	<1	2.8	<.01
8	.688			<1			7.4 7.2	<1	2.7	<.01
9	.624									
10	.636									
11	.652			<1			7.5 7.2	<1	3.3	<.01
12	.652	<2	<1	<1	2.1	0.12	7.5 7.3	<1	2.6	<.01
13	.739			<1			7.6 7.0	<1	2.5	<.01
14	.660			<1			7.4 7.0	<1	2.7	<.01
15	.671			<1			7.4 7.2	<1	3.0	<.01
16	.680									
17	.643									
18	.634	<2	<1	<1	0.72	0.27	7.3 7.2	<1	2.8	<.01
19	.644			2			7.4 7.1	<1	2.8	<.01
20	.657			<1			7.5 7.3	<1	2.9	<.01
21	.626			<1			7.4 7.1	<1	3.7	<.01
22	.673			<1			7.5 7.0	<1	3.0	<.01
23	.696									
24	.683									
25	.665	<2	<1	<1	1.9	0.38	7.5 7.3	<1	3.0	<.01
26	.647			<1			7.5 7.3	<1	3.0	<.01
27	.654			<1			7.6 7.0	<1	2.8	<.01
28	.633			<1			7.6 6.9	<1	2.5	<.01
29	.696			<1			7.4 6.8	<1	2.7	<.01
30	.708									
31	0									
Total	20.169									
Mo. Avg	.672									

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO + J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 6-1-07

To: 6-30-07

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	6.4				6,250	2.5				
2						3.25				
3										
4	6.6				12,500					
5	7.4									
6	7.4		180	400	18,750					
7	7.3	66			12,500					
8	7.2				12,500					
9										
10										
11	6.7				18,750					
12	7.2				12,500	0.4				
13	7.4	64			6,250	1.75				
14	7.3				12,500	0.25				
15	7.2				12,500					
16										
17										
18	6.8				12,500					
19	7.3	85			6,250	0.25				
20	7.4				6,250					
21	7.3				12,500					
22	6.9				6,250	1.75				
23										
24										
25	7.4				6,250					
26	7.6	89			18,750					
27	7.2					0.1				
28	7.3					0.5				
29	7.2					0.5				
30					25,000	0.7				
31										
Total					218,750	11.95				
Mo. Avg					7,292	0.4				

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO + J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION LARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7-1-07 To 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.663		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.645		MGD					0	5 X/ Week	Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.24			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 I Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	CALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 I Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

645

DISCHARGE MONITORING REP - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 7-1-07

PERMIT NUMBER: FL0034789
To 7-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Mon.Site No. EFB-01	Sample Measurement					2	MG/L	0	5 X / Week	Grab
	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Mon.Site No. EFD-01	Sample Measurement			1.25			MG/L	0	Monthly	CALC
	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total PARM Code 00600 Mon.Site No. EFD-01	Sample Measurement			1.13	1.13	1.5	MG/L	0	Weekly	16-hr FPC
	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 Mon.Site No. EFD-01	Sample Measurement			0.42			MG/L	0	Monthly	CALC
	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P) PARM Code 00665 Mon.Site No. EFD-01	Sample Measurement			0.35	0.35	0.52	MG/L	0	Weekly	16-hr FPC
	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH PARM Code 00400 Mon.Site No. EFD-01	Sample Measurement			6.8	7.8		SU	0	5 X / Week	Meter
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection PARM Code 51005 Mon.Site No. EFD-01	Sample Measurement			100			%	0	Monthly	CALC
	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal PARM Code 74055 Mon.Site No. EFD-01	Sample Measurement			< 1			# 100 ML	0	7 X / Week	Grab
	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon.Site No. EFA-01	Sample Measurement			1.0			MG/L	0	5 X / Week	Meter
	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 Mon.Site No. EFD-01	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO) PARM Code 00300 Mon.Site No. EFD-01	Sample Measurement			6.5			MG/L	0	5 X / Week	Grab
	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 7-1-07

PERMIT NUMBER: FL0034780
To 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				61			UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement				86			UG/L	0	Weekly	Grab
PARM Code 32106 I Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.663		MGD					0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.625	0.645	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69			PER-CENT	0	Monthly	CALC
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150			MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				260			MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement				6.55			INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	237,500		Gallons					0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION I LARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7-1-07

To: 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	Every Other Month	
	Permit Requirement				100 (Min.)			PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	Every Other Month	
	Permit Requirement				100 (Min.)			PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 7-1-07

To: 7-31-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.692									
2	.674	<2	<1	<1	1.5	0.14	7.4 7.2	<1	2.8	<.01
3	.651			<1			7.4 7.2	<1	3.0	<.01
4	.644			<1			7.5 7.0	<1	3.7	<.01
5	.556			<1			7.3 6.9	<1	4.0	<.01
6	.705			<1			7.2 6.8	<1	3.0	<.01
7	.673									
8	.665									
9	.671	<2	<1	2	1.2	0.40	7.5 7.2	<1	3.2	<.01
10	.619			<1			7.6 7.3	<1	3.3	<.01
11	.620			<1			7.6 7.4	<1	2.7	<.01
12	.653			<1			7.6 7.5	<1	3.1	<.01
13	.640			2			7.6 7.2	<1	3.3	<.01
14	.668									
15	.657									
16	.618	<2	<1	<1	1.2	0.32	7.5 7.3	<1	3.1	<.01
17	.650			<1			7.7 7.5	<1	2.9	<.01
18	.629			<1			7.6 7.5	<1	2.8	<.01
19	.629			<1			7.6 7.3	<1	3.2	<.01
20	.611			<1			7.8 7.4	<1	2.8	<.01
21	.643									
22	.639									
23	.629	<2	<1	<1	1.3	0.39	7.7 7.3	<1	3.1	<.01
24	.631			<1			7.7 7.5	<1	3.8	<.01
25	.634			<1			7.6 7.5	<1	3.4	<.01
26	.631			<1			7.6 7.4	<1	3.3	<.01
27	.574			<1			7.6 7.3	<1	3.2	<.01
28	.623									
29	.611	<2	<1		.44	.52				
30	.595			<1			7.6 7.5	<1	2.7	<.01
31	.864			<1			7.5 6.8	<1	1.0	<.01
Total	20.005									
Mo. Avg.	.645									

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 + 14129 Name: R BUONO + J FINEHIRSH

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
 Monitoring Period: From: 7-1-07

To: 7-31-07

Facility: Mid County WWTF

	Oxygen. Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1										
2	7.4		150	260	18,750					
3	7.2	120			6,250					
4	7.6					.25				
5	7.1				18,750					
6	7.2				18,750					
7										
8										
9	7.4				25,000					
10	6.5	80								
11	7.1				12,500					
12	7.2				6,250					
13	7.5				12,500	.75				
14										
15										
16	7.0				12,500					
17	6.6	81			6,250	.85				
18	7.1				6,250					
19	6.7				6,250					
20	7.3				6,250					
21						.10				
22										
23	6.5				18,750	.10				
24	7.1	75			12,500					
25	6.8				12,500					
26	7.0				12,500					
27	7.3									
28										
29										
30	7.0	75			18,750					
31	7.2				6,250	4.50				
Total					237,500	6.55				
Mo. Avg					7.661	0.21				

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO + J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8-1-07

To: 8-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.668		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.827		MGD					0	5 X/ Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.8			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	CALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

FILE COPY

6415

DISCHARGE MONITORING REP - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: 8-1-07

To 8-31-7

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Mon.Site No. EFB-01	Sample Measurement					2	MG/L	0	5 X / Week	Grab
	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Mon.Site No. EFD-01	Sample Measurement			1.3			MG/L	0	Monthly	CALC
	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total PARM Code 00600 Mon.Site No. EFD-01	Sample Measurement			2.7	2.7	4.2	MG/L	0	Weekly	16-hr FPC
	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Mon.Site No. EFD-01	Sample Measurement			0.3			MG/L	0	Monthly	CALC
	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P) PARM Code 00665 Mon.Site No. EFD-01	Sample Measurement			0.32	0.32	0.86	MG/L	0	Weekly	16-hr FPC
	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr FPC
pH PARM Code 00400 Mon.Site No. EFD-01	Sample Measurement			6.7	7.7		SU	0	5 X / Week	Meter
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal. % less than detection PARM Code 51005 Mon.Site No. EFD-01	Sample Measurement			100			%	0	Monthly	CALC
	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal PARM Code 74055 Mon.Site No. EFD-01	Sample Measurement			< 1			#100 ML	0	7 X / Week	Grab
	Permit Requirement			25 (Max.)			#100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon.Site No. EFA-01	Sample Measurement			1.3			MG/L	0	5 X / Week	Meter
	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 Mon.Site No. EFD-01	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO) PARM Code 00300 Mon.Site No. EFD-01	Sample Measurement			6.3			MG/L	0	5 X / Week	Grab
	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 8-1-07

PERMIT NUMBER: FL0034789
To 8-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				64			UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement				96			UG/L	0	Weekly	Grab
PARM Code 32106 I Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.668		MGD					0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.708	0.827	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				79			PER-CENT	0	Monthly	CALC
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150			MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				250			MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Rainfall	Sample Measurement				11.95			INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement			Gallons					0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION LARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8-1-07

To 8-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-01	Sample Measurement			>100	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-01	Sample Measurement			>100	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon.Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 8-1-07

To: 8-31-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	1.226			<1			7.1 6.8	<1	1.3	<.01
2	1.395			<1			7.1 6.7	<1	3.0	<.01
3	.986			<1			7.2 6.7	<1	3.5	<.01
4	.988									
5	.856									
6	.777	<2	<1	<1	2.6	.16	7.4 7.2	<1	3.1	<.01
7	.824			<1			7.4 6.9	<1	3.0	<.01
8	.792			<1			7.4 6.9	<1	2.9	<.01
9	.806			<1			7.3 6.9	<1	3.1	<.01
10	.894			<1			7.2 6.7	<1	2.9	<.01
11	.863									
12	.854									
13	.778	<2	<1	<1	4.2	.10	7.4 7.3	<1	2.9	<.01
14	.765			<1			7.6 7.3	<1	2.8	<.01
15	.747			<1			7.4 7.3	<1	2.9	<.01
16	.786			<1			7.6 7.2	<1	3.3	<.01
17	.881			<1			7.4 6.9	<1	2.9	<.01
18	.790									
19	.795									
20	.745	<2	<1	2	3	.16	7.5 7.4	<1	2.7	<.01
21	.710			<1			7.5 7.4	<1	2.8	<.01
22	.685			<1			7.6 7.4	<1	2.7	<.01
23	.726			<1			7.5 7.3	<1	2.5	<.01
24	.685			<1			7.4 7.2	<1	2.3	<.01
25	.753									
26	.791									
27	.751	<2	<1	<1	1.1	.86	7.6 7.4	<1	2.4	<.01
28	.757			<1			7.6 7.4	<1	2.2	<.01
29	.840			<1			7.7 6.9	<1	1.7	<.01
30	.750			<1				<1	2.3	<.01
31	.783			<1			7.7 7.2	<1	2.2	<.01
Total	25.641									
Mo. Avg	.827									

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO + J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 8-1-07

To: 8-31-07

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	6.5				12,500	4.25				
2	6.9				12,500	2.00				
3	6.9				12,500					
4										
5										
6	7.2				12,500					
7	6.7	110	150	250	6,250					
8	7.2				6,250	.85				
9	6.9				6,250	.25				
10	7.1				18,750	.30				
11										
12										
13	7.0				18,750					
14	6.6	92			12,500					
15	7.0				12,500					
16	7.3				12,500	1.0				
17	6.5				6,250					
18										
19										
20	7.6				18,750					
21	6.6	95			12,500					
22	6.4				12,500					
23	7.0									
24	6.3				18,750	.25				
25										
26						.85				
27	7.2	86			12,500	.15				
28	6.7				6,250					
29	7.0				6,250	1.55				
30	7.1									
31	6.5				12,500	.50				
Total					250,000	11.95				
Mo. Avg					8,065	0.4				

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840 + 14129</u>	Name: <u>R BUONO + J FINEHIRSH</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9-1-07 To 9-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow (D-001)	Sample Measurement	0.652	MGD			0	Monthly	CALC		
PARM Code 50050 Mon.Site No. FLW-01	Y Permit Requirement	0.9 (An.Avg.)	MGD				Monthly	Calculation		
Flow (D-001)	Sample Measurement	0.724	MGD			0	5 X/ Week	Meter		
PARM Code 50050 Mon.Site No. FLW-01	I Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.3		MG/L	0	Monthly	CALC	
PARM Code 80082 Mon.Site No. EFD-01	Y Permit Requirement			5.0 (An.Avg.)		MG/L		Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.5	7.5	18	MG/L	2	Weekly	16-hr FPC
PARM Code 80082 Mon.Site No. EFD-01	I Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement			0.12			MG/L	0	Monthly	CALC
PARM Code 00530 Mon.Site No. EFD-01	Y Permit Requirement			5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			0.45	0.45	1.8	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 Mon.Site No. EFD-01	I Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/10/23

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

#1 methanol pump timing gear broke feeding extra methanol, leading to high CBOD on September 17th and 24th. The problem was found September 25th and switched to #2 methanol pump.

FILE COPY

6415

DISCHARGE MONITORING REP - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: 9-1-07

PERMIT NUMBER: FL0034789
 To 9-30-7

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.2	MG/L	0	5 X / Week	Grab
PARM Code 00530 1 Mon.Site No. EPB-01	Permit Requirement			5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.3	MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)	MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.3	MG/L	0	Weekly	16-hr FPC
PARM Code 00600 1 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	MG/L		Weekly	16-hr. FPC
				4.5 (Weekly Avg.)				
				6.0 (Max.)				
Phosphorus, Total (as P)	Sample Measurement			0.3	MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)	MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.4	MG/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	MG/L		Weekly	16-hr. FPC
				1.5 (Weekly Avg.)				
				2.0 (Max.)				
pH	Sample Measurement			6.7	SU	0	5 X / Week	Meter
PARM Code 00400 1 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Meter
				8.5 (Max.)				
Coliform, Fecal, % less than detection	Sample Measurement			95	%	0	Monthly	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)	PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			3	# 100 ML	0	7 X / Week	Grab
PARM Code 74055 1 Mon.Site No. EFD-01	Permit Requirement			25 (Max.)	#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.7	MG/L	0	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01	MG/L	0	5 X / Week	Grab
PARM Code 50060 1 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)	MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.4	MG/L	0	5 X / Week	Grab
PARM Code 00300 1 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)	MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: 9-1-07

To 9-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				62			UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement				77			UG/L	0	Weekly	Grab
PARM Code 32106 I Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.652		MGD					0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.732	0.724	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				81			PER-CENT	0	Monthly	CALC
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				280			MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Rainfall	Sample Measurement				3.4			INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	250,000		Gallons					0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9-1-07 To: 9-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/10/23

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 9-1-07

To: 9-30-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.835									
2	.747									
3	.756			<1			7.67.4	<1	2.3	<.01
4	.736	<2	<1	<1	1.4	.68	7.67.4	<1	2.7	<.01
5	.744			<1			7.67.4	<1	2.7	<.01
6	.724			<1			7.67.3	<1	2.9	<.01
7	.702			<1			7.57.4	<1	2.8	<.01
8	.731									
9	.759									
10	.733	<2	<1	<1	.54	.13	7.86.7	<1	3.2	<.01
11	.707			<1			7.77.0	<1	2.9	<.01
12	.691			<1			7.77.1	<1	2.5	<.01
13	.676			2.2			7.57.0	<1	2.6	<.01
14	.646			<1			7.46.8	<1	2.3	<.01
15	.741									
16	.722									
17	.700	18	<1	2.2	1.8	.39	7.26.8	<1	2.3	<.01
18	.704			<1			7.26.9	<1	1.7	<.01
19	.660			2.2			7.36.9	<1	2.1	<.01
20	.667			<1			7.36.8	<1	2.2	<.01
21	.698			2			7.26.7	<1	1.9	<.01
22	.709									
23	.815									
24	.794	12	1.8	2.2	1.5	.30	7.26.7	3	1.9	<.01
25	.765			2			7.46.8	<1	1.9	<.01
26	.724			<1			7.67.0	<1	2.3	<.01
27	.740			<1			7.56.9	<1	2.3	<.01
28	.683			<1			7.56.8	<1	2.8	<.01
29	.707									
30	.696									
31										
Total	21.712									
Mo. Avg.	.724									

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 Name: R BUONO

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 9-1-07

To: 9-30-07

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1						.15				
2										
3	6.7									
4	7.2		250	280	12,500					
5	7.4	96			12,500					
6	6.8									
7	6.6				12,500					
8					12,500					
9						.85				
10	6.7				18,750					
11	7.2	72			18,750					
12	6.8				12,500					
13	7.4				6,250	.25				
14	7.2				12,500					
15										
16										
17	6.8				18,750					
18	6.5	62			18,750					
19	6.8				18,750					
20	7.0				6,250	.25				
21	6.7				25,000					
22						.20				
23						1.50				
24	6.6				12,500	.20				
25	6.5				6,250					
26	6.7	76			6,250					
27	7.8				6,250					
28	6.4				12,500					
29										
30										
31										
Total	21.712 MG				250,000	3.4				
Mo. Avg	.724				8,333	.11				

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840</u>	Name: <u>R BUONO</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

oct 645

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10-1-07 To: 10-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow (D-001)	Sample Measurement	0.657	MGD			0	Monthly	CALC		
PARM Code 50050 Mon Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)	MGD				Monthly	Calculation		
Flow (D-001)	Sample Measurement	0.706	MGD			0	5 X/Week	Meter		
PARM Code 50050 Mon Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.33		MG/L	0	Monthly	CALC	
PARM Code 80082 Mon Site No. EFD-01	Permit Requirement			5.0 (An.Avg.)		MG/L		Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.52	0.52	2.6	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 Mon Site No. EFD-01	Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC
Solids, Total Suspended	Sample Measurement			0.15			MG/L	0	Monthly	CALC
PARM Code 00530 Mon Site No. EFD-01	Permit Requirement			5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			0.40	0.40	2	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 Mon Site No. EFD-01	Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/11/19

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: 10-1-07

PERMIT NUMBER: FL0034789
To: 10-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.2	MGL	0	5 X / Week	Grab
PARM Code 00530 Mon. Site No. EFB-01	Permit Requirement					5.0 (Max.)	MGL		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.33			MGL	0	Monthly	CALC.
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			3.0 (An. Avg.)			MGL		Monthly	Calculation
Nitrogen, Total	Sample Measurement			0.74	0.74	1.2	MGL	0	Weekly	16-hr FPC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement			1.75 (Mo. Avg.)	1.5 (Weekly Avg.)	6.0 (Max.)	MGL		Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.33			MGL	0	Monthly	CALC.
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.0 (An. Avg.)			MGL		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.5	0.5	0.69	MGL	0	Weekly	16-hr FPC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement			1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MGL		Weekly	16-hr FPC
pH	Sample Measurement			6.5	7.6		SD	0	5 X / Week	Meter
PARM Code 00400 Mon. Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	Monthly	CALC.
PARM Code 51035 Mon. Site No. EFD-01	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			<1			#/100 ML	0	7 X / Week	Grab
PARM Code 74055 Mon. Site No. EFD-01	Permit Requirement			25 (Max.)			#/100 ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6			MGL	0	5 X / Week	Meter
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			1.0 (Min.)			MGL		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MGL	0	5 X / Week	Grab
PARM Code 50060 Mon. Site No. EFD-01	Permit Requirement			0.01 (Max.)			MGL		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.4			MGL	0	5 X / Week	Grab
PARM Code 00300 Mon. Site No. EFD-01	Permit Requirement			5.0 (Min.)			MGL		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: 10-1-07
 To

PERMIT NUMBER: FL0034789
 10-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				62		UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon. Site No. EPD-01	Permit Requirement				Report (Ar. Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement				69		UG/L	0	Weekly	Grab
PARM Code 32106 1 Mon. Site No. EPD-01	Permit Requirement				Report (Mo. Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.657		MGD				0	Monthly	CALC
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.9 (Ar. Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.753	0.706	MGD				0	5 X / Week	Metor
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				84		PER-CENT	0	Monthly	CALC
PARM Code 00780 1 Mon. Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190		MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				340		MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	16-hr FPC
Rainfall	Sample Measurement				4.4		INCHES	0	Daily	CALC
PARM Code 46329 P Mon. Site No. CTH-02	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	237,000		Gallons				0	Monthly	CALC
PARM Code 49019 P Mon. Site No. CTH-01	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

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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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10-1-07
 To: 10-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon Site No. EFD-01	Sample Measurement			>100	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-01	Sample Measurement			>100	PER-CENT	0	Every Other Month	
	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon Site No. EFD-01	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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 (Y/M/D)
STEPHEN SZCZEPKOWSKI		7277877978	07/11/19

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
 Monitoring Period: From: 10-1-07

To: 10-31-07

Facility: Mid-County WWTF

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SL)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Mon. Site	FLW-01	EFD-01	RFD-01	RFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	RFD-01
1	.667	2.6	<1	<1	0.95	0.19	7.6 7.0	<1	2.4	<.01
2	.687			<1			7.5 7.0	<1	2.9	<.01
3	.687			2			7.6 7.1	<1	2.2	<.01
4	.890			<1			7.5 6.9	<1	2.5	<.01
5	.881			<1			7.2 6.8	<1	2.6	<.01
6	.813									
7	.862									
8	.793	<2	2	2.2	1	0.45	7.3 6.8	<1	2.4	<.01
9	.765			<1			7.4 6.5	<1	2.5	<.01
10	.728			<1			7.5 7.0	<1	1.6	<.01
11	.660			<1			7.4 6.8	<1	1.7	<.01
12	.709			<1			7.6 6.8	<1	2.4	<.01
13	.698									
14	.706									
15	.719	<2	<1	<1	1.2	0.69	7.9 7.4	<1	2.5	<.01
16	.641			<1			7.5 7.3	<1	2.4	<.01
17	.658			<1			7.5 7.3	<1	2.4	<.01
18	.693			<1			7.4 7.2	<1	2.5	<.01
19	.703			<1			7.4 7.2	<1	2.5	<.01
20	.683									
21	.729									
22	.677			<1			7.4 7.2	<1	2.3	<.01
23	.648	<2	<1	<1	0.86	0.61	7.5 7.2	<1	2.2	<.01
24	.669			<1			7.5 7.4	<1	2.2	<.01
25	.650			<1			7.5 7.3	<1	2.2	<.01
26	.618			<1			7.5 7.3	<1	2.2	<.01
27	.651									
28	.684									
29	.657			<1			7.5 7.3	<1	2.5	<.01
30	.640	<2	<1	2	0.63	0.56	7.5 7.4	<1	2.3	<.01
31	.631			2			7.5 7.4	<1	2.3	<.01
Total	21.901									
Mo. Avg.	.706									

PLANT STAFFING:

Day Shift Operator

Class: C + C Certificate No: 13840 Name: R BUONO

Evening Shift Operator

Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 10-1-07

To: 10-31-07

Facility: Mid County WWTF

Code	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	7.3		190	340	12,500					
2	7.4	73			6,250					
3	7.6				6,250					
4	7.2				6,250	3.5				
5	7.9				6,250	0.10				
6										
7										
8	7.7				12,500					
9	7.9	77			6,250					
10	8.0				12,500					
11	7.6				12,500					
12	6.4				12,500					
13										
14										
15	6.8				6,250					
16	7.7	64			12,500					
17	7.1				6,250					
18	7.8				12,500					
19	7.2				6,250					
20										
21										
22	7.8				18,750					
23	6.8				6,250	0.50				
24	7.7	73			25,000	0.30				
25	7.0				12,500					
26	7.1				12,500					
27										
28										
29	7.0				12,500					
30	6.7				6,250					
31	7.7	53			6,250					
Total					237,500	4.4				
Mo. Avg					7,661	0.14				

PLANT STAFFING:

Day Shift Operator	Class: C-C	Certificate No: 13840	Name: R BUONO
Evening Shift Operator	Class: A+A	Certificate No: 2772 + 512	Name: M GUNTHER + R JOHNS
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: B	Certificate No: 7874	Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11-1-07 To: 01-30-07

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 PAGE 01/84

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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow (D-001)	Sample Measurement	0.654	MGD			0	Monthly	CALC	
PARAM Code 50030 Mon Site No. FLAW-01	Permit Requirement	0.9 (An Avg.)	MGD				Monthly	Calculation	
Flow (D-001)	Sample Measurement	0.554	MGD			0	5 X/Week	Meter	
PARAM Code 50030 Mon Site No. FLAW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.9		MG/L	0	Monthly	CALC
PARAM Code 80081 Mon Site No. EPD-01	Permit Requirement			5.0 (An Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	MG/L	0	Weekly	16-hr FPC
PARAM Code 80082 Mon Site No. EPD-01	Permit Requirement			5.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)		Weekly	16-hr FPC
Solids, Total Suspended	Sample Measurement			0.15		MG/L	0	Monthly	CALC
PARAM Code 00310 Mon Site No. EPD-01	Permit Requirement			5.0 (An Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			<1	<1	MG/L	0	Weekly	16-hr FPC
PARAM Code 00330 Mon Site No. EPD-01	Permit Requirement			5.25 (Mo. Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)		Weekly	16-hr FPC

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 fines and imprisonment for knowing violators.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YV/MO/DD)
STEPHEN SZCZEPKOWSKI		7277877978	07/12/17

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: 11-1-07

PERMIT NUMBER: FL0034789
To: 11-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.0	MGL	0	5 X / Week	Grab
PARM Code 00330 Mon. Site No. EFD-01	Permit Requirement			5.0 (Max.)	MGL		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement		1.25		MGL	0	Monthly	CALC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement		3.0 (An. Avg.)		MGL		Monthly	Calculation
Nitrogen, Total	Sample Measurement		0.65	0.65	MGL	0	Weekly	16-hr FPC
PARM Code 00600 Mon. Site No. EFD-01	Permit Requirement		3.75 (Mo. Avg.)	4.5 (Weekly Avg.)	MGL		Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement		0.33		MGL	0	Monthly	CALC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement		1.0 (An. Avg.)		MGL		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement		0.5	0.5	MGL	0	Weekly	16-hr FPC
PARM Code 00665 Mon. Site No. EFD-01	Permit Requirement		1.25 (Mo. Avg.)	1.5 (Weekly Avg.)	MGL		Weekly	16-hr FPC
pH	Sample Measurement		6.6	7.6	SU	0	5 X / Week	Meter
PARM Code 00400 Mon. Site No. EFD-01	Permit Requirement		6.0 (Min.)	8.3 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement		91		%	0	Monthly	CALC
PARM Code 51005 Mon. Site No. EFD-01	Permit Requirement		75 (Min.)		PERCENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement		1		#/100 ML	0	7 X / Week	Grab
PARM Code 74055 Mon. Site No. EFD-01	Permit Requirement		25 (Max.)		#/100 ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MGL	0	5 X / Week	Meter
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		1.0 (Min.)		MGL		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement		<0.01		MGL	0	5 X / Week	Grab
PARM Code 50060 Mon. Site No. EFD-01	Permit Requirement		0.01 (Max.)		MGL		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement		6.5		MGL	0	5 X / Week	Grab
PARM Code 00300 Mon. Site No. EFD-01	Permit Requirement		5.0 (Min.)		MGL		5 Days/Week	Grab

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DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: 11-1-07 To

11-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				62			UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon Site No. EPD-01	Permit Requirement				Report (Ar.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement				54			UG/L	0	Weekly	Grab
PARM Code 32106 I Mon Site No. EPD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.634		MGD					0	Monthly	CALC
PARM Code 50050 P Mon Site No. FLW-01	Permit Requirement	0.9 (Ar.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.662	0.554	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				74			PER-CENT	0	Monthly	CALC
PARM Code 00180 I Mon Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				260			MG/L	0	Monthly	16-hr FPC
PARM Code 80982 G Mon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Solids, Total Suspended	Sample Measurement				280			MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr FPC
Rainfall	Sample Measurement				0.75			INCHES	0	Daily	CALC
PARM Code 44525 P Mon Site No. OTH-02	Permit Requirement				Report (Mo.Total)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	200,000		Gallons					0	Monthly	CALC
PARM Code 49018 P Mon Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid-County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Durodon, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP (DESC): Existing surface water discharge

COUNTY: Pasco

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11-1-07 To: 11-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARAM Code TBP3B P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARAM Code TBP3B Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARAM Code TBP3B R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9	PER-CENT	0	Every Other Month	
PARAM Code TBP6C P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARAM Code TBP6C Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9	PER-CENT	0	As needed	As required by the permit
PARAM Code TBP6C R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/12/17

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
 Monitoring Period: From: 11-1-07

To: 11-30-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SL)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect) (MG/L)	TRC (For Dechlor) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74095	50050	50060
Mon. Site	FLW-01	BFD-01	EFD-01	EPB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.631			<1			7.5 7.3	<1	2.1	<.01
2	.597			<1			7.6 7.3	<1	2.0	<.01
3	.615									
4	.627									
5	.594			<1			7.45 7.4	<1	2.1	<.01
6	.603	<2	<1	<1	0.76	0.53	7.6 7.4	<1	2.1	<.01
7	.555			<1			7.6 7.4	1	2.4	<.01
8	.546			<1			7.4 6.8	<1	1.0	<.01
9	.530			<1			7.3 6.8	<1	1.5	<.01
10	.573									
11	.634									
12	.596	<2	<1	2	0.51	0.35	7.3 7.2	<1	2.1	<.01
13	.593			2			7.4 7.2	<1	1.7	<.01
14	.576			<1			7.4 7.2	<1	2.3	<.01
15	.590			<1			7.5 7.0	<1	2.4	<.01
16	.527			<1			7.4 6.9	<1	1.6	<.01
17	.570									
18	.636									
19	.583	<2	<1	<1	1.1	0.58	7.2 6.6	<1	2.2	<.01
20	.630			<1			7.4 7.2	1	2.0	<.01
21	.596			<1			7.4 7.1	<1	3.0	<.01
22	.600			<1			7.4 7.0	<1	5.0	<.01
23	.592			2			7.3 6.8	<1	2.8	<.01
24	.592									
25	.620									
26	.638	<2	<1	<1	0.24	0.49	7.4 7.0	<1	3.1	<.01
27	.572			<1			7.6 7.1	<1	2.3	<.01
28	.589			<1			7.5 7.1	<1	2.6	<.01
29	.612			<1			7.4 7.0	<1	2.7	<.01
30	.586			<1			7.5 7.0	<1	3.0	<.01
31										
Total	16.631 MC									
Mo. Avg.	.554									

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 Name: R BUONO
 Evening Shift Operator Class: A + A Certificate No: 2772 - 512 Name: M GUNTHER + R JOHNS
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789 Facility: Mid County WWTF
 Monitoring Period: From: 11-1-07 To: 11-30-07

Code	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	7.1				6,250					
2	7.3				12,500					
3										
4										
5	6.5				18,750					
6	6.6									
7	6.5	50			6,250					
8	6.9				12,500					
9	6.7				25000					
10										
11										
12	7.0		260	280	6,250					
13	7.0	52			12,500					
14	6.7				12,500					
15	7.0									
16	8.0				12,500					
17										
18										
19	6.7				12,500					
20	7.7	56								
21	6.8									
22	7.1									
23	7.3				12,500					
24										
25										
26	7.0				12,500					
27	7.2	56								
28	7.1				12,500	.75				
29	7.3				12,500					
30	8.2				12,500					
31										
Total					200,000	.75				
Mo. Avg.					667					

PLANT STAFFING:

Day Shift Operator Class: C - C Certificate No: 13840 Name: R BUONO
 Evening Shift Operator Class: A - A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12-1-07 To: 12-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.651		MGD				MGD	0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD				MGD		Monthly	Calculation
Flow (D-001)	Sample Measurement	0.603		MGD				MGD	0	5 X/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD				MGD		5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.92			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.8	0.8	3.2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 I Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC
Solids, Total Suspended	Sample Measurement				0.2			MG/L	0	Monthly	CALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				0.5	0.5	2	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 I Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC

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)
STEPHEN SZCZEPKOWSKI		7277877978	08/1/22

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

CILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: 12-1-07

PERMIT NUMBER: FT 0034789
 To 12-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.2	MG/L	0	5 X / Week	Grab
PARM Code 00530 I Mon.Site No. EFB-01	Permit Requirement			5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.23	MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)	MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.0	MG/L	0	Weekly	16-hr. FPC
PARM Code 00600 I Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.33	MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)	MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.4	MG/L	0	Weekly	16-hr. FPC
PARM Code 00665 I Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.7	SI	0	5 X / Week	Meter
PARM Code 00400 I Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	SI		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			90	%	0	Monthly	CALC
PARM Code 51005 I Mon.Site No. EFD-01	Permit Requirement			75 (Min.)	PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			3	#/100 ML	0	7 X / Week	Grab
PARM Code 74055 I Mon.Site No. EFD-01	Permit Requirement			25 (Max.)	#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1	MG/L	0	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01	MG/L	0	5 X / Week	Grab
PARM Code 50060 I Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)	MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.9	MG/L	0	5 X / Week	Grab
PARM Code 00300 I Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)	MG/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Toxicity Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12-1-07

To: 12-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	Every Other Month	
	Permit Requirement				100 (Min.)			PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	Every Other Month	
	Permit Requirement				100 (Min.)			PER-CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon.Site No. EFD-01	Sample Measurement				NODI=9			PER-CENT	0	As needed	As required by the permit
	Permit Requirement				100 (Min.)			PER-CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	08/1/22

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
Monitoring Period: From: 12-1-07

To: 12-31-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.676									
2	.649									
3	.595	<2	<1	<1	1.0	0.083	7.5 7.1	<1	2.5	<.01
4	.500			<1			7.6 7.1	<1	2.2	<.01
5	.555			<1			7.4 7.0	<1	1.5	<.01
6	.567			<1			7.4 7.2	<1	2.2	<.01
7	.591			<1			7.5 7.3	<1	2.2	<.01
8	.618									
9	.613									
10	.579			<1			7.5 7.4	<1	2.4	<.01
11	.611			<1			7.5 7.3	<1	2.3	<.01
12	.573	3.2	<1	<1	0.87	0.91	7.5 7.3	<1	2.0	<.01
13	.590			2			7.5 7.1	<1	2.2	<.01
14	.625			<1			7.5 7.2	<1	1.7	<.01
15	.649									
16	.587									
17	.528			2			7.6 7.4	1	2.7	<.01
18	.552			<1			7.6 7.4	<1	2.6	<.01
19	.568	<2	<1	<1	0.32	0.28	7.6 7.3	<1	1.2	<.01
20	.603			<1			7.4 7.2	<1	2.0	<.01
21	.598			<1			7.3 6.7	<1	2.1	<.01
22	.613									
23	.641	<2	2		1.8	0.43				
24	.621			<1			7.4 7.2	<1	2.4	<.01
25	.531			<1			7.5 7.3	3	2.3	<.01
26	.595			<1			7.5 7.0	<1	1.1	<.01
27	.608			<1			7.2 7.0	<1	2.7	<.01
28	.650			<1			7.3 7.1	<1	1.9	<.01
29	.670									
30	.667									
31	.677			2.2			7.6 7.1	<1	1.8	<.01
Total	18.697 MG									
Mo. Avg.	.603									

PLANT STAFFING:

Day Shift Operator	Class: <u>C + C</u>	Certificate No: <u>13840</u>	Name: <u>R BUONO</u>
Evening Shift Operator	Class: <u>A + A</u>	Certificate No: <u>2772 + 512</u>	Name: <u>M GUNTHER + R JOHNS</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7874</u>	Name: <u>S SZCZEPKOWSKI</u>

DAILY SAMPLE RESULTS - PART B

Permit Number: H.0034789
 Monitoring Period: From: 12-1-07

To: 12-31-07

Facility: Mid County WWTF

	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	COD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1										
2										
3	7.7				12500					
4	6.9	57			25000					
5	7.9				18750					
6	7.1									
7	7.5				25000					
8										
9										
10	7.0				31250					
11	7.3				12500					
12	7.0		190	270	12500					
13	7.2	33								
14	7.2				18750	.25				
15						1.1				
16										
17	8.1				25000					
18	8.0				12500					
19	7.9									
20	7.6	51			6250	.50				
21	7.3				25000					
22										
23										
24	8.5	55			18750					
25	7.6									
26	7.4				6250					
27	7.5				25000					
28	7.0				6250					
29										
30										
31	7.7				12500					
Total					300000	1.85				
Mo. Avg.					9677	0.06				

PLANT STAFFING:

Day Shift Operator Class: C + C Certificate No: 13840 Name: R BUONO

Evening Shift Operator Class: A + A Certificate No: 2772 + 512 Name: M GUNTHER + R JOHNS

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 7874 Name: S SZCZEPKOWSKI

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (5)
INSPECTION REPORTS**

Test Year Ended December 31, 2007



Florida Department of Environmental Protection

Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

RIS
J.E.H.
Charlie Crist
Governor
Jeff Kottkamp
Lt. Governor
Michael W. Sole
Secretary - Designee

Mr. Patrick Flynn, Regional Manager
Mid-County Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Compliance Evaluation Inspection
Mid-County WWTF
Facility ID No. FL0034789
Pinellas County

Dear Mr. Flynn:

The above-referenced wastewater treatment facility was inspected on April 17, 2007. The type of inspection conducted was a Compliance Evaluation Inspection and, overall, the facility was Significantly Out of Compliance. A copy of the inspection is attached. Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance with all the inspection evaluation areas of a facility.

The Department requests a written response within 30 days of receipt of this letter addressing the outstanding items indicated by asterisk. Please direct any questions to the undersigned at (813) 632-7600, extension 335 or via e-mail: michele.duggan@dep.state.fl.us.

Sincerely,

Michele Duggan
Environmental Specialist
Domestic Wastewater Section

MD/mdd

Attachment

cc: Shannan Bogdanov, FDEP with attachment
Jeff Hilton, P.E., FDEP via e-mail
Scotty Haws, Utilities, Inc. via e-mail
Steve Szczepkowski, Utilities, Inc. via e-mail
Kelly Levy, PCEM via e-mail

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Mid-County WWTF 2299 Spanish Vista Drive Dunedin, FL 34698-9438	WAFR ID: FL0034789	County Pinellas Phone	Entry Date/Time 04/17/07 1245 hours @ Exit Date/Time
Names of Field Representatives Steve Szczepkowski	Title Lead Operator	Phone	
Name and Address of Permittee or Designated Representative Patrick Flynn Mid-County Services, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714	Title Regional Director	Phone (407) 869-1919	@ Operator Certification #
Inspection Type <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Samples Taken(Y/N): No	@ Sample ID#:	Samples Split (Y/N):
	Were Photos Taken(Y/N): Yes	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	SC	9. ♦ Effluent Quality
NC	2. ♦ Compliance Schedules	NC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	SC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
IC	13. Other:					NE	12. Groundwater

Facility and/or Order Compliance Status: <input type="checkbox"/> In-Compliance <input type="checkbox"/> Out-Of-Compliance <input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Letter

Name and Signature of Inspector Michele Duggan	District Office/Phone Number (813) 632-7600, ext. 335	Date 05-02-07
@ Signature of Reviewer Thomas Gucciardo	District Office/Phone Number (813) 632-7600, ext. 392	Date 05-02-07

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5	F L 0 0 3 4 7 8 9	0 7 0 4 1 7	C	2 S
ADDITIONAL NPDES COMMENTS					

Inspection Type (Field 1): A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V:ASI, =:ANI
Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
Every other field is self explanatory

INSPECTION FINDINGS

Facility Name: Mid-County WWTF
Facility ID No.: FL0034789
Inspection Type: Compliance Evaluation Inspection
Inspection Date: April 17, 2007 1245 hours

PERMIT

Domestic Wastewater Permit No. FL0034789 was issued February 7, 2006, revised April 6, 2006, and will expire February 6, 2011.

COMPLIANCE SCHEDULES

The Department issued Warning Letter No. WL06-0022DW52SWD on November 9, 2006 for effluent quality exceedances of total nitrogen single sample maximum, monthly average and annual average limits, total phosphorus single sample maximum and monthly average limits, fecal coliform single sample maximum and percent non-detectable limits, CBOD5 single sample maximum limit and toxicity in *Ceriodaphnia dubia* reproduction. The Department and representatives of Mid-County Services, Inc. met on December 7, 2006. During the meeting, Mid-County representatives indicated that a number of facility upgrades were implemented to ensure that the facility met its effluent quality limits. These upgrades included rehabilitation of the denitrification filters, the installation of two new blowers, installation of a new chlorine pump and the replacement of simplex chlorine pumps with duplex pumps. Additionally, Mid-County representatives indicated that operational and managerial changes were also made to improve facility performance. While there are permit limit exceedances cited in this letter, the issues in the warning letter appeared to be resolved at this time. The Department will submit a resolution of the warning letter issues under a separate cover.

LABORATORY

A contract laboratory performs analyses. The laboratory was not evaluated.

SAMPLING

1. *The daily calibration of dissolved oxygen meter was not recorded.
2. *The monthly direct calibration of the inline chlorine meter was also not recorded.
3. *The handheld chlorine meter, used to calibration the inline meter and to take the daily dechlorinated chlorine residual, was calibrated with gel standards. This meter must be directly calibrated with primary standards on a daily basis.

RECORDS AND REPORTS

1. *A review of the Discharge Monitoring Reports (DMRs) for the 10-month period of June 2006 through March 2007 indicated that the monthly average daily flow was not reported in January 2007.

2. *A review of the DMRs for the 10-month period of June 2006 through March 2007 indicated that the volume of residuals removed from the facility was not reported in December 2006.
3. *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that the antecedent weather conditions and chains of custody for all sampling events were not included. Please submit all supporting information with each ambient monitoring data submittal.
4. *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that there were inconsistencies between the actual sampling dates and the dates on the ambient DMR forms. For example, the data collected on sampling date June 15, 2005 was submitted on a DMR dated July 1 – 30, 2005. Please submit the data with the actual sampling date, not a date range or month.
5. *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that several sampling results were reported with sample values as undetected even though these values were greater than the minimum detection limit (MDL) reported. For example, on July 26, 2006, the fecal coliform result reported was 10 U, the MDL reported as 1. The Department cannot verify either number since the raw data sheets from the laboratory were not included. Due to questions concerning data and sampling dates, please submit raw laboratory data sheets with each submittal.

FACILITY SITE REVIEW

1. Facility grounds appeared well maintained. Painting and rehabilitation of piping and tanks was observed.
2. While there was a slight odor detected within the facility grounds, it did not extend into the Doral Mobile Home Park.

FLOW MEASUREMENT

A v-notch weir to sonic meter with totalizer at the end of the dechlorination tank measures effluent flow. The flow meter calibration was dated March 23, 2007 and was, therefore, current.

OPERATION AND MAINTENANCE

1. The facility appeared well operated and maintained. The rehabilitation of the denitrification filters was observed and the installation of the new odor-control structure was observed.
2. *Since November 2006, a number of low total chlorine residual readings, both true readings and false, were reported to the Department. Mid-County staff members attributed the low readings to chlorine supply pump malfunctions. Please indicate how this issue will be resolved.

EFFLUENT QUALITY

1. The final effluent was clear with no visible foam or solids. The total residual chlorine was 4.55 mg/L and the pH was 7.15 SU. Both readings were within permit limits.
2. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for Total Nitrogen annual average was exceeded in June and July 2006.
3. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated permit limit for CBOD₅ single sample maximum was exceeded once in August, once in September and once in November 2006.
4. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform single sample maximum was exceeded once in July 2006.
5. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform bacteria percent non-detectable was exceeded in July 2006.
6. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for total chlorine residual was not met twice in January, and once in February 2007.
7. A review of the toxicity test results submitted from April 2006 to February 2007 indicated that the effluent was not chronically toxic to *C dubia* or *P promelas*.
8. A review of the ambient monitoring data, submitted from September 2000 to July 2006, indicated the following:
 - a) *The pH values recorded were within the range expected (6.0 – 8.0) with the exception of one data point for the upstream station (pH = 1.8) for the sampling date of August 2005. While this may have been an instrument or reporting error (a pH of 7.16 was reported at the downstream station), please notify the Department immediately if a pH of less than 5.0 is encountered anytime within the creek.
 - b) *All dissolved oxygen values were consistently above the 62-302, F.A.C., Surface Water Quality Criterion (5.0 mg/L) with the exception of three upstream results and one downstream result. The outfall did not fall below 5.0 mg/L during the sampling dates.
 - c) *Fecal coliform concentrations were consistently low or undetected in the outfall. Coliform concentrations were similar upstream and downstream with several results exceeding the 62-302, F.A.C., single sample maximum of 800 CFU/100 mL.
 - d) The BOD data submitted was consistently below detection in the outfall. Similar values were reported at the upstream and downstream stations. One data point was reported with a MDL of 60 mg/L. This MDL exceeds the target MDL for BOD as referenced in

Chapter 62-4.246(4), F.A.C. If an MDL for a particular analysis exceeds the target MDL required by the Department, Mid-County Utilities, Inc. should submit an explanation from the laboratory in conjunction with the data submittal.

- e) *The total nitrogen values for the data submitted were calculated ($TN = TKN + NO_2-NO_3$). Between September 2000 and July 2006, the outfall value exceeded the permitted single sample maximum limit six times. The average of the reported ambient data points also exceeded the permitted annual average limit. In addition, the downstream station concentration was consistently higher than the upstream station concentration, suggesting the outfall has impact on downstream nutrient levels. High outfall measurements coincided with high downstream measurements.
- f) *Total ammonia in the outfall is consistently low; however, NO_2NO_3 levels in the outfall are consistently high.
- g) *Total phosphorus in the outfall was consistently higher than the stream background. The outfall values exceeded the permit single sample maximum limit once during the ambient period. The ambient data average was very close to the permitted annual average limit of 1.0 mg/L. The predominant form of phosphorus in the outfall is biologically-available ortho-phosphate.
- h) Chlorophyll-a values were similar between the upstream and downstream locations and consistently below the 30th percentile value (3.0 µg/L) for typical Florida streams (Friedemann, M & J. Hand, 1989)¹. In this case, the nutrients that are being added to the stream may have an effect farther downstream.

EFFLUENT DISPOSAL

Effluent is disposed of by permitted discharge to Curlew Creek. No deficiencies were noted.

RESIDUALS/SLUDGE

Residuals are transported to AMS, Inc. RMF for further treatment. No deficiencies were noted.

GROUNDWATER

There is no ground water monitoring requirement for this facility.

OTHER

On April 10, 2007, the Department received a complaint regarding a manhole located at the intersection of Hammock Pines Blvd and Summerdale Drive. This manhole accepts flow from the Kohl's shopping center. The Hammock Pines Homeowners Association was concerned that if overflowed, it would cause upstream back-ups in the Hammock Pines Condominium. The Department understands that Ken's Bushhog previously serviced this manhole. The manhole was inspected on April 17, 2007 and was not overflowing at the time, nor did it exhibit evidence of prior overflow.

¹ Friedemann, M. & J. Hand. 1989. Typical water quality values for Florida's lakes, streams, and estuaries. *Standards and Monitoring Section*, Bureau of Surface Water Management.

MID COUNTY SERVICES, INC.

AND AFFILIATED COMPANIES
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@uiwater.com

May 31, 2007

Ms. Michele Duggan
FDEP - Southwest District
Wastewater Section
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Mid-County WWTF
Facility ID# FL0034789
Pinellas County
CEI Response

Dear Ms. Duggan:

Our office is in receipt of your letter in regards to the above referenced inspection held on April 17, 2007. The outstanding items noted in the inspection have been reiterated in bold with the utility's corrective response following:

Sampling

The daily calibration of the dissolved oxygen meter was not recorded.

Operations staff has started a daily dissolved oxygen calibration log. (Please see attachment "A").

The monthly direct calibration of the inline chlorine meter was also not recorded.

Monthly direct calibration of the inline chlorine meter was initiated on May 17, 2007.

The handheld chlorine meter, used to calibrate the inline meter and to take daily dechlorinated chlorine residual was calibrated with gel standards. This meter must be directly calibrated with primary standards on a daily basis.

Daily direct calibration of the handheld chlorine meter using primary standards has been initiated. The utility requests that the Department consider a less frequent primary standard calibration of the equipment. The utility would rather utilize our contract laboratory to perform the procedure for better accuracy and safety. A second handheld unit could be purchased by the utility and used in rotation while the other is being calibrated with primary standards. All laboratory documentation would be kept in a log.

Records and Reports

A review of the Discharge Monitoring Reports (DMRs) for the 10-month period of June 2006 through March 2007 indicated that the monthly average daily flow was not reported in January 2007.

Enclosed, please find a revised page 5 of the January 2007 (DMR) reporting the monthly average daily flow. (Attachment "B")

A review of the DMRs for the 10-month period of June 2006 through March 2007 indicated that the volume of residuals removed from the facility was not reported in December 2006.

Enclosed, please find a revised page 5 of the December 2006 (DMR) reporting the volume of residuals removed from the facility. (Attachment "C")

A review of the ambient monitoring results from September 2000 through July 2006 indicated that the antecedent weather conditions and chain of custody for all sampling events were not included. Please submit all supporting information with each ambient monitoring data submittal.

Enclosed, please find a copy of the latest ambient monitoring results with chain of custody and raw data included. (Attachment "D") All future monitoring results will have the chain of custody and raw data included.

A review of the ambient monitoring results from September 2000 through July 2006 indicated that there were inconsistencies between the actual sampling dates and the dates on the ambient DMR forms. For example, the data collected on sampling date June 15, 2005 was submitted on a DMR dated July 1-30, 2005. Please submit the data with actual sampling date, not a date range or month.

Operations staff has been informed of reporting the actual date of sampling as directed. Please note that the current DMR's have no form for reporting ambient monitoring. Results are now attached to the corresponding DMR with the actual date of sampling. The contract laboratory has also been directed to sample early in the month.

A review of the ambient monitoring results from September 2000 through July 2006 indicated that several sampling results were reported with sample values as undetected even though these values were greater than the minimum detection limit (MDL) reported. For example, on July 26, 2006, the fecal coliform result reported was 10 U, the MDL reported as 1. The Department cannot verify either number since the raw data sheets from the laboratory were not included. Due to questions concerning data and sampling dates, please submit raw data sheets with each submittal.

Enclosed, please find a copy of the July 26, 2006 ambient monitoring report including the raw data from the laboratory. Also in the attachment, please find the laboratory's explanation of the skewed MDL reporting. (Attachment "E").

Operations and Maintenance

Since November 2006, a number of low total chlorine residual readings, both true readings and false, were reported to the Department. Mid-County staff members attributed the low readings to chlorine supply pump malfunctions. Please indicate how this issue will be resolved.

The chlorine monitoring system had been replaced in April, 2006. New chlorine controlling equipment had to be re-programmed to increase the chlorine feed rate at the low end of the scale.

Effluent Quality

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent limit of Total Nitrogen annual average was exceeded in June and July 2006.

As explained in prior correspondence, one blower was taken out of service, rebuilt, and placed back into service on July 21, 2006. The Total Nitrogen limit then declined thereafter. The annual average Total Nitrogen had been exceeded due to a lower dissolved oxygen content in the aeration basins prior to the repair.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated permit limit for CBOD5 single sample maximum was exceeded once in August, once in September, and once in November 2006.

Due to the overall clarity of the effluent, it is suspected that the methanol feed for nutrient removal had been inadvertently overfed at the time contributing to the high CBOD results. Operations personnel are utilizing daily process control procedures to monitor nutrient levels and keep methanol dosage rates optimal to prevent further occurrences.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform single sample maximum was exceeded once in July 2006.

As stated in prior correspondence, operations personnel had inadvertently taken fecal coliform samples at the "V" notch weir after dechlorination prior to August, 2006. The permit requires that samples be taken after disinfection and prior to dechlorination. This most likely attributed to the hits. All operators were then counseled on permit conditions and the proper locations for all parameters.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform bacteria percent non-detectable was exceeded in July 2006.

Please see the response noted above.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for total ~~coliform~~ residual was not met twice in January, and once in February 2007. *coliform*

New chlorine controlling equipment had to be re-programmed to increase the chlorine feed rate at the low end of the scale.

A review of the ambient monitoring data submitted from September 2000 to July 2006 indicated the following:

The pH values recorded were within range expected (6.0 – 8.0) with the exception of one data point for the upstream station (pH=1.8) for the sampling date of August 2005. While this may have been an instrument or reporting error (a pH of 7.16 was reported at the downstream station), please notify the Department immediately if a pH of less than 5.0 is encountered anytime within the creek.

Enclosed, please find a revised ambient monitoring report for August 31, 2005. Also in the attachment is an explanation of the error from the laboratory. (Attachment "F"). Operations staff will notify the Department immediately upon knowledge of a reported 5.0 pH within the creek.

All dissolved oxygen values were consistently above the 62-302 FAC Surface Water Quality Criterion (5.0 mg/L) with the exception of three upstream results and one down-stream result. The outfall did not fall below the 5.0 mg/L during the sampling dates.

With the effluent permit limit condition for dissolved oxygen being met on a constant basis at the outfall, it is suspected that the surface waters may have had an anomaly such as plant or animal contamination causing the low result downstream.

Fecal coliform concentrations were consistently low or undetected in the outfall. Coliform concentrations were similar upstream and downstream with several results exceeding the 62-302 FAC single sample maximum of 800 CFU/100 mL.

Please see the response noted above.

The total nitrogen values for the data submitted were calculated (TN = TKN + NO₂, NO₃). Between September 2000 and July 2006 the outfall value exceeded

Ms. Duggan
Mid-County WWTF - ID# FL0034789
CEI Response
Page Five

the permitted single sample maximum limit six times. The average of the reported ambient data points also exceeded the permitted annual average limit. In addition, the downstream station concentration was consistently higher than the upstream station concentration, suggesting the outfall has impact on downstream nutrient levels. High outfall measurements coincided with high downstream measurements.

Since the utility has made changes in operations personnel at the facility, there has been much improvement in meeting permit requirements in all areas of monitoring. Staff will continue to monitor process control thoroughly on a daily basis to maintain optimal effluent water quality discharging to the creek.

Total ammonia in the outfall is consistently low; however, NO₂NO₃ levels in the outfall are consistently high.

Operations staff will continue to monitor daily process control parameters to optimize the methanol dosage in keeping the total nitrogen levels within permit limits.

Total phosphorus in the outfall was consistently higher than in the stream background. The outfall values exceeded the permit single sample maximum limit once during the ambient monitoring period. The ambient data average was very close to the permitted annual average limit of 1.0 mg/L. The predominant form of phosphorus in the outfall is biologically available orth-phosphate.

Operations staff will continue to monitor daily process control parameters to optimize the ferric sulfate dosage in keeping the phosphorus levels with permit limits.

If you should have any questions, or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or Email at slhaws@uiwater.com.

Sincerely,

MID-COUNTY SERVICES, INC.


Scotty L. Haws
Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director
Mike Wilson, Regional Manager
Lee Neal, Area Manager
Steve Szczepkowski, Lead Operator

EXHIBIT "A"

MID-COUNTY
2299 SPANISH VISTAS DR.
DUNEDIN, FL 34698-9438

MONTH	YEAR

DO METER CALIBRATION

DATE	ID	ALT X 100	START %	SALINITY	END %	MG/L	TEMP.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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25							
26							
27							
28							
29							
30							
31							

EXHIBIT "B"

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: ~~JAN 01 2007~~ To

PERMIT NUMBER: FL0034789
~~JAN 31 2007~~

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform PARM Code 32106 Y Mon.Site No. EPD-01	Sample Measurement			69	UG/L	0	MONTHLY	CALC
	Permit Requirement			Report (An.Avg.)	UG/L		Monthly	Calculation
Chloroform PARM Code 32106 I Mon.Site No. EPD-01	Sample Measurement			54	UG/L	0	WEEKLY	GRAB
	Permit Requirement			Report (Mo.Avg.)	UG/L		Weekly	Grab
Flow (Total Plant) PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.682	MGD			0	MONTHLY	CALC
	Permit Requirement	0.9 (An.Avg.)	MGD				Monthly	Calculation
Flow (Total Plant) PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.621	MGD	0.633		0	5x/WEEK	METER
	Permit Requirement	Report (3-Mo.Avg.)	MGD	Report (Mo.Avg.)			5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement			69	%	0	MONTHLY	CALC
	Permit Requirement			Report	PER-CBNT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement			370	MG/L	0	MONTHLY	16-hr. FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement			220	MG/L	0	MONTHLY	16-hr. FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	16-hr. FPC
Rainfall PARM Code 46529 P Mon.Site No. OTH-02	Sample Measurement			3	INCHES	0	DAILY	CALC
	Permit Requirement			Report (Mo.Total)	INCHES		Daily	Calculation
Annual Sludge Production, Total PARM Code 49019 P Mon.Site No. OTH-01	Sample Measurement	262,500	GALLONS	262,500		0	MONTHLY	CALC
	Permit Requirement	Report (Mo.Total)	Gallons				Monthly	Calculation

EXHIBIT "C"

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001
 MONITORING PERIOD From: DEC 01 2008

PERMIT NUMBER: FL0034789
DEC 31 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform PARM Code 32106 Y Mon. Site No. BFD-01	Sample Measurement				71		UG/L	0	MONTHLY	CALC
	Permit Requirement				Report (Mo. Ave.)		UG/L		Monthly	Calculation
Chloroform PARM Code 32106 I Mon. Site No. BFD-01	Sample Measurement				57		UG/L	0	WEEKLY	GRAB
	Permit Requirement				Report (Mo. Ave.)		UG/L		Weekly	Grab
Flow (Total Plant) PARM Code 90050 P Mon. Site No. FLW-01	Sample Measurement	0.681		MGD				0	MONTHLY	CALC
	Permit Requirement	0.9 (As Ave.)		MGD					Monthly	Calculation
Flow (Total Plant) PARM Code 90050 Q Mon. Site No. FLW-01	Sample Measurement	0.627	0.612	MGD				0	5x/WEEK	METER
	Permit Requirement	Report (3-Mo. Ave.)	Report (Mo. Ave.)	MGD					3 Days/Week	Flow Transducer
Percent Capacity, (TMADFP permitted Capacity) x 100 PARM Code 00180 I Mon. Site No. FLW-01	Sample Measurement				70		%	0	MONTHLY	CALC
	Permit Requirement				Report		PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 20062 G Mon. Site No. BNF-01	Sample Measurement				150		MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement				Report (Mo. Ave.)		MG/L		Monthly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon. Site No. BNF-01	Sample Measurement				240		MG/L	0	MONTHLY	16 HR FPC
	Permit Requirement				Report (Mo. Ave.)		MG/L		Monthly	16-hr. FPC
Rainfall PARM Code 46529 P Mon. Site No. OTH-02	Sample Measurement				3		INCHES	0	DAILY	CALC
	Permit Requirement				Report (Mo. Total)		INCHES		Daily	Calculation
Annual Sludge Production, Total PARM Code 49019 P Mon. Site No. OTH-01	Sample Measurement	218,750		GALLONS				0	MONTHLY	CALC
	Permit Requirement	Report (Mo. Total)		Gallons					Monthly	Calculation

EXHIBIT "D"



**Advanced
Environmental Laboratories, Inc.**

3613 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: Utilities, Inc.
Project Name: Semi-Annual
Project Number:

Report No.: T072762
Date Sampled: 03/09/2007
Date Received: 3/9/07 12:45
Date Reported: 04/10/2007

Attention: David Winkler
Phone Number: 8002721919

Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Semi-Annual

Approved By:

If there are any questions involving this report, the above named should be contacted

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless noted otherwise in the body of the report.

Total Number of Pages = 16

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.

Report No.: T072762

Project Name: Semi-Annual

Date/Time Received: 3/9/07 12:45

Sample Cross Reference Information

Lab Code: T072762-01

Site: Mid County Surface Water

Client Sample Number: Outfall

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	WCT031407NH3	03/14/2007 16:00	LSP		
BOD (5-day)	E405.1	NONE	WCT030907BOD	03/09/2007 08:00	ENE		
Fecal Coliform (MF)	SM9222D	NONE	MCT030907FC	03/09/2007 13:30	JCH		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	WCT030907NO3	03/09/2007 12:56	ENE		
Ortho-phosphate (as P)	E365.1	NONE	wc031007epa300	03/10/2007 11:52	AJ		
Total Coliform (MF)	SM9222B	NONE	MCT030907TC	03/09/2007 13:00	JCH		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	WCT032207TKN	03/22/2007 08:18	LSP	PB032107TPTKN	03/21/2007
Total Phosphorus (as P)	E365.4	NONE	WCT032307TP	03/23/2007 07:31	LSP	PB032107TPTKN	03/21/2007
Total Suspended Solids (TSS)	E160.2	NONE	wc031307tss	03/13/2007 09:00	DTN		

If the Analytical Batch ID and Prep Batch IDs null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T072762-03

Site: Mid County Surface Water

Client Sample Number: Downstream Mid Depth

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	WCT031407NH3	03/14/2007 16:00	LSP		
BOD (5-day)	E405.1	NONE	WCT030907BOD	03/09/2007 09:00	ENE		
Chlorophyll A	SM10200H	NONE	wc031107chloro	03/11/2007 11:00	JH	PB030907CH	03/10/2007
Fecal Coliform (MF)	SM9222D	NONE	MCT030907FC	03/09/2007 13:30	JCH		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	WCT030907NO3	03/09/2007 12:56	ENE		
Ortho-phosphate (as P)	E365.1	NONE	wc031007epa300	03/10/2007 11:52	AJ		
Total Coliform (MF)	SM9222B	NONE	MCT030907TC	03/09/2007 13:00	JCH		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	WCT032207TKN	03/22/2007 08:18	LSP	PB032107TPTKN	03/21/2007
Total Phosphorus (as P)	E365.4	NONE	WCT032307TP	03/23/2007 07:31	LSP	PB032107TPTKN	03/21/2007
Total Suspended Solids (TSS)	E160.2	NONE	wc031307tss	03/13/2007 09:00	DTN		

If the Analytical Batch ID and Prep Batch IDs null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T072762-06

Site: Mid County Surface Water

Client Sample Number: Upstream Mid Depth

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	WCT031407NH3	03/14/2007 16:00	LSP		
BOD (5-day)	E405.1	NONE	WCT030907BOD	03/09/2007 09:00	ENE		
Chlorophyll A	SM10200H	NONE	wc031107chloro	03/11/2007 11:00	JH	PB030907CH	03/10/2007
Fecal Coliform (MF)	SM9222D	NONE	MCT030907FC	03/09/2007 13:30	JCH		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	WCT030907NO3	03/09/2007 12:56	ENE		
Ortho-phosphate (as P)	E365.1	NONE	wc031007epa300	03/10/2007 11:52	AJ		
Total Coliform (MF)	SM9222B	NONE	MCT030907TC	03/09/2007 13:00	JCH		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	WCT032207TKN	03/22/2007 08:18	LSP	PB032107TPTKN	03/21/2007
Total Phosphorus (as P)	E365.4	NONE	WCT032307TP	03/23/2007 07:31	LSP	PB032107TPTKN	03/21/2007
Total Suspended Solids (TSS)	E160.2	NONE	wc031307tss	03/13/2007 09:00	DTN		

If the Analytical Batch ID and Prep Batch IDs null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Definitions:

Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes

Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids and non-aqueous waste samples

All results in mg/kg or % are reported in dry weight basis, unless noted otherwise. All results in mg/L are reported in wet weight basis.

MDL: Method Detection Limit, without correction for dilution or moisture content.

Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content calculations.

PQL is defined to be 4 times the MDL, for all results qualified with an "L" qualifier.

Sampling Methods: P= Pump, C= Composite, G= Grab

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Report No.: T072762

Project Name: Semi-Annual

Date/Time Received: 3/9/07 12:45

Quality Assurance Report

Method Blanks

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT030907FC	Fecal Coliform (MF)	Pre Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT030907FC	Fecal Coliform (MF)	Post Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT030907FC	Fecal Coliform (MF)	Method Blank	SM9222D	1.0	1.0	cfu/100ml	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT030907TC	Total Coliform (MF)	Pre Filter	SM9222B	1.0	1.0	cfu/100ml	U
MICT030907TC	Total Coliform (MF)	Post Filter	SM9222B	1.0	1.0	cfu/100ml	U
MICT030907TC	Total Coliform (MF)	Method Blank	SM9222B	1.0	1.0	cfu/100ml	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct031007aps300	Ortho-phosphate (as P)	Method Blank	E365.1	0.052	0.052	mg/L	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct031107chloro	Chlorophyll A	Method Blank	SM10200H	1.0	1.0	mg/m3	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct031307tss	Total Suspended Solids (TSS)	Method Blank	E160.2	1.0	1.0	mg/L	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT032207TKN	Total Kjeldahl Nitrogen (as N)	Method Blank	E351.2	0.038	0.038	mg/L	U
Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT032307TP	Total Phosphorus (as P)	Method Blank	E365.4	0.035	0.035	mg/L	U

Quality Assurance Qualifiers:

U The compound was analyzed for but not detected.

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.



Advanced Environmental Laboratories
 9610 Princess Palm Ave, Tampa, FL 33619
 Phone (813)630-9616 / Fax (813)630-4327

WATER SAMPLING LOG

SITE NAME: UTILITIES INC.	SITE LOCATION: MID COUNTY
---------------------------	---------------------------

SAMPLING DATA

SAMPLE NUMBER	04	03	02	07	06	05	01
SAMPLE LOCATION	Down Stream	mid	Bottom	up stream	mid	Bottom	Eff out fall
SAMPLE TIME	0907	0908	0909	0925	0936	0937	0955
SAMPLE DATE	3/9/07						
SAMPLE DEPTH	Surface	5" Mid	9" Bottom	1" Surface	Mid	2.2' Bottom	outfall pipe stream
TOTAL DEPTH/feet	5.6		9' 9"	1' 5"	1'	2.4' 2.8'	
TEMP CELSIUS	20.0	19.7	19.8	19.3	18.7	19.1	23.9
D.O. mg / L	6.24	5.99	6.27	6.90	7.19	7.21	6.58
D.O. % sat.	NA						
CONDUCTIVITY	730	709	702	501	498	497	759
SALINITY ppt	0.3	0.4	0.3	0.2	0.2	0.2	0.5
pH su.	7.19	7.17	7.13	7.40	7.22	7.29	7.13
TURBIDITY NTU's	1.30	1.00	1.10	1.00	1.20	0.95	1.20
RCL / CL2	NA						

FIELD CONDITIONS: ok / TIME: 0900 / CLOUD COVER: 20%

WIND DIRECTION: N / NW / NE / S / SW / SE / NONE / PRVIOUS RAINFALL: YES OR NO

OVERALL FIELD CONDITIONS: ok / TYPE OF SAMPLING: SW / WW / DW /

FIELD REMARKS: _____

SAMPLED BY: (PRINT) / SHANNON BEAMAN	SAMPLER'S SIGNATURE	DATE
AFFILIATION: ADVANCED ENVIRONMENTAL LABORATORIES		3/9/07

P.14



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave
Tampa, FL 33619

Client: Utilities Project name: Semi annual
 Date/Time Rcvd: 3/26/07 12:45 Log-In request number: T022762
 Received by: [Signature] Completed by: [Signature]

Cooler/Shipping Information:

Courier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Type: Cooler Box Other (describe): _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

pH (if applicable)					
Temp (°C)	0				
Temp taken from	<input checked="" type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
6. Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
8. Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
9. Were samples received within holding times?	<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?			<input checked="" type="checkbox"/>
11. Were there air bubbles present in the VOA vials?			<input checked="" type="checkbox"/>
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
13. Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
14. Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<input checked="" type="checkbox"/>
15. Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
16. Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Comments:

[Handwritten signature]



Advanced Environmental Laboratories, Inc.
 8801 Southpoint Pkwy. Jacksonville, FL 32216 • 904.363.8380 • Fax 904.363.8354 • E82574
 9810 Princess Palm Ave. Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84588
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32608 • 352.387.1800 • Fax 352.387.0040 • E82620
 528 S. North Lake Blvd., Ste. 1018 • Altamonte Springs, FL 32701 • 407.837.1584 • Fax 407.837.1587 • E83076

LAB NUMBER: T072762

Page _____ of _____

CLIENT NAME Utilities, Inc.		PROJECT NAME Semiannual		BOTTLE SIZE & TYPE		1000 ml Plastic	1000 ml Plastic	250 mL Plastic	250 mL Plastic	100 ML Plastic	1000mL GA	LAB Z C M B E R				
ADDRESS 200 Weathersfield Ave.		P.O. NUMBER/PROJECT NUMBER		A R N E A Q L U Y I S R I E S O		BOD	TSS	TKN, NH3, TP, NOX	OP	FC/TC	Chlorophyll-a		Field parameters			
Altamonte Springs, FL 32714		PROJECT LOCATION Mid-County Surface water		FAX		REMARKS/SPECIAL INSTRUCTIONS: Field Parameters: pH, salinity, Temp, Turb, DO, secchi depth										
PHONE 800-272-1919		CONTACT David Winkler		SAMPLER BY S.BEAMAN		TURN AROUND TIME										
<input checked="" type="checkbox"/> STANDARD		<input type="checkbox"/> FUSP		V:W=waste water SW=surface water GW=ground water LW=drinking water												
SAMPLE ID		SAMPLE DESCRIPTION		Grab Comp	SAMPLING DATE TIME		MATRIX	NO. COUNT	Preserv	Ice	Ice	S	Ice	T	Ice	
			Outfall	G		3/9/07										
			Downstream-bottom	G						X	X	X	X	X		X 01
			Downstream-mid-depth	G												X 02
			Downstream-surface	G						X	X	X	X	X	X	X 03
			Upstream-bottom	G												X 04
			Upstream-mid-depth	G												X 05
			Upstream-surface	G						X	X	X	X	X	X	X 06
																X 07

I=Ice H=(HC) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)
 Method: **SAMPLED**
 Via: **10**
 Sample Kit: RB, AB, Trip Bl.
 Coolant: D/T, D/T

Relinquish by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	3/9/07	12:45	<i>[Signature]</i>	3/9/07	12:45
1					
2					
3					
4					

P.116

Form: ADVANCED ENVIRONMENTAL LABS 813-630-4827 04/29/2007 12:49 #065 P.019/019

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T072762
Date/Time Received: 3/9/07 12:45

Lab Code: T072762-03
Client Sample ID: Downstream Mid Depth
Site: Mid County Surface Water
Matrix: Water

Date/Time Sampled: 03/09/2007 09:08
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.039	0.16	0.039	mg/L	U	E350.1		T
BOD (5-day)	1	2.0	2.0	2.8	mg/L O2		E405.1		T
Chlorophyll A	1	1.0	1.0	1.8	mg/m3	U	SM10200H		T
Fecal Coliform (MF)	10	10	10	320	cfu/100ml		SM9222D		T
Nitrate + Nitrite (as N)	1	0.072	0.29	0.11	mg/L	I	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	0.30	mg/L		E365.1		T
Total Coliform (MF)	100	100	400	700	cfu/100ml		SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.038	0.15	0.81	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.035	0.14	0.20	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	1.0	1.0	2.0	mg/L		E160.2		T

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T072762

Date/Time Received: 3/9/07 12:45

Lab Code: T072762-01
Client Sample ID: Outfall
Site: Mid County Surface Water
Matrix: Water

Date/Time Sampled: 03/09/2007 09:55
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.039	0.16	0.839	mg/L	U	E350.1		T
BOD (5-day)	1	2.0	2.0	7.4	mg/L O2		E405.1		T
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate + Nitrite (as N)	1	0.072	0.29	0.072	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	0.45	mg/L		E365.1		T
Total Coliform (MF)	1	1.0	4.0	1	cfu/100ml	U	SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.038	0.15	0.69	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.035	0.14	9.2	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	1.0	1.0	1.0	mg/L	U	E180.2		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: Jan - March 2007

Lab Sample ID: T072762-03
 Date/Time Sampled: 03/09/07 0908
 Site Name: Downstream Mid Depth
 Location ID: Test Site #2
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.24		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.17		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.4		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	19.7		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.0		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.8		2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	320		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.039	U	0.039	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.11	i	0.047	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.30		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.81		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	700		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.20		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2		2.0	E84589

Comments:

U = The compound was analyzed for but not detected.

i = The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

From: ADVANCED ENVIRONMENTAL LABS 813 630 4927

04/23/2007 12:47 #063 P.1009/016

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: Jan - March 2007

Lab Sample ID: T072762-05
 Date/Time Sampled: 03/09/07 0937
 Site Name: Upstream Bottom
 Location ID: Test Site #1
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	7.21		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.29		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	19.1		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	26		N/A	E84589

Comments:

P.11

From: ADVANCED ENVIRONMENTAL LABS 819 630 4327

04/23/2007 12:48 #063 P.011/016

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Samples Filtered: No
 Monitoring Period: Jan - March 2007

Lab Sample ID: T072762-06
 Date/Time Sampled: 03/09/07 0936
 Site Name: Upstream Mid Depth
 Location ID: Test Site #1
 DEP Comgap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	7.19		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.32		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	18.7		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.30		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0		1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	230		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.039	U	0.039	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.11	i	0.047	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.068	i	0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.52		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	600		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.035	U	0.035	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0		2.0	E84589

Comments: i = The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
 U = The compound was analyzed for but not detected.

Handwritten initials: P.D.

From: ADVANCED ENVIRONMENTAL LABS 219 630 4927 04/23/2007 12:48 #002 P.101018

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: Jan - March 2007

Lab Sample ID: T072762-07
 Date/Time Sampled: 03/09/07 0935
 Site Name: Upstream Surface
 Location ID: Test Site #1
 DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.9		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.4		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	19.3		N/A	E84589

Comments:

P. Co

From: ADVANCED ENVIRONMENTAL LABS 919 690 4927

04/23/2007 12:48 #062 P. 019/016

EXHIBIT "E"

CASE NARRATIVE
Inorganic Analysis

Laboratory Reference No./SDG#: T068252

Client/Project: Utilities, Inc – Mid County Surface Water

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: All acceptance criteria were met.

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

D. Duplicates: All acceptance criteria were met.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other: The report generated for the surface water sampling part D had an incorrect MDL (Method Detection Limit) listed for the Effluent pre-creek sampled 07/26/2006. The fecal coliform was the analysis with the incorrect MDL. The report has been amended the original mistake was a typing error. The Project Manager will be diligent in the future in the final review process to prevent this from reoccurring. The analysis performed on the fecal coliforms was analyzed with to great a dilution; therefore raising the MDL. The analysts have been informed that the dilutions in the future must performed with the MDL beginning 1.0 to prevent them from exceeding the MCL (Maximum Contaminant Level).

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories, Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Signed:  Date: 12/3/2006

Luanmie Heslin, Project Manager



**Advanced
Environmental Laboratories, Inc.**

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: Utilities, Inc.
Project Name: Semi-Annual
Project Number:

Report No.: T068252
Date Sampled: 07/26/2006
Date Received: 7/26/06 15:55
Date Reported: 08/11/2006

Attention: David Winkler
Phone Number: 8002721919

Date Report Amended: 05/21/07

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Semi-Annual

Approved By: _____

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAP standards, unless noted otherwise in the body of the report.

Total Number of Pages = 17

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T068252

Date/Time Received: 7/26/06 15:55

Lab Code: T068252-01
Client Sample ID: Outfall
Site: Mid-County Surface Water
Matrix: Water

Date/Time Sampled: 07/26/2006 12:00
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.44	mg/L		E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		T
Fecal Coliform (MF)	10	10	10	10	cfu/100ml	U	SM9222D		T
Nitrate + Nitrite (as N)	1	0.027	0.11	0.12	mg/L		SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.058	0.23	1.9	mg/L		E300.0		T
Total Coliform (MF)	10	10	40	10	cfu/100ml	U	SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.1	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.78	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T068252
Date/Time Received: 7/26/06 15:55

Lab Code: T068252-02
Client Sample ID: Downstream Mid-depth
Site: Mid-County Surface Water
Matrix: Water

Date/Time Sampled: 07/26/2006 10:56
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.29	mg/L		E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2		E405.1		T
Chlorophyll A	1	1.0	1.0	1.3	mg/m3		SM10200H		T
Fecal Coliform (MF)	10	10	10	430	cfu/100ml		SM9222D		T
Nitrate + Nitrite (as N)	1	0.027	0.11	0.27	mg/L		SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.058	0.23	0.49	mg/L		E300.0		T
Total Coliform (MF)	10	10	40	510	cfu/100ml		SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.4	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.32	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	3.0	mg/L		E160.2		T

T DOH certification #E94589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T068252
Date/Time Received: 7/26/06 15:55

Lab Code: T068252-03
Client Sample ID: Upstream Mid-depth
Site: Mid-County Surface Water
Matrix: Water

Date/Time Sampled: 07/26/2006 11:34
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.23	mg/L		E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2		E405.1		T
Chlorophyll A	1	1.0	1.0	1.0	mg/m3	U	SM10200H		T
Fecal Coliform (MF)	10	10	10	310	cfu/100ml		SM9222D		T
Nitrate + Nitrite (as N)	1	0.027	0.11	0.27	mg/L		SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.058	0.23	0.080	mg/L	i	E300.0		T
Total Coliform (MF)	10	10	40	440	cfu/100ml		SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	0.41	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.17	mg/L	i	E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

C The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T068252
Date/Time Received: 7/26/06 15:55

Sample Cross Reference Information

Lab Code: T068252-01		Site: Mid-County Surface Water					
Client Sample Number: Outfall		Matrix: Water					
Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct080106nh3	08/01/2006 09:50	AJ		
BOD (5-day)	E405.1	NONE	WCT072706BOD	07/27/2006 09:00	JCH		
Fecal Coliform (MF)	SM9222D	NONE	MCT072606FC	07/26/2006 16:15	GDB		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	wct072706no3	07/27/2006 14:37	LSP		
Ortho-phosphate (as P)	E300.0	NONE	wct072806epa300	07/28/2006 08:52	AJK		
Total Coliform (MF)	SM9222B	NONE	MCT072606TC	07/26/2006 16:15	GDB		
Total Kjeldahl Nitrogen (as N)	E351.2	METHOD	wct073106tkn	07/31/2006 11:50	LSP	pb072806ptkn	07/28/2006
Total Phosphorus (as P)	E365.4	METHOD	wct073106tp	07/31/2006 15:26	AJ	pb072806ptkn	07/28/2006
Total Suspended Solids (TSS)	E160.2	NONE	wct072706tss	07/27/2006 09:30	DTN		

If the Analytical Batch ID and Prep Batch ID is null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T068252-02		Site: Mid-County Surface Water					
Client Sample Number: Downstream Mid-depth		Matrix: Water					
Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct080106nh3	08/01/2006 09:50	AJ		
BOD (5-day)	E405.1	NONE	WCT072706BOD	07/27/2006 09:00	JCH		
Chlorophyll A	SM10200H	NONE	WCT073106CHL	07/31/2006 15:00	BLT		
Fecal Coliform (MF)	SM9222D	NONE	MCT072606FC	07/26/2006 16:15	GDB		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	wct072706no3	07/27/2006 14:37	LSP		
Ortho-phosphate (as P)	E300.0	NONE	wct072806epa300	07/28/2006 08:52	AJK		
Total Coliform (MF)	SM9222B	NONE	MCT072606TC	07/26/2006 16:15	GDB		
Total Kjeldahl Nitrogen (as N)	E351.2	METHOD	wct073106tkn	07/31/2006 11:50	LSP	pb072806ptkn	07/28/2006
Total Phosphorus (as P)	E365.4	METHOD	wct073106tp	07/31/2006 15:26	AJ	pb072806ptkn	07/28/2006
Total Suspended Solids (TSS)	E160.2	NONE	wct072706tss	07/27/2006 09:30	DTN		

If the Analytical Batch ID and Prep Batch ID is null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T068252-03		Site: Mid-County Surface Water					
Client Sample Number: Upstream Mid-depth		Matrix: Water					
Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct080106nh3	08/01/2006 09:50	AJ		
BOD (5-day)	E405.1	NONE	WCT072706BOD	07/27/2006 09:00	JCH		
Chlorophyll A	SM10200H	NONE	WCT073106CHL	07/31/2006 15:00	BLT		
Fecal Coliform (MF)	SM9222D	NONE	MCT072606FC	07/26/2006 16:15	GDB		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	wct072706no3	07/27/2006 14:37	LSP		
Ortho-phosphate (as P)	E300.0	NONE	wct072806epa300	07/28/2006 08:52	AJK		
Total Coliform (MF)	SM9222B	NONE	MCT072606TC	07/26/2006 16:15	GDB		
Total Kjeldahl Nitrogen (as N)	E351.2	METHOD	wct073106tkn	07/31/2006 11:50	LSP	pb072806ptkn	07/28/2006
Total Phosphorus (as P)	E365.4	METHOD	wct073106tp	07/31/2006 15:26	AJ	pb072806ptkn	07/28/2006
Total Suspended Solids (TSS)	E160.2	NONE	wct072706tss	07/27/2006 09:30	DTN		

If the Analytical Batch ID and Prep Batch ID is null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Definitions:

Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes.
 EC matrix refers to all non-aqueous matrices, including soils, sludges, sediments, and non-aqueous waste samples.
 All results in mg/kg (C) are reported on dry weight basis, unless noted otherwise. All results in mg/L are reported on wet weight basis.
 MDL: Method Detection Limit (in its correct form) for detection or presence only.
 Adjusted Reporting Limit is the MDL accounting for dilutions and moisture content variations.
 PQL is defined to be 3 times the MDL for all results qualified with an "I" qualifier.
 Sampling Methods: P= Pump, C= Composite, G= Grab

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Semi-Annual

Report No.: T068252
Date/Time Received: 7/26/06 15:55

Quality Assurance Report

Method Blanks

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT072606FC	Fecal Coliform (MF)	Pre Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT072606FC	Fecal Coliform (MF)	Post Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT072606FC	Fecal Coliform (MF)	Method Blank	SM9222D	1.0	1.0	cfu/100ml	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT072606TC	Total Coliform (MF)	Pre Filter	SM9222B	1.0	1.0	cfu/100ml	U
MICT072606TC	Total Coliform (MF)	Post Filter	SM9222B	1.0	1.0	cfu/100ml	U
MICT072606TC	Total Coliform (MF)	Method Blank	SM9222B	1.0	1.0	cfu/100ml	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT072706BOD	BOD (5-day)	Method Blank	E405.1	2.0	2.0	mg/L O2	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct072706tss	Total Suspended Solids (TSS)	Method Blank	E160.2	2.0	2.0	mg/L	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct073106tkn	Total Kjeldahl Nitrogen (as N)	Method Blank	E351.2	0.048	0.048	mg/L	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct073106tp	Total Phosphorus (as P)	Method Blank	E365.4	0.43	0.43	mg/Kg	U

Miscellaneous Analytes							
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct080106nh3	Ammonia (as N)	Method Blank	E350.1	0.026	0.026	mg/L	U

Quality Assurance Qualifiers:

U The compound was analyzed for but not detected.

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - December 2006

Lab Sample ID: T068252-01
 Date/Time Sampled: 07/26/06 1200
 Site Name: Effluent Pre-Creek
 Location ID: Outfall 001
 DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.15		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.4		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	31.0		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	0.80		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Fecal Coliform	74055	CFU/100ml.	Ice	SM 9222D	10	U	10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.44	U	0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.12		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	1.9		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.1		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	10	U	10	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.78		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments: U The compound was analyzed for but not detected.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - December 2006

Lab Sample ID: T068252-02
 Date/Time Sampled: 07/26/06 1056
 Site Name: Downstream Mid Depth
 Location ID: Test Site #2
 DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.19		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.7		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.0		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.3	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	430		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.29		0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.49		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.4		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	510		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.32		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	3.0		2.0	E84589

Comments: U - The compound was analyzed for but not detected.

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Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Samples Filtered: No
Monitoring Period: July - December 2006

Lab Sample ID: T068252-03
Date/Time Sampled: 07/26/06 1134
Site Name: Upstream Mid Depth
Location ID: Test Site #1
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/l.	N/A	DEP SOP 92	6.26		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.80		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.9		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.4		N/A	E84589
BOD	N/A	mg/l.	Ice	SM 5210B	2.0		2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	310		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.23		0.026	E84589
Nitrate + Nitrite	00620	mg/l.	Ice	SM 4500NO3F	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.080	i	0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.41		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	440		100	E84589
Total Phosphorous	N/A	mg/l.	H ₂ SO ₄	EPA 365.4	0.17	i	0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments:

- The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- The compound was analyzed for but not detected.

ES

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-04
Date/Time Sampled: 07/26/06 1057
Site Name: Downstream Bottom
Location ID: Test Site #2
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.24		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.7		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	21		N/A	E84589

Comments:

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Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-05
Date/Time Sampled: 07/26/06 1057
Site Name: Downstream Surface
Location ID: Test Site #2
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.05		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.9		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.6		N/A	E84589

Comments:

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Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-06
Date/Time Sampled: 07/26/06 1135
Site Name: Upstream Bottom
Location ID: Test Site #1
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.37		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	1.4		N/A	E84589

Comments:

2/2
E17

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - December 2006

Lab Sample ID: T068252-07
Date/Time Sampled: 07/26/06 1133
Site Name: Upstream Surface
Location ID: Test Site #1
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.17	6.6	N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8	7.2	N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2	0.2	N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9	28.6	N/A	E84589

Comments:

2/1/07



Advanced Environmental Laboratories
 9610 Princess Palm Ave. Tampa, FL 33619
 Phone (813)630-9616 / Fax (813)630-4327

WATER SAMPLING LOG

SITE NAME: Utilities Inc.	SITE LOCATION: Mid County
----------------------------------	----------------------------------

1069050

SAMPLING DATA

SAMPLE NUMBER	-05	02	04	07	03	06	01
SAMPLE LOCATION	Down Stream	Down Stream	Down Stream	Upstream	Upstream	Upstream	Outfall
SAMPLE TIME	1055	1056	1057	1133	1134	1135	1200
SAMPLE DATE	7/26/2006	7/26/2006	7/26/2006	7/26/2006	7/26/2006	7/26/2006	7/26/2006
SAMPLE DEPTH	1" Below Surface	10"	1" Below Bottom	1" Below Surface	9"	1" Above Bottom	NA
TOTAL DEPTH/sehcci	NA	NA	1'9"	NA	NA	1'7"	NA
TEMP CELSIUS	28.6	28.7	28.7	28.9	28.9	28.9	31.0
D.O. mg / L	6.05	6.19	6.24	6.17	6.26	6.37	6.15
D.O. % sat.	NA	NA	NA	NA	NA	NA	NA
CONDUCTIVITY	NA	NA	NA	NA	NA	NA	NA
SALINITY ppt.	0.3	0.3	0.3	0.2	0.2	0.2	0.4
pH su.	6.90	6.80	6.80	6.80	6.80	6.90	6.90
TURBIDITY NTU's	1.2	1.0	1.1	1.1	1.4	1.1	.80
RCL / CL2	NA	NA	NA	NA	NA	NA	NA

FIELD CONDITIONS: good / TIME: 1145 / CLOUD COVER: 15%

WIND DIRECTION: N (NW) NE / S / SW / SE / NONE / PRVEIOUS RAINFALL: YES OR (NO)

OVERALL FIELD CONDITIONS: good / TYPE OF SAMPLING: (SW) WW / DW /

FIELD REMARKS: _____

SAMPLED BY: (PRINT) / SHANNON BEAMAN	SAMPLER'S SIGNATURE: <u>SB</u>	DATE: 7/26/2006
AFFILIATION: / ADVANCED ENVIRONMENTAL LABORATORIES		

0.14



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/26/06 1555 Log-in request number: T068252
Received by: AK Completed by: AK

Cooler/Shipping Information:

Carrier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____
Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			
2. Were custody papers properly included with samples?	/		
3. Were custody papers properly filled out (ink, signed, match labels)?	/		
4. Did all bottles arrive in good condition (unbroken)?	/		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	/		
6. Did the sample labels agree with the chain of custody?	/		
7. Were correct bottles used for the tests indicated?	/		
8. Were proper sample preservation techniques indicated on the label?	/		
9. Were samples received within holding times?	/		
10. Were all VOA vials checked for the presence of air bubbles?			/
11. Were there air bubbles present in the VOA vials?			/
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	/		
13. Was the cooler temperature less than 6°C?	/		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)			/
15. Were the sample containers provided by AEL?	/		
16. Were samples accepted into the laboratory?	/		
17. Was it necessary to split samples into other bottles?	/		

Comments:

AK



Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy • Jacksonville, FL 32216 • 904 363 9350 • Fax 904 363 9354 • E82574
 3813 Princess Palm Ave • Tampa, FL 33619 • 813 630 9616 • Fax 813 630 4327 • E84589
 2104 N. V. 67th Place • Ste 7 • Gainesville, FL 32606 • 352 367 1500 • Fax 352 367 0050 • E82620
 526 S. North Lake Blvd • Ste 1016 • Altamonte Springs, FL 32701 • 407 937 1594 • Fax 407 937 1597 • E53078

LAB NUMBER: TC08252

Page _____ of _____

CLIENT NAME: Utilities, Inc.		PROJECT NAME: Semiannual				BOTTLE SIZE & TYPE		500 ml Plastic	1000 ml Plastic	250 mL Plastic	250 mL Plastic	100 mL Plastic	1000ml GA	LAB NUMBER
ADDRESS: 200 Weathersfield Ave.		P.O. NUMBER/PROJECT NUMBER:				AR NE AQ LU YI SR IE SD	BOD	TSS	TKN, NH3, TP, NOX	OP	FC/TC	Chlorophyll-a	Field parameters	
Altamonte Springs, FL 32714		PROJECT LOCATION: Mid-County Surface water												
PHONE: 800-272-1919		FAX:												
CONTACT: David Winkler		SAMPLED BY: S.BEAMAN												
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:												
<input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> ROUTE		Field Parameters: pH, salinity, Temp, Turb, DO, secchi depth												
SW=waste water SW=surface water GW=ground water DW=drinking water		OIL		A=air	SO=soil	SL=sludge	Preserv	Ice	Ice	S	Ice	T	Ice	
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO COUNT								
			DATE	TIME										
	Outfall	G	7/26/06	1200	W	5		X	X	X	X	X		X-01
	Downstream-bottom	G		1057	W	0								X-04
	Downstream-mid-depth	G		1056	W	6		X	X	X	X	X		X-02
	Downstream-surface	G		1057	W	0								X-05
	Upstream-bottom	G		1135	W	0								X-06
	Upstream-mid-depth	G		1134	W	6		X	X	X	X	X		X-03
	Upstream-surface	G		1133	W	0								X-07
HCl H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)		Method		Sample Kit	Cooler #		Relinquish by:		Date	Time	Received by:		Date	Time
Shipment		Via: SAMPLED		RB	D/T		1		SB	7/26/06	[Signature]		7/26/06	1533
Out		Via		AB	D/T		2							
Ret		Via		Trip Bl.			3							
							4							

Received on Ice Yes No QC sent received

revised 8/01

Handwritten: 0.16

CASE NARRATIVE
Inorganic Analysis

Laboratory Reference No./SDG#: T068252

Client/Project: Utilities, Inc - Mid County Surface Water

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: All acceptance criteria were met.

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

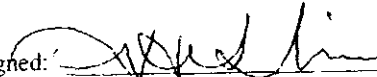
D. Duplicates: All acceptance criteria were met.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other: The report generated for the surface water sampling part D had an incorrect MDL (Method Detection Limit) listed for the Effluent pre-creek sampled 07/26/2006. The fecal coliform was the analysis with the incorrect MDL. The report has been amended the original mistake was a typing error. The Project Manager will be diligent in the future in the final review process to prevent this from reoccurring.

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories, Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Signed: 

Date: 5/21/2007

Tammie Heslin, Project Manager

191

EXHIBIT "F"

CASE NARRATIVE
Inorganic Analysis

Laboratory Reference No./SDG#: T058779

Client/Project: Utilities, Inc – Mid County Surface Water

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: All acceptance criteria were met.

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

D. Duplicates: All acceptance criteria were met.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other: The report generated for the surface water sampling part D had an incorrect pH and turbidity values reported for the creek upstream sampled 08/31/2005. The field sheets were filled out incorrect and the Project Manager did not catch the correction made by the field sampler indicating that the two field analysis were switched. The port was amended and the Project Manager will be more diligent in the future in the final review process to prevent this from reoccurring.

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories, Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Signed:  Date: 5/21/2007

Fammie Heslin, Project Manager

EM



**Advanced
Environmental Laboratories, Inc.**

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client: Utilities, Inc.
Project Name: Quarterly
Project Number:

Report No.: T058779
Date Sampled: 08/31/2005
Date Received: 8/31/05 14:30
Date Reported: 10/06/2005

Attention: David Winkler
Phone Number: 8002721919

Date Report Amended: 05/21/07

Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Quarterly

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

**THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT
THE WRITTEN APPROVAL OF THE LABORATORY.**

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless noted otherwise in the body of the report.

Total Number of Pages = 17

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T058779
Date/Time Received: 8/31/05 14:30

Lab Code: T058779-01
Client Sample ID: Outfall
Site: Mid County Surface Water
Matrix: Water

Date/Time Sampled: 08/31/2005 09:10
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		T
Chlorophyll A	1	1.0	1.0	0	mg/m3		SM10200H		
Nitrate (as N)	1	0.027	0.11	4.3	mg/L		SM4500NO3-F		T
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	1.1	mg/L		E365.1		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.3	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	1.4	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Lab Code: T058779-02

Date/Time Sampled: 08/31/2005 09:27

Client Sample ID: Downstream - Mid Depth

Sample Type:

Site: Mid County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		T
Chlorophyll A	1	1.0	1.0	2.1	mg/m3		SM10200H		T
Nitrate (as N)	1	0.027	0.11	0.68	mg/L		SM4500NO3-F		T
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	0.35	mg/L		E365.1		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	0.67	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.27	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

U The compound was analyzed for but not detected.

T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Lab Code: T058779-03

Date/Time Sampled: 08/31/2005 10:05

Client Sample ID: Upstream - Mid Depth

Sample Type:

Site: Mid County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		T
Chlorophyll A	1	1.0	1.0	1.0	mg/m3	U	SM10200H		T
Nitrate (as N)	1	0.027	0.11	0.21	mg/L		SM4500NO3-F		T
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	0.14	mg/L		E365.1		T
Total Kjeldahi Nitrogen (as N)	1	0.048	0.19	0.87	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.13	mg/L	i	E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

T The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Sample Cross Reference Information

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct091205nh3-4	09/12/2005 15:22	AJK		
BOD (5-day)	E405.1	NONE	wct090105bod	09/01/2005 12:00	VI		
Chlorophyll A	SM10200H	NONE				PBOLDCH	09/13/2005
Nitrate (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Nitrite (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wct090205op	09/02/2005 09:29	AJK		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	wct091305kn-3	09/13/2005 10:52	AJK	pb091005ptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	wct091405tp3	09/14/2005 17:13	AJK	pb091005ptkn	09/10/2005
Total Suspended Solids (TSS)	E160.2	NONE	wct090605tss	09/06/2005 11:00	DTN		

If the Analytical Batch ID and Prep Batch IDs are null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T058779-02 Site: Mid County Surface Water
 Client Sample Number: Downstream - Mid Depth Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct091205nh3-4	09/12/2005 15:22	AJK		
BOD (5-day)	E405.1	NONE	wct090105bod	09/01/2005 12:00	VI		
Chlorophyll A	SM10200H	NONE	WCT091305CH	09/13/2005 10:15	BIB	PB090105CH	09/01/2005 09:25
Nitrate (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Nitrite (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wct090205op	09/02/2005 09:29	AJK		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	wct091305kn-3	09/13/2005 10:52	AJK	pb091005ptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	wct091405tp3	09/14/2005 17:13	AJK	pb091005ptkn	09/10/2005
Total Suspended Solids (TSS)	E160.2	NONE	wct090605tss	09/06/2005 11:00	DTN		

If the Analytical Batch ID and Prep Batch IDs are null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T058779-03 Site: Mid County Surface Water
 Client Sample Number: Upstream - Mid Depth Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct091205nh3-4	09/12/2005 15:22	AJK		
BOD (5-day)	E405.1	NONE	wct090105bod	09/01/2005 12:00	VI		
Chlorophyll A	SM10200H	NONE	WCT091305CH	09/13/2005 10:15	BIB	PB090105CH	09/01/2005 09:25
Nitrate (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Nitrite (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wct090205op	09/02/2005 09:29	AJK		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	wct091305kn-4	09/13/2005 11:14	AJK	pb091005ptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	wct091405tp4	09/14/2005 17:11	AJK	pb091005ptkn	09/10/2005
Total Suspended Solids (TSS)	E160.2	NONE	wct090605tss	09/06/2005 11:00	DTN		

If the Analytical Batch ID and Prep Batch IDs are null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Definitions:

Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes.

Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples.

All results in mg/kg or % are reported on dry weight basis, unless noted otherwise. All results in mg/L are reported on wet weight basis.

MDL - Method Detection Limit, without correction for dilution or moisture content.

Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content adjustments.

QC is defined to be 4 times the MDL for all results qualified with an L flagifer.

Sampling Methods, P= Pump, C= Composite, G= Grab

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Quality Assurance Report

Method Blanks

Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct090105bod	BOD (5-day)	Method Blank	E405.1	2.0	2.0	mg/L O2	U
Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct090605tss	Total Suspended Solids (TSS)	Method Blank	E160.2	2.0	2.0	mg/L	U
Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct091205nh3-4	Ammonia (as N)	Method Blank	E350.1	0.026	0.026	mg/L	U
Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT091305CH	Chlorophyll A	Method Blank	SM10200H	1.0	1.0	mg/m3	U
Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct091405tp3	Total Phosphorus (as P)	Method Blank	E365.4	0.043	0.043	mg/L	T
Miscellaneous Analytes							
QC Batch ID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct091405tp4	Total Phosphorus (as P)	Method Blank	E365.4	0.043	0.043	mg/L	U

Quality Assurance Qualifiers:

- T Value reported is less than the method detection limit.
- U The compound was analyzed for but not detected.

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - Sept. 2005

Lab Sample ID: T058779-01
 Date/Time Sampled: 8/31/05 0910
 Site Name: Effluent Pre-Creek
 Location ID: Outfall 001
 DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	5.18		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.16		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.5		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	30.6		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	.65		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Fecal Coliform	74055	CFU/100ml.	Ice	SM 9222D	**		1	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.026	U	0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	4.3		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	1.1		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.3		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	**		10	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	1.4		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2	U	2.0	E84589

Comments: U - The compound was analyzed for but not detected
 ** - To be resampled.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Sampling Period: July - Sept. 2005

Lab Sample ID: T058779-02
 Date/Time Sampled: 8/31/05 0927
 Site Name: Downstream Mid Depth
 Location ID: Test Site #2
 DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	5.03		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.0		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.8		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.5		N/A	E84589
BOD	N/A	mg/L	Ice	EPA 405.1	2.0	U	2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	2.1		1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	**		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.026	U	0.026	E84589
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.68		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.14		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.67		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	**		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.27		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2	U	2.0	E84589

Comments:

U - The compound was analyzed for but not detected.

** - The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

** - To be resampled.

Advanced Environmental Laboratories, Inc.
 9610 PrincessPalm Avenue
 Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
 Facility Name: Mid-County WWTF
 Facility No.: FL0034789
 Samples Filtered: No
 Monitoring Period: July - Sept. 2005

Lab Sample ID: T058779-03
 Date/Time Sampled: 8/31/05 1005
 Site Name: Upstream Mid Depth
 Location ID: Test Site #1
 DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	4.85		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.27		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	29.0		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.8		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	**		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.026	U	0.026	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.21		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.14		0.052	E84589
TKN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.87		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	**		100	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.13	i	0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments:

- i - The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- U - The compound was analyzed for but not detected.
- ** - To be resampled.

9

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - Sept. 2005

Lab Sample ID: T058779-04
Date/Time Sampled: 8/31/05 0925
Site Name: Downstream Bottom
Location ID: Test Site #2
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	5.06		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.0		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	18		N/A	E84589

Comments:

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - Sept. 2005

Lab Sample ID: T058779-05
Date/Time Sampled: 8/31/05 0930
Site Name: Downstream Surface
Location ID: Test Site #2
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	5.1		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.1		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.8		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	6		N/A	E84589

Comments:

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Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - Sept. 2005

Lab Sample ID: T058779--06
Date/Time Sampled: 8/31/05 1000
Site Name: Upstream Bottom
Location ID: Test Site #1
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	4.96		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.26		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	29.2		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	30		N/A	E84589

Comments:

9/10

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client: Utilities, Inc.
Facility Name: Mid-County WWTF
Facility No.: FL0034789
Sampling Period: July - Sept. 2005

Lab Sample ID: T058779-07
Date/Time Sampled: 8/31/05 1010
Site Name: Upstream Surface
Location ID: Test Site #1
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	4.91		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.18		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	29		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	6		N/A	E84589

Comments:



FIELD SAMPLING

Page # ___

LOG FOR

SURFACE WATER, WASTE WATER & DRINKING WATER

PROJECT: Mid County Utilities Inc. / SW SAMPLER: S. Beaman AEL

SAMPLE LOCATION	DATE	SAMPLE DEPTH	D.O. mg/L	Conductivity	pH su	RCL
Down call	8/31/05	S. Depth	5.87	497	7.16	NA
Down Stream	8/31/05	Mid Depth	5.10	499	7.06	NA
Down Stream	8/31/05	S. Above Bottom	5.03	501	6.97	NA
UP Stream	8/31/05	Surface Depth	5.06	395	6.97	NA
UP Stream	8/31/05	Mid Depth	4.91	395	6.8	NA
UP Stream	8/31/05	Bottom	4.85	396	7.01	NA

8/31
SB
Turb 5.67
PH 5.67

Field Conditions: good at what time 0900 Cloud cover (%): 70
 Wind Direction: NA Previous Rainfall: 2 Wind Speed (mph/knots) NA
 Overall Field conditions: good Type of sampling: circle one (SW) (WW) (DW)
 Sample method: circle one (Grab) (Composite)

Field comments: Mid Depth is sample Depth

Sampler signature: [Signature] Date 8/31/05

P.14



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 8/31/5, 1430 Log-in request number: T058779
Received by: VT Completed by: VT

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx AES ASAP Other (describe): _____

Type: Cooler Box Other (describe): _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler
Temp measured with	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			—
2. Were custody papers properly included with samples?	—		
3. Were custody papers properly filled out (ink, signed, match labels)?	—		
4. Did all bottles arrive in good condition (unbroken)?	—		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	—		
6. Did the sample labels agree with the chain of custody?	—		
7. Were correct bottles used for the tests indicated?	—		
8. Were proper sample preservation techniques indicated on the label?	—		
9. Were samples received within holding times?	—		
10. Were all VOA vials checked for the presence of air bubbles?			—
11. Were there air bubbles present in the VOA vials?			—
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	—		
13. Was the cooler temperature less than 6°C?	—		
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysis)			—
15. Were the sample containers provided by AEL?	—		
16. Were samples accepted into the laboratory?	—		
17. Was it necessary to split samples into other bottles?	—		

Comments: _____

EE ID: _____

P.15



Advanced
Environmental Laboratories, Inc.

1601 Southpoint Pkwy • Jacksonville, FL 32216 • 904 363 9350 • Fax 904 363 8354 • E82574
1630 Progress Palm Ave • Tampa, FL 33619 • 813 630 9616 • Fax 813 830 4327 • E84589
2106 NW 67th Place, Ste 7 • Gainesville, FL 32608 • 352 367 1500 • Fax 352 367 0050 • E82620
528 S. North Lake Blvd. Ste 101B • Altamonte Springs, FL 32701 • 407 937 1594 • Fax 407 937 1597 • E53076

LAB NUMBER:

T058779

Page

CLIENT NAME Utilities, Inc.		PROJECT NAME Quaterly				BOTTLE SIZE & TYPE		1000 ml Plastic	1000 ml Plastic	250 mL Plastic	250 mL Plastic	100 mL Plastic	1000ml GA	LAB NUMBER
ADDRESS 200 Weathersfield Ave.		P.O. NUMBER/PROJECT NUMBER				PARAMETERS		BOD	TSS	TKN, NH3, TP, NOX	OP	FC/TC To Be Resampled	Chlorophyll-a	
CITY Altamonte Springs, FL 32714		PROJECT LOCATION Mid-County Surface water				ANALYSIS								
PHONE 800-272-1919		FAX				ANALYST								
CONTACT David Winkler		SAMPLED BY S.BEAMAN				QUALITY CONTROL								
TURN AROUND TIME		REMARKS/SPECIAL INSTRUCTIONS: Field Parameters: pH, salinity, Temp, Turb, DO, secchi depth				STANDARD								
RUSH						PRESERVATION		Ice	Ice	S	Ice	T	Ice	
W=Waste water SW=Surface water BW=ground water DW=drinking water		Grab Comp		SAMPLING		MATRIX		NO. COUNT						
SAMPLE ID		SAMPLE DESCRIPTION		DATE		TIME								
912		Outfall		8/31/05		910		W		5		X		01
		Downstream-bottom				925		W		0				02
		Downstream-mid-depth				927		W		6		X		03
		Downstream-surface				930		W		0				04
		Upstream-bottom				1000		W		0				05
		Upstream-mid-depth				1005		W		6		X		06
		Upstream-surface				1010		W		0				07
Receiving Agency		Method		Sample Kit		Cooler #		Reinquinah by		Date		Time		
Via: SAMPLED		Via: RB		Via: AB		Via: Trip Bl.		Date		Date		Time		
Received on Ice <input type="checkbox"/> Yes <input type="checkbox"/> No		QC <input type="checkbox"/> sent		<input type="checkbox"/> received				8/31/05		19:30				

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (6)
PERMITS**

Test Year Ended December 31, 2007



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

In the Matter of an
Application for Permit by:

February 7, 2006

Mid-County Services, Inc.
Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PA File No. FL0034789-008-DW1P
Mid County WWTF
Pinellas County

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FL0034789 to operate an existing 0.90 mgd Annual Average Daily Flow (AADF), Type 1, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection., issued under Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3),

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PA File No.: FL0034789-008-DWIP

Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.


PA File No.: FL0034789-008-DW1P

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

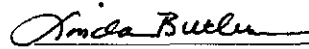
Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

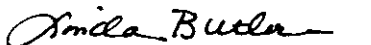
FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated deputy clerk, receipt of which is hereby acknowledged.

 2/7/06
Clerk Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on Feb. 7, 2006 to the listed persons.


Name

Feb. 7, 2006
Date

Copies Furnished To:

Michele Duggan, FDEP
George McDonald, P.E.
Water Facilities Regulation - Tallahassee



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Mid-County Services, Inc.

PERMIT NUMBER: FL0034789
PA FILE NUMBER: FL0034789-008-DW1P
ISSUANCE DATE: February 7, 2006
EXPIRATION DATE: February 6, 2011

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Mid County WWTF
2299 Spanish Vista Drive
Dunedin, FL 34698-9438
Pinellas County
Latitude: 28° 02' 15" N Longitude: 82° 44' 33" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.90 mgd Annual Average Daily Flow (AADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection.

DISPOSAL:

Surface Water Discharge: An existing 0.9 MGD annual average daily flow (AADF) permitted discharge to Curlew Creek (Class III fresh water) and then to St. Joseph Sound (Outstanding Florida Water) at Discharge Location (D-001). The point of discharge is located approximately at latitude 28 ° 02' 20" N, longitude 82 ° 45' 20" W.

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

FACILITY: Mid County WWTF
 PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	After disinfection and before dechlorination.
EFB-01	After filtration and prior to disinfection.
EFD-01	After dechlorination and prior to discharge to Curlew Creek.
FLW-01	Flow meter prior to discharge to Curlew Creek.

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
5. A minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(5)(b) and (6)(b)]
6. Chronic Whole Effluent Toxicity Testing
 The permittee shall comply with the following whole effluent toxicity testing requirements and initiate the series of tests described below within 60 days of permit issuance, unless otherwise directed by the Department in writing, to evaluate chronic whole effluent toxicity of the discharge from outfall D-001 to Curlew Creek.

a. Effluent Limitation

1. A No Observed Effect Concentration (NOEC) of greater than or equal to 100% effluent in any routine test or any additional test shall constitute compliance with these permit conditions and Rule 62-302.530(62), F.A.C.
2. A NOEC of less than 100% effluent in any routine test or additional test shall constitute non-compliance with these permit conditions and Rule 62-302.530(62), F.A.C. The permittee shall notify the Department via telephone or e-mail within 24 hours of notification that a routine or additional test failed.

b. Monitoring Frequency

The "routine" toxicity tests specified shall be conducted *once every three months*.

c. Routine Test Requirements

1. The permittee shall conduct a daphnid, Ceriodaphnia dubia, Survival and Reproduction Test and a fathead minnow, Pimephales promelas, Larval Survival and Growth Test, concurrently.
2. All test species, procedures and quality assurance criteria used shall be in accordance with Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, 4th ed., EPA-821-R-02-013, or the most current edition. Any deviation of the toxicity procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use.
3. The control water and dilution water used shall be moderately hard water as described in EPA-821-R-02-013, Section 7, or the most current edition.
4. All routine tests shall be conducted using a control (0% effluent) and a minimum of five test concentrations: 100%, 50%, 25%, 12.5%, and 6.25% final effluent.

d. Sampling Requirements

1. For each routine test or additional test required, a total of three 24-hour, flow-proportioned composite samples of final effluent shall be collected and used per the sampling protocol discussed in EPA-821-R-02-013, Section 8, or the most current edition. The first sample shall be used to initiate the test. The remaining two composite samples shall be collected according to the protocol and used as renewal solutions on Day 3 (48 hours) and Day 5 (96 hours) of the test. If the duration of the discharge is less than 24-hours, the duration of discharge shall be documented on the chain of custody.

e. Additional Testing Requirements, if required

1. If chronic toxicity (an NOEC of less than 100% effluent) is found in any routine test, the permittee shall conduct two valid additional definitive tests on each species indicating an NOEC of less than 100% effluent.
2. Each valid additional test shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5% and 6.25% effluent. The dilution series may be modified in the second test to more accurately bracket the toxicity, such that at least two dilutions above (not to exceed 100% effluent) and two dilutions below the target concentration and a control (0% effluent) are run. All test results shall be statistically analyzed according to the Appendices in EPA-821-R-02-013, or the most current edition.
3. The first valid additional test shall be initiated within two weeks of the end of the failed routine test. The second valid additional test shall be conducted one week thereafter. The additional tests will be used to evaluate the persistence of the observed toxicity.

f. Quality Assurance Requirements

1. A standard reference toxicant quality assurance chronic toxicity test (SRT-QA) shall be conducted with each species used in the toxicity tests, either concurrently or no more than 30 days before the date of each routine or additional test conducted. The SRT-QA data shall be submitted with each companion routine or additional test required.
2. A test, routine or additional, will be considered valid only if control mortality does not exceed 20% for either test species and all test acceptability criteria are met as described in 3 and 6.
The results of any invalid test shall be submitted to the Department in conjunction with the results of the repeat test.
3. Test acceptability criteria for each species are defined in EPA-821-R-02-013, Section 13.12 (C. dubia) and Section 11.12 (P. promelas) or the most current edition.
4. If the mortality in the control (0% effluent) exceeds 20% for either species in any test, the test for that species (including the control) shall be invalidated and the test repeated.
5. If, in any test, 100% mortality occurs in any test concentration prior to the end of the seven days, and control mortality is less than 20% at that time, that test (including the control) shall be terminated with the conclusion that the test constitutes non-compliance with these permit conditions.
6. Routine and additional tests shall be evaluated for acceptability based on the observed dose-response relationship and the percent minimum significant difference (PMSD) as required by EPA-821-R-02-013, Sections 10.2.6 and 10.2.8, respectively.

g. Reporting Requirements

1. Results from all tests shall be reported and submitted on the Discharge Monitoring Report (DMR) in the following manner:
 - Routine Test Results: If the NOEC of a test species is less than 100% effluent, "<100%" should be entered on the DMR for that species. If the NOEC of a test species is greater than or equal to 100% effluent, ">100%" should be entered.
 - Additional Test Results: Report the % effluent determined to be the NOEC endpoint of the test.
2. A toxicity laboratory report for each routine test shall be prepared according to EPA-821-R-02-013, Section 10, Report Preparation and Test Review (or the most current edition) and mailed to the Department at the address in 7d. within 30 days of the completion of the test.
3. For additional tests, a single toxicity report shall be prepared according to EPA-821-R-02-013, Section 10, or the most current edition, and mailed within 45 days of completion of the second additional, valid test. If the routine test and any additional test fail to meet the criteria listed in "Effluent Limitations", the permittee shall submit a plan to the Department within 60 days of completion of the additional test report as to the cause of the chronic toxicity and a plan to remedy the observed chronic toxicity.
4. All toxicity reports shall be submitted to:
 - Department of Environmental Protection
 - Domestic Wastewater Program
 - Southwest District Office
 - 13051 N. Telecom Parkway
 - Temple Terrace, FL 33637-0926

7. Ambient Monitoring

The Permittee shall conduct an ambient monitoring program to evaluate the potential impacts of the discharge on the water quality of the receiving waters. The monitoring described below shall be conducted on a semi-annually basis for the life of the permit beginning no later than 90 days after permit issuance.

a. Sampling Locations:

1. Test site 1 shall be located 300 feet upstream of the outfall to Curlew Creek.
2. Test site 2 shall be located 300 feet downstream of the outfall to Curlew Creek.
3. Outfall D001 (effluent): At the outfall (effluent shall be collected just prior to mixing with the surface waters).

b. Regime: Each monitoring event shall be conducted during a discharge event from the outfall.

c. Sampling Depths: Top-depth, mid-depth and bottom depth samples shall be collected at all ambient monitoring sites.

d. Sampling Parameters:

1. Surface (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductance shall be measured at 0.1 meter below the surface of the water.
2. Mid-depth (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorous, ortho-phosphorus, chlorophyll a corrected, fecal coliform bacteria, total coliform bacteria and turbidity.
3. Outfall (effluent): pH, dissolved oxygen, temperature, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorus, ortho-phosphorus, fecal coliform bacteria and total coliform bacteria.
4. Bottom (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductivity shall be measured at 0.1 meter above the bottom.

e. Secchi Depth: Shall be measured at all ambient sites.

f. Ambient Conditions: The following ambient conditions shall be recorded at each location during sampling: air temperature, antecedent weather, rainfall, cloud cover and tidal flow. A local tide chart on the day of the sampling event shall be included in each report.

g. Chain of Custody: Times and dates of sampling as well as the samplers' names should be noted on the Chain of Custody (COC).

h. Report: A quarterly report shall be submitted to the FDEP's Southwest District (in printed formats) presenting the results and interpretations of the sampling events. The report shall also include all chain of custody forms, laboratory results as reported by the laboratory and the physiochemical raw data sheets. [62-302.300]

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow Total Plant	MGD	Maximum	0.9	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.4	
Percent Capacity, (TMADE/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01		
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01	See Cond.I.B.3	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01	See Cond.I.B.3	
Rainfall	INCHES	Maximum	-	Report	-	-	Daily	Calculation	OTH-01		
Annual Sludge Production, Total	Gallons	Maximum	-	Report	-	-	Monthly	Calculation	OTH-02	See Cond.II.2	

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow meter prior to discharge to Curlew Creek
INF-01	Influent, prior to treatment or RAS.
OTH-01	Rain gauge.
OTH-02	Volume of residuals hauled off-site.

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *{62-601.500(4)}*
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *{62-601.200(17) and .500(6)}*
5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *{62-620.320(6)}*
6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "Florida Department of Environmental Protection Table as Required By Rule 62-4.246(4) Testing Methods for Discharges to Surface Water" is available at <http://www.dep.state.fl.us/labs/guidance/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- a) The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b) The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide a MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c) If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is in accordance with 40 CFR 136. *{62-4.246, 62-160}*

7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *{62-601.500(5)}*
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Copies to:

Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

[62-620.610(18)][62-601.300(1),(2), and (3)]

9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600

FAX Number - 813-632-7662

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall report the volume of residuals transported. *[62-640.650(3)]*

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3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*
5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*
6. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*
7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility	Residuals Management Facility or Treatment Facility
1. Date and Time Shipped	1. Date and Time Received
2. Amount of Residuals Shipped	2. Amount of Residuals Received
3. Degree of Treatment (if applicable)	3. Name and ID Number of Source Facility
4. Name and ID Number of Residuals Management Facility or Treatment Facility	4. Signature of Hauler
5. Signature of Responsible Party at Source Facility	5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility
6. Signature of Hauler and Name of Hauling Firm	

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category I, Class B facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 16 hours/day for 7 days/week. The lead operator must be a Class B operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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2. The lead operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(10), (5), and (1)]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in

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Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-620.320(9) and 62-302.500(2)(e)]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.*[62-604.130(5)]*
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

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- b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

{62-620.625(2)}

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *{62-620.610(1)}*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *{62-620.610(2)}*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *{62-620.610(3)}*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *{62-620.610(4)}*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *{62-620.610(5)}*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *{62-620.610(6)}*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *{62-620.610(7)}*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *{62-620.610(8)}*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge.
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit.
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc

PERMIT NUMBER: FL0034789

- a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

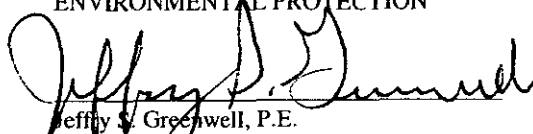
23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface, including Influent

COUNTY: Pinellas

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement									
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)	MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement									
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement			5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 I Mon.Site No. EFD-01	Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement			5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 I Mon.Site No. EFD-01	Permit Requirement			6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr FPC

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)

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

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement									
PARM Code 00400 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER-CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Mon.Site No. EFD-01	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement									
PARM Code 50060 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY: Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement										
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)			UG/L		Monthly	Calculation
Chloroform	Sample Measurement										
PARM Code 32106 I Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)			UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement										
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (Total Plant)	Sample Measurement										
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement										
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement										
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Toxicity
 GROUP: Domestic

FACILITY: Mid County WWTF
 LOCATION: 2299 Spanish Vista Drive
 Dunedin, FL

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Existing surface water discharge

COUNTY: Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B R Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C R Mon.Site No. EFD-01	Sample Measurement Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
 **ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
 ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789
 Monitoring Period From: _____ To: _____

Facility: Mid-County WWTF

	Flow (MGD)	C'BOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1										
2										
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28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0054789
 Monitoring Period From: _____ To: _____

Facility: Mid County WWTF

	Oxygen Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production Total (GPD)	Rainfall (INCHES)			
Code	00300	32106	80082	00530	49019	46529			
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02			
1									
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3									
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31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEP	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated, Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements: one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

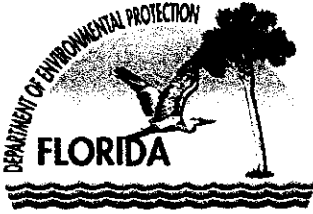
Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (7)
NOTICES**

Test Year Ended December 31, 2007



Florida Department of Environmental Protection

Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Mr. Patrick Flynn, Regional Director
Mid-County Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Proposed Settlement of Mid-County Services, Inc.
OGC File No. 07-1130
Mid-County WWTF
Facility ID No. FL0034789
Pinellas County

Dear Mr. Flynn:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter No. WL06-0022DW52SWD, dated November 9, 2006, a copy of which is attached. The corrective actions required to bring the facility into compliance have been performed. The Department finds that Mid-County Services, Inc. was in violation of the rules and statutes cited in the Warning Letter. In order to resolve the matters identified in the Warning Letter, Mid-County Services, Inc. is assessed civil penalties in the amount of \$33,000.00, along with \$500.00 to reimburse the Department costs, for a total of \$33,500.00.

The civil penalty of \$33,000.00 is apportioned as follows: \$18,900.00 for violation of Section 403.086, Florida Statutes in accordance with Section 403.121(2)(g), Florida Statutes; \$4,900.00 for violation of Section 403.121(3)(b) and Rule 62-600.440(5)(f), Florida Administrative Code; and \$9,200.00 for violation of Rule 62-302.500(1), Florida Administrative Code, in accordance with Section 403.121(2)(g), Florida Statutes.

The Department acknowledges that the payment of these civil penalties by Mid-County Services, Inc. does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926, within 30 days of your signing this letter.

Your signing this letter constitutes Mid-County Services, Inc.'s acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

"More Protection, Less Process"
www.dep.state.fl.us

Proposed Settlement of Mid-County Services, Inc.
OGC File No. 07-1130
Mid-County WWTF
Page 2 of 3

If you do not sign and return this letter to the Department at the District address by July 31, 2007, the Department will assume that Mid-County Services, Inc. is not interested in settling this matter on the above described terms, and will proceed accordingly. None of Mid-County Services, Inc.'s rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely yours,

Deborah A. Getzoff
District Director
Southwest District

DAG/mdd

Attachment

FOR THE RESPONDENT:

I, Mr. Patrick Flynn, hereby accept the terms of the settlement offer identified above.

Date

Patrick Flynn, Regional Director
Mid-County Services, Inc.

DONE AND ENTERED this _____ day of _____, 2007.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Deborah A. Getzoff
District Director
Southwest District

Filed, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Date

Clerk

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION,)	IN THE OFFICE OF THE SOUTHWEST DISTRICT
)	
Complainant,)	
)	
vs.)	OGC File No. 07-0183
)	
LABRADOR UTILITIES, INC.,)	
)	
Respondent.)	
)	
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CONSENT ORDER

This Consent Order is entered into between the State of Florida Department of Environmental Protection ("Department") and Labrador Utilities, Inc. ("Respondent") to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds the following:

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes ("F.S."), and the rules promulgated thereunder, Title 62, Florida Administrative Code ("F.A.C."). The Department has jurisdiction over the matters addressed in this Consent Order.

2. Respondent is a corporation registered to conduct business in Florida. James L. Camaren is Chairman and Chief Executive Officer of Respondent. Respondent is a person within the meaning of Section 403.031(5), F.S.

3. Respondent operates the Forest Lake Estates Mobile Home Park Wastewater Treatment Facility, a 0.216 million gallons per day Type II extended aeration domestic wastewater treatment plant discharging chlorinated effluent to a disposal system consisting of 34.7-acre restricted access sprayfield located ¼ mile north of the State Road 54/Lumberton intersection ("Facility"). Forest Lake Estates CO-OP, Incorporated owns the property upon

which the Facility is located at 41311 Paquette Way, Zephyrhills, Pasco County, Florida, Parcel ID Number 05262200200CA050000 ("Property").

4. Respondent operates the Facility under Department Permit Number FLA012801, which expires on February 23, 2010 ("Permit").

5. Respondent was notified of alleged violations of Chapter 403, F.S., and Chapters 62-600.740, 62-600.410(6) and 62-600.410(8), F.A.C., in Department Warning Letter No. WL06-0025DW51SWD, dated August 17, 2006:

- a) On June 10, 2006, the certified operator reported an overflow condition at the Facility. The maintenance crew had just finished a modification to the aeration basin, and lost part of a plug that caused sludge to discharge onto the ground. On June 12, 2006, Department personnel observed that the aeration basin line between tanks A-1 and A-2 had plugged. The plugged line allowed raw sewage to discharge onto the ground at the Facility and discharge off site. The certified operator failed to properly clean-up the effected areas. In addition, the operator reported overflow conditions on November 4, 2004, February 21, 2005 and March 29, 2006. Rule 62-600.740(2)(a), Florida Administrative Code, provides that the release or disposal of excreta, sewage, or other wastewater or domestic wastewater residuals without providing proper treatment approved by the Department is prohibited. Rule 62-600.410(6), Florida Administrative Code, provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
- b) The certified operator reported that the Facility's four-inch PVC effluent discharge pipe to the off-site spray field had broken six times between October 22, 2004 through March 30, 2005. Rule 62-600.410(6), Florida Administrative Code, provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
- c) On June 12, 2006, Department personnel detected a foul odor that permeated beyond the boundaries of the plant site. On July 3, 2006, Department personnel received 37 signed and notarized affidavits of odor nuisances. Rule 62-600.410(8), Florida Administrative

Code, provides that in the event that the treatment facility's odor adversely affects neighboring developed areas, then corrective action shall be taken by the permittee.

6. A field inspection and facility file review on January 17, 2007 revealed the following:

- a) Respondent failed to maintain equipment, specifically the number two blower, dumpster sump pump, air control valves, number one clarifier skimmer, high-level alarm light, flow meter and spray field heads.
- b) Respondent failed to maintain adequate spare parts and backup equipment, specifically for the blower that was taken out of service in November 2006 and the flow meter that was taken out of service on January 5, 2007. On January 17, 2007, both pieces of equipment were still out of service.
- c) Respondent failed to follow the Effluent Spray Field Standard Operating Procedure ("SOP") submitted to the Department on February 11, 2005. Specifically, the SOP requires that the operator performs a daily site inspection and note any unusual items observed in the Facility logbook.
- d) Respondent failed to adequately address the odors permeating beyond the boundaries of the Facility, as cited during the January 17, 2007 field inspection.
- e) Respondent failed to maintain Facility records. Specifically, the laboratory certification, chain of custody forms, Discharge Monitoring Reports (DMRs) and updated Operation and Maintenance Manual were not available on site.
- f) Respondent failed to routinely compare flows being treated at the Facility with permitted capacities. Specifically, the March 2006 Discharge Monitoring Report revealed the three-month average daily flow of 0.23 mgd exceeded the permitted capacity of 0.216 mgd.
- g) Respondent failed to operate and maintain a transmission system, so as to provide uninterrupted service. Specifically, the transmission line from the Facility to the remote restricted access spray field was inoperable six times between October 22, 2004 and March 30, 2005.
- h) Respondent failed to conduct required monitoring for Carbonaceous Biological Oxygen Demand, Total Suspended Solids and Fecal Coliform, during February 2006.

7. In addition to the releases cited in Warning Letter No. WL-06-0025DW51SWD, Respondent reported releasing untreated sludge on the ground over Class II ground water on June 10, 2006 and January 19, 2007, and effluent on the ground over Class II ground water on December 13, 2006.

8. The Department's findings in Paragraphs 5, 6 and 7 of this Consent Order constitute violations of Rules 62-620.610(7), 62-620.350, 62-600.410(6), 62-600.410(8), 62-620.610(7), 62-600.720(1)(a), 62-600.405, 62-604.500(2), 62-600.740(2)(a), 62-610.320(5)(b), 62-610.523(8), 62-620.610(18) and 62-620.610(7), F.A.C., and Section 403.161(1)(b), F.S. Along with the monetary settlement reached to address the violations, corrective action under this Consent Order is required to remedy the violations as noted in Paragraphs 5, 6, and 7 of this Consent Order. Having reached a resolution of all pending issues concerning the Facility, the Department and Respondent mutually agree and it is

ORDERED:

9. Effective immediately, Respondent shall comply with the operating and record keeping criteria of Chapters 62-600, 62-602, 62-610, 62-620, 62-640 and 62-699, F.A.C.

10. Within 90 days of the effective date of this Consent Order, Respondent shall submit to the Department a plan to replace the existing transmission line from the plant to the remote spray field. Respondent shall not be required to submit to the Department a permit application, DEP Forms 62-620.910(1) and 62-910(2), F.A.C., ("Application") as long as the replaced transmission line is of the same size and material as the transmission line currently in use. If the Respondent determines that an alternative material or sized line will be used, then a submittal of appropriate information, Application and fee will be required.

11. Within 180 days of Department approval of the plan to replace the transmission line, Respondent shall construct, certify complete, and place into service the new transmission line. If Respondent is unable or unwilling to replace the existing transmission line, the Department reserves the right to seek other relief to require Respondent to comply with its Rules and the Permit issued to Respondent.

12. Effective immediately, Respondent shall ensure that site records are maintained and made available for inspection.

13. Within 30 days of the effective date of this Consent Order, Respondent shall provide a list of in-stock inventory, for Department approval. Within 180 days of the

Department's approval of the in-stock inventory, Respondent shall obtain and maintain an in-stock inventory of sufficient critical spare parts and back-up meters to achieve compliance with the conditions of the permit, operation and maintenance manual, and standard operating procedures for the Facility. Within 30 days of establishing the required inventory, Respondent shall notify the Department.

14. Within 180 days of the effective date of this Consent Order, Respondent shall evaluate the collection system for inflow and infiltration deficiencies. Within 30 days of the completion of the report, Respondent shall submit a report to the Department with any inflow or infiltration problems identified. The report shall be signed by Respondent and shall be signed and sealed by a professional engineer registered in Florida. Within 365 days of the effective date of this Consent Order, Respondent shall complete any identified repairs to the collection system.

15. Every calendar quarter after the effective date of this Consent Order, Respondent shall submit in writing to the Department a report containing information concerning the status and progress of projects being completed under this Consent Order, information as to compliance or noncompliance with the applicable requirements of this Consent Order including construction requirements and effluent limitations, and any reasons for noncompliance. Such reports shall also include a projection of the work to be performed pursuant to this Consent Order during the following 3-month period. The reports shall be submitted to the Department within 30 days following the end of the quarter, pursuant to paragraph 26.

16. During the period that Respondent undertakes the activities required under this Consent Order, the Facility shall be operated so that the 34.7 acre restricted access sprayfield is properly operated, pursuant to specific condition No. IV, of the Permit.

17. Effective immediately, Respondent shall ensure that unpermitted discharges are significantly reduced. Respondent shall report to the Department all unpermitted wastewater and effluent discharges from the Facility, and the collection system, and the transmission system, as soon as possible, but within 24 hours from the Respondent becomes aware, as required by Rule 62-604.550, F.A.C. and Rule 62-620.610(20), F.A.C.

18. Effective immediately, Respondent shall ensure that sampling and monitoring data shall be collected, analyzed and reported at the frequency specified in the Permit.

19. In any event, the Facility shall be in compliance within 365 days of the effective date of the Consent Order or by May 31, 2008, whichever comes first.

20. Within 30 days of the effective date of this Consent Order, Respondent shall pay to the Department \$119,500.00 in settlement of the matters addressed in this Consent Order, excluding any penalties incurred under Paragraph 22 of this Consent Order. This amount includes \$1,500.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order and \$118,000.00 in civil penalties. The civil penalties are apportioned as follows: \$59,000.00 for violations of Rule 62-600.740(2)(a), F.A.C., in accordance with Section 403.121(3)(b), F.S.; \$32,000.00 for violation of Rule 62-600.410(6), F.A.C., in accordance with Section 403.121(4)(b), F.S.; \$4,000.00 for violation 403.121(4)(b), F.S., in accordance with of Section 403.121(4)(b), F.S., \$2,000.00 for violations of Section 402.121(4)(d), in accordance with Section 403.121(4)(d), F.S.; \$6,000.00 for violation of Rule 62-610.320(5)(b), F.A.C., in accordance with Section 403.121(4)(b), F.S.; and \$4,000.00 for violation of Section 403.121(4)(b), F.S., in accordance with Section 403.121(4)(b), F.S. All payments shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" and shall include thereon the OGC File No. 07-0183 assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". The payment shall be sent to the Department of Environmental Protection, Domestic Wastewater Section, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926.

21. In the event of a sale or conveyance of the Facility or of the Property upon which the Facility is located, if all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the Property or Facility, (1) notify the Department of such sale or conveyance, (2) provide the name and address of the purchaser or operator or person(s) in control of the Facility, and (3) provide a copy of this Consent Order with all attachments to the new owner. The sale or conveyance of the Facility or the Property upon which the Facility is located shall not relieve the Respondent of the obligations imposed in this Consent Order.

22. Respondent agree to pay the Department stipulated penalties in the amount of \$100.00 per day for each and every day Respondent fail to timely comply with any of the requirements of Paragraphs 9 through 19 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to

"The Department of Environmental Protection" by cashier's check or money order and shall include thereon the OGC File No. 07-0183 assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926. The Department may make demands for payment at any time after violations occur. Nothing in this Paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Consent Order. Any penalties assessed under this Paragraph shall be in addition to the settlement sum agreed to in Paragraph 20 of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this Paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this Paragraph.

23. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, material man or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay, and the timetable by which Respondent intend to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph

in a timely manner shall constitute a waiver of Respondent's rights to request an extension of time for compliance with the requirements of this Consent Order.

24. Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, F.S., to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, F.S.

A. The petition shall contain the following information:

1. The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located;
2. A statement of how and when each petitioner received notice of the Consent Order;
3. A statement of how each petitioner's substantial interests are affected by the Consent Order;
4. A statement of the material facts disputed by petitioner, if any;
5. A statement of facts which petitioner contends warrant reversal or modification of the Consent Order;
6. A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;
7. A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

B. If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the

above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, F.A.C.

C. A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, F.S., or may choose to pursue mediation as an alternative remedy under Section 120.573, F.S., before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

D. Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.

E. The agreement to mediate must include the following:

1. The names, addresses, and telephone numbers of any persons who may attend the mediation;
2. The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
3. The agreed allocation of the costs and fees associated with the mediation;
4. The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
5. The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
6. The name of each party's representative who shall have authority to settle or recommend settlement; and

7. Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference.

8. The signatures of all parties or their authorized representatives.

F. As provided in Section 120.573, F.S., the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, F.S., for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, F.S., remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

25. Respondent shall allow all authorized representatives of the Department access to the Property and Facility at reasonable times for determining compliance with the terms of this Consent Order and the rules and statutes of the Department.

26. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Environmental Protection, Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926.

27. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities, which may arise under Florida law, nor is it a settlement of any violation, which may be prosecuted criminally or civilly under federal law.

28. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.

29. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, F.S. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.161(1)(b), F.S.

30. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.

31. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

32. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by Respondent and the Department.

33. Respondent acknowledge and waive the right to an administrative hearing pursuant to Sections 120.569 and 120.57, F.S., on the terms of this Consent Order. Respondent acknowledge the right to appeal the terms of this Consent Order pursuant to Section 120.68, F.S., and waive that right upon signing this Consent Order.

34. This Consent Order is a final order of the Department pursuant to Section 120.52(7), F.S., and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, F.S. Upon the timely filing of a petition, this Consent Order will not be effective until further order of the Department.

FOR THE RESPONDENT:

DATE

Patrick Flynn, Regional Director
Labrador Utilities, Inc.

DONE AND ORDERED this _____ day of _____, 2007 in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Deborah A. Getzoff
District Director
Southwest District

Filed, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Date

Clerk

Copies furnished to:

Lea Crandall, OGC

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (8)
FIELD EMPLOYEES**

Test Year Ended December 31, 2007

**EMPLOYEES INVOLVED IN MID-COUNTY SERVICES, INC. OPERATIONS
TEST YEAR 2007 (January thru December)**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Mike Wilson, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. Mike Wilson oversees the day-to-day operations within the West Coast, North and South Florida areas.

Tony Wierzbicki, Project Manager: Manages all capital projects, inspects and monitors any developer activities or line extensions within the system.

Lee Neal, Area Manager: Supervises the day-to-day operations of the facilities on the West Coast and North Florida.

Current Plant Operation's Employees

Steve Szczepkowski, Lead Operator: Steve holds *Class B wastewater treatment plant operator* license and is responsible for overseeing the day-to-day operations of the Mid-County wastewater treatment plant.

Mathew Gunther, Operator: Matt holds a *Class A wastewater treatment plant operator* license and operates the Mid-County wastewater treatment plant during the evening shift.

Robert Buono, Operator: Robert holds *Class C drinking water treatment plant operator* and *Class C wastewater treatment plant operator* licenses and is assigned to the Mid-County wastewater treatment plant.

David Worrell, Operator: David holds *Class C drinking water treatment plant operator* water and *Class B wastewater treatment plant operator* licenses and is assigned to the Mid-County wastewater treatment plant.

Jeff Finehirsh, Operator: Jeff holds a *Class C wastewater treatment plant operator* license and assists in the day-to-day operations of the Mid-County wastewater treatment plant as needed.

Facilities

The minimum staffing requirement at the wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator.

Duties and Responsibilities

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.

- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

State of Florida

Department of Environmental Protection

ISSUED: 04/26/2007

LICENSE NO.: 0007874

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

STEPHEN A SZCZEPKOWSKI

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 04/05/2007

LICENSE NO : 0002772

THE CLASS A WASTE WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

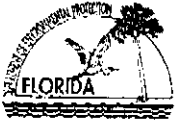
VALID UNTIL: 04/30/2009

MATHEW J GUNTHER

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

ROBERT A. BUONO

**2587 ELDERBERRY DRIVE
CLEARWATER, FL 33761**

State of Florida

Department of Environmental Protection

LICENSE NO.: 0014426 DATE ISSUED: 5/25/2006
CLASS C DRINKING WATER TREATMENT PLANT OPERATOR
ROBERT A. BUONO
IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES
VALID UNTIL: 4/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 5/25/2006 LICENSE NO.: 0014426

**THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2009

ROBERT A. BUONO

JEB BUSH

COLLEEN M. CASTILLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY



State of Florida

Department of Environmental Protection

OPERATOR CERTIFICATION PROGRAM

2600 BLAIR STONE ROAD, M.S. 3506

TALLAHASSEE, FLORIDA 32399-2400

(850)245-7500



AUTO-ALL FOR ABC 07 T14 PL 110

ROBERT A. BUONO

2587 ELDERBERRY DR

CLEARWATER, FL 33761-2207

State of Florida

Department of Environmental Protection

LICENSE NO: 0013840 DATE ISSUED: 02/19/2007

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

ROBERT A. BUONO

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 04/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 02/19/2007

LICENSE NO.: 0013840

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

ROBERT A. BUONO

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

State of Florida

Department of Environmental Protection

ISSUED: 10/23/2006

LICENSE NO.: 0012019

**THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2009

DAVID RAYMOND WORRELL

JEB BUSH

COLLEEN M. CASTILLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

State of Florida
Department of Environmental Protection

ISSUED: 2/19/2007

LICENSE NO.: 0012456

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED
UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

DAVID RAYMOND WORRELL

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida

Department of Environmental Protection

OPERATOR CERTIFICATION PROGRAM

2600 BLAIR STONE ROAD, M.S. 3506

TALLAHASSEE, FLORIDA 32399-2400

(850)245-7500



AUTO-RENEWAL PER ANNUAL FEE \$25

JEFFREY S. FINEHIRSH

3221 TOPP DR

HOLIDAY, FL 34691-1757

State of Florida

Department of Environmental Protection

LICENSE NO: 0014129 DATE ISSUED: 05/02/2007

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

JEFFREY S. FINEHIRSH

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 04/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 05/02/2007

LICENSE NO.: 0014129

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

JEFFREY S. FINEHIRSH

CHARLE CRIST

MICHAEL W. SOLE

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (9)
VEHICLES**

Test Year Ended December 31, 2007

Vehicle Schedule

Company: Mid-County Services, Inc.
 Docket No.: 080250-SU
 Test Year Ended: December 31, 2007

Vehicle #	Year	Model	Serial Number	Driver	Position	Original Cost	Allocation Method
0461	2004	Chevy Silverado	LGCEC14X24Z336714	Buono, Robert	Operator	16,588.04	ERCs
0637	2006	Chevy C-15	1GCEC14V96E197609	Finehirsh, Jeffrey	Operator	17,626.22	ERCs
0828	2008	Chevy Colorado	1GCCS14EX88162797	Gunther, Mathew	Operator	16,940.48	ERCs
0705	2007	Chevy C-15	3GCEC14V47G159795	Szczepkowski, Stephen	Lead Operator	15,445.88	ERCs
0436	2004	Chevy C-15	1GCEC14X24Z201474	Worrell, David	Operator	16,250.55	ERCs
0803	2008	Chevy Colorado	1GCCS19E888113719	Chard, Ronald	Field Supervisor/Cross Connection Control	17,962.31	ERCs
0512	2005	Chevy Tahoe	1GNEC1358R199267	Flynn, Patrick C	Regional Director	37,478.51	ERCs
0728	2007	Chevy Trailblazer	1GNDS13S672194103	Wilson, Michael	Regional Manager	28,711.49	ERCs
0729	2007	Chevy Trailblazer	1GNDS13S572108957	Haws, Scotty L	Regional Compliance & Safety Manager	29,355.64	ERCs
0825	2008	Chevy Silverado	2GCEC19C281204055	Neal, William Lee	Area Manager	22,388.38	ERCs
0701	2007	Chevy Tahoe	1GNFK13007J125498	Yount, Darrin	Operations Director	39,156.49	ERCs
0651	2006	Chevy Tahoe	1GNEK13Z06R130226	Durham, Richard J	Regional Vice President	41,395.09	ERCs
0688	2006	Toyota Highlander	JTEEW21A060032524	Schiopu, Mircea	Mailroom Clerk	35,567.16	ERCs

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

**25.30.440 (10)
CUSTOMER COMPLAINTS**

Test Year Ended December 31, 2007

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Subdivision : 00645 Route: 51 Service Order #:180287
Account # : 006450503281 Customer Name: Daniel Reihehart call with
resolutions @ 1-727-492-7774
Address : 1916 HIGHVIEW DR Phone #: () -
Entry Date : 06/06/07 Serv Order Type: 36 Operator:
Comments : Customer called due to backup into home in bathroom commodes and
shower.

PAGED TO STEVE Z

Due Date : 06/06/07 Cust/Comp Resp: COMP
Resolution Date: 06/06/07
Resolution : Sewage was flowing normal through the main pipe. Tagged house
to call a plumber.

SAS/EC

Subdivision : 00645 Route:33 Service Order #: 201242
Account # : 006451305051 Customer Name: OAKCREEK OFFICE
Address : 2430 ESTANCIA BLV B Phone #: (813) 918-2288
Entry Date : 08/02/07 Serv Order Type: 36 Operator:
Comments : Clogged sewer again had 8/1/07 also is occurring again.

PAGED TO STEVE SZ; 10:30AM

MYNYER PH IN PH# 813-918-2288

Due Date : 08/02/07 Cust/Comp Resp: COMP
Resolution Date: 08/02/07
Resolution : Due to heavy rain, sewer lines are full. Same as yesterday,
same address.

SAS/EC

Subdivision : 00645 Route: M Service Order #: 204941
Account # : 006450010031 Customer Name: REVEZZO, JOHN
Address : 3187 BELCHER RD Phone #: (727) 785-5713
Entry Date : 08/13/07 Serv Order Type: 38 Operator:
Comments : 8/11/07 Approximately 2:12 am, customer called answering service
to report lift station going off.

'Please provide resolution' sent to field 8/14/07

Due Date : 08/11/07 Cust/Comp Resp: COMP
Resolution Date: 08/11/07
Resolution : This was not a lift station problem and was reported as noise
coming from the plant. A bearing was going out of a filter
compressor and started making a lot of noise.

SAS/EC

Subdivision : 00645 Route: 52 Service Order #: 212777
Account # : 006450552261 Customer Name: OCCUPANT, CURRENT
Address : 2009 MOSS CT Phone #: (727) 771-9307
Entry Date : 09/04/07 Serv Order Type: 36 Operator:
Comments : 9/1/07 approximately 3:27 pm, customer called answering service
to report clogged sewer.

'PLEASE PROVIDE RESOLUTION'

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Due Date : 09/06/07 Cust/Comp Resp: COMP
Resolution Date: 09/06/07
Resolution : Lift station and sewer main had normal flows. Occupant will call plumber.

SAS/EC

Subdivision : 00645 Route: 645 Service Order #: 217024
Account # : 006451490900 Customer Name: MACARONI GRILL
Address : 28795 N US 19 Phone #: () -
Entry Date : 09/14/07 Serv Order Type: 34 Operator:
Comments : Pinellas County Utilities (Kelly) reported a force main break at this location. Tried calling Matt G., Ralph Johns; no answer. Called Steve SZ and was off, paged Rob B and no answer.

FAXED SERVICE ORDER

Due Date : 09/14/07 Cust/Comp Resp: COMP
Resolution Date: 09/14/07
Resolution : 9/14/07 There was no force main break. It was a manhole that over flowed due to LS #4. Mac Grill. Both pumps tripped out. Called KBH to check on the pump to clean up around man hole and called DEP.

JF/EC

Subdivision : 00645 Route: 52 Service Order #: 217614
Account # : 006451032811 Customer Name: OCCUPANT, CURRENT
Address : 2990 FAIRFIELD CT Phone #: (727) 725-8014
Entry Date : 09/17/07 Serv Order Type: 36 Operator: MCS
Comments : Information from the Area Manager indicated that the ongoing problem from service orders issued on this account turned out to be the company's problem.

Due Date : 08/16/07 Cust/Comp Resp: COMP
Resolution Date: 08/16/07
Resolution : Lee Neal indicated that the findings by the Drain Doctors, Inc. found that the problem was the company's problem. The details about the findings can be obtained from the Area Manager and the field. A copy of the Work Order from the plumber is provided to the Office Manager and Mike Wilson.

SAS/EC

9/17/07 The customer called about the bill and that no one told her how it would be handled. I referred the customer to Mike Wilson's voice mail for a response to her questions.

EC

(Subdivision: 00645 Route: 52 Service Order#: 226228
Account # : 006450504821 Customer Name: OCCUPANT, CURRENT
Address : 2289 CURLEW AVE Phone #: () -
Entry Date : 10/09/07 Serv Order Type: 37 Operator:
Comments : Woman at 2247 called to report that neighborhood is complaining of the sewer odor coming from manholes. Her name is Betty Brannon @ 727-796-4963.

DISPATCHED CALL TO STEVE SZ

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Due Date : 10/09/07 Cust/Comp Resp: COMP
Resolution Date: 10/09/07
Resolution : We installed a rain cap in her manhole.
SAS/EC

Subdivision : 00645 Route : 33 Service Order # : 229347
Account # : 006451428681 Customer Name: OCCUPANT, CURRENT
Address : 2528 PINE COVE LN Phone #: () -
Entry Date : 10/17/07 Serv Order Type: 36 Operator:
Comments : Back-up in sewer per Pinellas County phoned in for this customer
at their office.

PAGED TO ROB B;
Phoned Kelly @ 727-464-5801-W/PINNELAS County. Customer is Margarite, phone
number is 727-725-8287

Due Date : 10/17/07 Cust/Comp Resp: COMP
Resolution Date: 10/17/07
Resolution : There was no sewer backup at this address. But there was a
sinkhole in front of 2530 Pine Cove Lane by the sidewalk.
Opened the manhole in front of this address and found sand in
the line and had them add a clean out by the right-of-way.

RB/EC

Subdivision : 00645 Route: 645 Service Order #: 243684
Account # : 006451495950 Customer Name: OCCUPANT, CURRENT
Address : 3007 COVEWOOD PL Phone #: () -
Entry Date : 11/27/07 Serv Order Type: 36 Operator:
Comments : 11/21/07 Approximately 4:08 pm customer called answering service
to report sewer backup at residence.

'PLEASE PROVIDE RESOLUTION'

Due Date : 11/30/07 Cust/Comp Resp: COMP
Resolution Date: 11/30/07
Resolution : 11/30/07 Rob is checking out resident's sewer lateral.

SS/TEMP

11/30/07 The area of concern is private property owned by Association. We take
ownership in a manhole after the residences' discharge.

SS/TEMP

Subdivision : 00645 Route: 52 Service Order #: 137025
Account # : 006450445891 Customer Name: OCCUPANT, CURRENT
Address : 3036 PARK LN Phone #: () -
Entry Date : 01/31/07 Serv Order Type: 36 Operator:
Comments : Customer says he has sewer backing up.
PAGED STEVE SZ. JAMES CRUMLEY 727-797-9037 called it in.

Due Date : 01/31/07 Cust/Comp Resp: COMP
Resolution Date: 01/31/07
Resolution : Sewer backup was on customer's side.

RB/EC

Service Order Detail Report

Subdivision : 00645 Route : 51 Service Order # : 180287
Account # : 006450503281 Customer Name : OCCUPANT , CURRENT
Address : 1916 HIGHVIEW DR Phone # : () -
Entry Date : 06/06/07 Serv Ord Type : 36 Operator :
Comments : CUSTOMER CALLED DUE TO BACKUP INTO HOME.
 IN BATHROOM COMMODES AND SHOWER.

CUSTOMER NAME: DANIEL REIHEHART CALL WITH RESOLUTIONS @ 1-727-492-7774
PAGED TO STEVE Z

Due Date : 06/06/07 Cust/Comp Resp: COMP
Resolution Dte : 06/06/07
Resolution : SEWAGE WAS FLOWING NORMAL THROUGH THE MAIN PIPE. TAGGED HOUSE TO CALL
 A PLUMBER.

SAS/EC

=====
Subdivision : 00645 Route : 33 Service Order # : 201242
Account # : 006451305051 Customer Name : OAKCREEK OFFICE ,
Address : 2430 ESTANCIA BLV B Phone # : (813) 918-2288
Entry Date : 08/02/07 Serv Ord Type : 36 Operator :
Comments : CLOGGED SEWER AGAIN HAD 8/1/07 ALSO IS OCCURRING AGAIN
 PAGED TO STEVE SZ; 10:30AM
 MYNYER PH IN PH # 813-918-2288

Due Date : 08/02/07 Cust/Comp Resp: COMP
Resolution Dte : 08/02/07
Resolution : DUE TO HEAVY RAIN SEWER LINES ARE FULL. SAME AS YESTERDAY, SAME
 ADDRESS.

SAS/EC

=====

Service Order Detail Report

Subdivision : 00645 Route : 52 Service Order # : 226228
Account # : 006450504821 Customer Name : OCCUPANT , CURRENT
Address : 2289 CURLEW AVE Phone # : () -
Entry Date : 10/09/07 Serv Ord Type : 37 Operator :
Comments : WOMAN AT 2247 CALLED TO REPORT THAT NEIGHBORHOOD IS COMPLAINING OF
 THE SEWER ODOR COMING FROM MANHOLES.
 HER NAME IS BETTY BRANNON @ 7277964963
 DISPATCHED CALL TO STEVE SZ

Due Date : 10/09/07 Cust/Comp Resp: COMP
Resolution Dte : 10/09/07
Resolution : WE INSTALLED A RAIN CAP IN HER MAN HOLE.

SAS/EC

=====
Subdivision : 00645 Route : 33 Service Order # : 229347
Account # : 006451428681 Customer Name : OCCUPANT , CURRENT
Address : 2528 PINE COVE LN Phone # : () -
Entry Date : 10/17/07 Serv Ord Type : 36 Operator :
Comments : BACK UP IN SEWER PER PINNELAS CTY PHONED IN FOR THIS CUSTOMER AT THERE
 OFFICE
 PAGED TO ROB B;
 PH KELLY 727-464-5801-W/PINNELAS CTY CUSTOMER IS; MARGERIT PH
 727-725-8287

Due Date : 10/17/07 Cust/Comp Resp: COMP
Resolution Dte : 10/17/07
Resolution : THERE WAS NO SEWER BACKUP AT THIS ADDRESS. BUT THERE WAS A SINKHOLE
 IN FRONT OF 2530 PINE COVE LN BY THE SIDE WALK. OPENED THE MANHOLE
 IN FRONT OF THIS ADDRESS AND FOUND SAND IN THE LINE AND HAD THEM ADD
 A CLEAN OUT BY THE RIGHT OF WAY.

RB/EC

Service Order Detail Report

Subdivision : 00645 Route : 645 Service Order # : 243684
Account # : 006451495950 Customer Name : OCCUPANT , CURRENT
Address : 3007 COVEWOOD PL Phone # : () -
Entry Date : 11/27/07 Serv Ord Type : 36 Operator :
Comments : 11/21/07 APPROX 4:08 PM CUST CALLED ANS SERVICE TO REPORT SEWER
 BACKUP AT RESIDENCE. * PLEASE PROVIDE RESOLUTION

Due Date : 11/30/07 Cust/Comp Resp: COMP
Resolution Dte : 11/30/07
Resolution : 11/30/07 ROB IS CHECKING OUT RESIDENTS SEWER LATTERAL.
 SS/TEMP
 11/30/07 THE AREA OF CONCERN IS PRIVATE PROPERTY OWN BY ASSOCIATION. WE
 TAKE OWNERSHIP IN A MAN HOLE AFTER THE RESIDENCES DISCHARGE.
 SS/TEMP

=====
Subdivision : 00645 Route : 52 Service Order # : 137025
Account # : 006450445891 Customer Name : OCCUPANT , CURRENT
Address : 3036 PARK LN Phone # : () -
Entry Date : 01/31/07 Serv Ord Type : 36 Operator :
Comments : CUSTOMER SAYS HE HAS SEWER BACKING UP, PAGED STEVE SZ. JAMES CRUMLEY
 727-797-9037 CALLED IT IN.

Due Date : 01/31/07 Cust/Comp Resp: COMP
Resolution Dte : 01/31/07
Resolution : SEWER BACK UP WAS ON CUSTOMER'S SIDE.

RB/EC