

ORIGINAL
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March 26, 2007

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R. DAVID PRESCOTT
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Ms. Blanca S. Bayo, Director
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Conference Center, Room 110
Tallahassee, Florida 32399-0850

Re: Docket No. 060368-WS

Dear Ms. Bayo:

Enclosed please find the following for filing on behalf of Aqua Utilities Florida, Inc. ("AUF"):

1. An original and twenty copies of copy of AUF's Notice of Filing Responses to Accounting Deficiencies Nos. 1, 2, 4, 5, and 6 of Staff's Second Notice of Accounting Deficiencies (including attached responsive documents); and
2. An original and one copy of AUF's Fourth Notice of Filing Revised System Maps (including one copy of such maps).

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me.

As always, thank you for your assistance with this filing and please do not hesitate to contact me if you have any questions.

Sincerely,


Kenneth A. Hoffman

CMP _____
COM 1
CTR _____
ECR 1
GCL 1
OPC 1
RCA 1
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FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

RUTLEDGE, ECENIA, PURNELL & HOFFMAN

Cc (with enclosure):

Rosanne Gervasi, Esq.

Katherine Fleming, Esq.

Stephen C. Reilly, Esq.

Kathy L. Pape, Esq.

ORIGINAL

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for increase in water and)
wastewater rates in Alachua, Brevard,)
Highlands, Lake, Lee, Marion, Orange, Palm)
Beach, Pasco, Polk, Putnam, Seminole,)
Sumter, Volusia, and Washington Counties)
by Aqua Utilities Florida, Inc.)
_____)


Docket No. 060368-WS

Dated: March 26, 2007

AQUA UTILITIES FLORIDA, INC.'S
NOTICE OF FILING RESPONSES TO
ACCOUNTING DEFICIENCIES NOS. 1, 2, 4, 5, AND 6
OF STAFF'S SECOND NOTICE OF ACCOUNTING DEFICIENCIES

Aqua Utilities Florida, Inc. ("AUF") hereby files and serves Notice that it has filed an original and twenty copies of the attached Responses to Accounting Deficiencies Nos. 1, 2, 4, 5 and 6 as set forth in the Second Deficiency Letter dated February 26, 2007 from Timothy Devlin, Director, Division of Economic Regulation, to Kenneth Hoffman, counsel for AUF.

Respectfully submitted this 26th day of March, 2007.



Kenneth A. Hoffman, Esquire
Marsha E. Rule, Esquire
Rutledge, Ecenia, Purnell & Hoffman, P.A.
215 South Monroe St., Suite 420
Tallahassee, FL 32301
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ATTORNEYS FOR AQUA UTILITIES
FLORIDA, INC.

DOCUMENT NUMBER DATE

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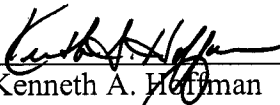
FILED COMMISSION CLERK

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice and attached Responses to Accounting Deficiencies Nos. 1, 2, 4, 5 and 6 was served by hand delivery this 26th day of March, 2007, to the following:

Florida Public Service Commission
Rosanne Gervasi, Esq.
Katherine E. Fleming, Esq.
2450 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Office of the Public Counsel
Stephen C. Reilly, Esq.
c/o The Florida Legislature
111 West Madison Street, Room 812
Tallahassee, FL 32399-1400



Kenneth A. Hoffman

Aqua Utilities Florida Inc.
Docket No. 060368-WS
Accounting Deficiencies – Second Set
March 26, 2007

Deficiency No. 1

Schedule F-6, Used and Useful calculations for the wastewater treatment plant(s). The instructions for this schedule require the utility to provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the wastewater treatment plant(s).

The Utility did not provide its inflow and infiltration (I&I) calculation for Leisure Lakes in Highlands County or Village Water in Polk County.

Response:

See attached revised F-6 schedules that now show a calculation for I&I. Please note that Village Water Sewer had referenced an incorrect cell and does not have an I&I adjustment. This change of course is reflected on schedule F-6.

**Used and Useful Calculations
Sewer Treatment Plant**

Leisure Lakes

Docket No. 060368-WS

Schedule Year Ended December 31 of:
Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: F-6 Revision 2

Page: 1 of 1

Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the sewer treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Line No.	Average Daily Flow in Max Month (GPD)	I&I Demand Adjustmnt	Interim Margin Reserve Ratio	Permanent Margin Reserve Ratio	Interim Average Daily Flow in Max Month (GPD)	Permanent Average Daily Flow in Max Month (GPD)	Treatment Plant Capacity (GPD)	Interim Treatment U&U Calculated	Interim Treatment U&U Used	Treatment Permanent U&U Calculated	Permanent Treatment U&U Used	Effluent Disposal Capacity (GPD)	Interim Effluent Disposal U&U Calculated	Interim Effluent Disposal U&U Used	Permanent Effluent Disposal U&U Calculated	Permanent Effluent Disposal U&U Used
1	24,200	3,337	1.12	1.17	23,805	24,996	50,000	47.61%	47.61%	49.99%	56.67%	50,000	47.61%	47.61%	49.99%	49.99%

Inflow and Infiltration Calculations

Line No.	Sold (GPD)	85% of Sold (GPD)	Treated (GPD)	I&I Pct	I&I Pct Over 15%	Demand Adjustment (GPD)
2	18,636	15,840	22,562	30%	15%	3,337

Composite Treatment & Effluent

Composite Interim Treatment & Effluent U&U	Composite Permanent Treatment & Effluent U&U
47.61%	53.33%

**Village Water
Water and Sewer**

Docket No. 060368-WS

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

Polk County, Florida

**Revised Submittal - Interim Rate Calculation
Revision 2**

For Historical Test Year Ending December 31, 2005

Year-End Balances and 13-Month Averages

Aqua Utilities Florida, Inc.

Village Water
INTERIM RATE SCHEDULES
Revision 1

<u>SCHEDULE TITLE</u>	<u>Revision 2 SCHEDULE NUMBER</u>	<u>PAGE NUMBER</u>
Rate Schedule - Interim Rates	G-1	3
Schedule of Rate Base - Interim Rates	G-2	4
Schedule of Adjustments to Rate Base - Interim	G-3	5
Schedule of Net Operating Income - Interim	G-4	6
Schedule of Adjustments to Operating Income - Interim	G-5	7
Schedule of Requested Cost of Capital - Interim	G-6	8
<u>ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES</u>		
Water Plant in Service By Primary Account	A-5, pg 1	9
Sewer Plant in Service By Primary Account	A-6, pg 1	10
Water Accumulated Depreciation By Primary Account	A-9, pg 1	11
Sewer Accumulated Depreciation By Primary Account	A-10, pg 1	12
CIAC by Classification	A-12, pg 1	13
Accumulated Amortization of CIAC by Classification	A-14, pg 1	14
Net Depreciation Expense - Water	B-13, pg 1	15
Net Depreciation Expense - Sewer	B-14, pg 1	16
Taxes Other Than Income	B-15, pg 1	17
Used and Useful Calculations - Water Treatment Plant	F-5	18
Used and Useful Calculations - Sewer Treatment Plant	F-6	19
Used and Useful Calculation - Distribution & Collection Systems	F-7	20

Rate Schedule - Interim Rates

Florida Public Service Commission

Village Water
Docket No. 060368-WS
Test Year End: 12/31/2005
Water [X] Sewer [X]

Schedule: G-1 Revision 2
Page: 1 of 1
Preparer: Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

(1)			(2)		(3)		(4)			(5)		(6)		
Line No.	Class/Meter Size		Present Rates		Interim Rates		Class/Meter Size		Present Rates		Interim Rates			
WATER						51.03%	SEWER							-1.63%
1	Residential						Residential							
2	5/8" X 3/4"		12.98		19.60		5/8" X 3/4"		-		-			
3	3/4"		12.98		19.60		3/4"		-		-			
4	1"		32.44		48.99		1"		-		-			
5	1-1/2"		64.87		97.97		1-1/2"		-		-			
6	2"		103.80		156.77		2"		-		-			
7	3"		207.61		313.55		3"		-		-			
8	4"		324.41		489.95		4"		-		-			
9	6"		1,038.02		1,567.71		6"		-		-			
10	8"		-		-		8"		-		-			
11	10"		-		-		10"		-		-			
12	Gallorage, Block 1		2.51		3.79		Gallorage cap (gallons)		0		0			
13	Block 2		-		-		Gallorage charge		-		-			
14	Block 3		-		-									
General Service							General Service							
16	5/8" X 3/4"		12.98		19.60		5/8" X 3/4"		42.73		42.03			
17	3/4"		12.98		19.60		3/4"		42.73		42.03			
18	1"		32.44		48.99		1"		106.81		105.07			
19	1-1/2"		64.87		97.97		1-1/2"		213.61		210.13			
20	2"		103.80		156.77		2"		341.77		336.21			
21	3"		207.61		313.55		3"		683.53		672.40			
22	4"		324.41		489.95		4"		1,068.03		1,050.64			
23	6"		1,038.02		1,567.71		6"		3,417.63		3,361.99			
24	8"		-		-		8"		-		-			
25	10"		-		-		10"		-		-			
26	Gallorage charge		2.51		3.79		Gallorage charge		3.89		3.83			
Fire Protection							Flat Rate							
28	2"		-		-		Res. Wastewater Only		-		-			
29	3"		-		-		Sprinkler Heads		-		-			
30	4"		-		-		Reuse		-		-			
31	6"		-		-									
32	8"		-		-									
33	10"		-		-									

Supporting Schedules: G-4

Schedule of Rate Base - Interim Rates

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☒ Projected ☐

Schedule: G-2 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide a schedule of the rate base used for Interim Rates

(1)		(2)	(3)	(4)	(5)	(6)
Line No.	Description	Adjusted Balance 12/31/2005	Adjustments for Non-U&U	Adjustments Last Rate Case	Interim Rate Base	Supporting Schedule(s)
WATER						
1	Utility Plant in Service	176,641	0	0	176,641	A-5
2	Utility Land & Land Rights	0		0	0	A-5
3	Construction Work in Progress	0		0	0	A-1
4	Less: Accumulated Depreciation	(28,254)	0	0	(28,254)	A-9
5	Less: CIAC	(1,800)	0	0	(1,800)	A-12
6	Accumulated Amortization of CIAC	142	0	0	142	A-14
7	Acquisition Adjustments	0		0	0	A-1
8	Less: Accum. Amort. of Acq. Adjustments	0		0	0	A-1
9	Less: Advances For Construction	0		0	0	A-1
10	Working Capital Allowance	9,187		0	9,187	A-1
11	Total Rate Base	155,917	0	0	155,917	
SEWER						
12	Utility Plant in Service	264,720	(46,675)	0	218,045	A-6
13	Utility Land & Land Rights	19,000		0	19,000	A-6
14	Construction Work in Progress	0		0	0	A-2
15	Less: Accumulated Depreciation	(91,026)	17,949	0	(73,077)	A-10
16	Less: CIAC	0	0	0	0	A-12
17	Accumulated Amortization of CIAC	0	0	0	0	A-14
18	Less: Accum. Amort. of Acq. Adjustments	0		0	0	A-2
19	Less: Advances For Construction	0		0	0	A-2
20	Working Capital Allowance	37,716		0	37,716	A-2
21	Total Rate Base	230,410	(28,726)	0	201,684	

Schedule of Adjustments to Rate Base - Interim

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☒ Projected ☐Water ☒ Sewer ☒

Schedule: G-3 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to reach the Interim Rate Base

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR INTERIM RATE PURPOSES			
1	Utility Plant in Service	0	(46,675)
2	For Water details see Revision 1 schedules A-5, F-5, and F-7		
3	For Sewer details see Revision 1 schedules A-6, F-6, and F-7		
4			
5	Accumulated Depreciation	0	17,949
6	For Water details see Revision 1 schedules A-9, F-5, and F-7		
7	For Sewer details see Revision 1 schedules A-10, F-6, and F-7		
8			
9	CIAC	0	0
10	For Water details see Revision 1 schedules A-12, F-5, and F-7		
11	For Sewer details see Revision 1 schedules A-12, F-6, and F-7		
12			
13	Accum. Amortization of CIAC	0	0
14	For Water details see Revision 1 schedules A-14, F-5, and F-7		
15	For Sewer details see Revision 1 schedules A-14, F-6, and F-7		
16			
17	Total Rate Base	0	(28,726)

Schedule of Net Operating Income - Interim

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-4 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Line No. Description	Utility Adjusted Test Year	Adjustments for Non-U&U	Utility Interim Adjustments	Adjusted Interim Test Year	Interim Increase	Requested Interim Revenues	Supporting Schedules	% Increase
Water								
1 Water Sales Revenues	111,597		0	111,597	56,946	168,543	E-2w	51.03%
2 Other Revenues	1,621		0	1,621	0	1,621	E-2w	0.00%
3 OPERATING REVENUES	113,218	0	0	113,218	56,946	170,164		50.30%
4 Operation & Maintenance	135,870		0	135,870	841	136,711	B-5	
5 Depreciation, net of CIAC Amort.	7,003	0	0	7,003		7,003	B-13	
6 Amortization	0		0	0		0		
7 Taxes Other Than Income	7,241	0	0	7,241	2,561	9,802	B-15	
8 Provision for Income Taxes	(7,436)		0	(7,436)	12,487	5,051	C-1	
9 OPERATING EXPENSES	142,679	0	0	142,679	15,889	158,567		
10 NET OPERATING INCOME	(29,461)	0	0	(29,461)	41,057	11,596		
11 RATE BASE	155,917			155,917		155,917	A-1	
12 RATE OF RETURN	-18.90%			-18.90%		7.44%		
Sewer								
13 Sewer Sales Revenues	104,951		0	104,951	(1,709)	103,243	E-2s	-1.63%
14 Other Revenues	0		0	0	0	0	E-2s	0.00%
15 OPERATING REVENUES	104,951	0	0	104,951	(1,709)	103,243		-1.63%
16 Operation & Maintenance	54,638		0	54,638	(25)	54,613	B-6	
17 Depreciation, net of CIAC Amort.	15,584	(2,487)	0	13,096		13,096	B-14	
18 Amortization	0		0	0		0		
19 Taxes Other Than Income	14,156	(1,121)	0	13,035	(77)	12,958	B-15	
20 Provision for Income Taxes	18,093		0	18,093	(11,250)	6,842	C-1	
21 OPERATING EXPENSES	102,471	(3,609)	0	98,862	(11,353)	87,510		
22 NET OPERATING INCOME	2,480	3,609	0	6,089	9,644	15,733		
23 RATE BASE	201,684			201,684		201,684	A-2	
24 RATE OF RETURN	1.23%			3.02%		7.80%		

Schedule of Adjustments to Operating Income - Interim

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-5 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to calculate Interim Operating Expenses

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR			
1	Depreciation Expense for Interim Rate purposes	0	(2,487)
2	For Water details see schedules B-13, F-5, and F-7		
3	For Sewer details see schedules B-14, F-6, and F-7		
4			
5	Property Taxes for Interim Rate purposes	0	(1,121)
6	For details see schedule B-15		
UTILITY PROJECTED REVENUE REQUIREMENT ADJUSTMENTS			
7	NET OPERATING REVENUE		
8	Required Revenue Adjustment	56,946	(1,709)
9			
10	OPERATIONS & MAINTENANCE		
11	Impact of Revenue Increase on Bad Debt Expense	841	(25)
12			
13	TAXES OTHER THAN INCOME TAX		
14	RAF on Revenue Adjustment @ 4.50%	2,563	(77)
15			
16	INCOME TAX ADJUSTMENT		
17	Rate Year Revenue at Present Rates	113,218	104,951
18	Plus Required Revenue Adjustment	56,946	(1,709)
19	Rate Year Revenue at Proposed Rates	170,164	103,243
20			
21	Less Operating Expenses Before Income Taxes	(153,516)	(80,667)
22	Less Interest Expense	(3,553)	(4,838)
23	Taxable Income	13,094	17,738
24	Income Tax at Composite Rate of 38.58%	5,051	6,842
25	Less Income Tax at Present Rates	7,436	(18,093)
26			
27	Income Tax Adjustment	12,487	(11,250)

Schedule of Requested Cost of Capital

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [] Projected []

Water [X] Sewer [X]

Schedule:

G-6

Revision 2

Page:

1 of 1

Preparer:

Jack Schreyer

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Line No. Class of Capital	Reconciled To Requested Rate Base	Ratio	Cost Rate	Weighted Cost Rate	Cost	Supporting Schedules
WATER						
1 Long-Term Debt	58,794	37.71%	6.00%	2.26%	3,528	D-2
2 Short-Term Debt	0	0.00%		0.00%	0	D-2
3 Preferred Stock	0	0.00%		0.00%	0	D-2
4 Common Stock	88,191	56.56%	9.12%	5.16%	8,043	D-2
5 Customer Deposits	424	0.27%	6.00%	0.02%	25	D-2
6 Accumulated Deferred Income Taxes	8,507	5.46%	0.00%	0.00%	0	D-2
7 Total	<u>155,917</u>	<u>100.00%</u>		<u>7.44%</u>	<u>11,596</u>	
SEWER						
8 Long-Term Debt	79,644	39.49%	6.00%	2.37%	4,779	D-2
9 Short-Term Debt	0	0.00%	0.00%	0.00%	0	D-2
10 Preferred Stock	0	0.00%	0.00%	0.00%	0	D-2
11 Common Stock	119,466	59.23%	9.12%	5.40%	10,895	D-2
12 Customer Deposits	981	0.49%	6.00%	0.03%	59	D-2
13 Accumulated Deferred Income Taxes	1,592	0.79%	0.00%	0.00%	0	D-2
14 Total	<u>201,684</u>	<u>100.00%</u>		<u>7.80%</u>	<u>15,733</u>	

Note: Common stock cost rate established at low limit of equity return range

Schedule of Water Plant in Service By Primary Account

Test Year Average balance

Village Water

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-5 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the Average Water Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used %	(4) Useful Amount	Adjusted Balance	(6) Non-Used %	(7) Useful Amount	Adjusted Balance	(9) Non-Used %	(10) Useful Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	1,583	0.00%	0	1,583	0.00%	0	1,583	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	3,000	0.00%	0	3,000	0.00%	0	3,000	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	0	0.00%	0	954	0.00%	0	6,200	0.00%	0
13	310.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	311.2	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	133	0.00%	0	173	0.00%	0	173	0.00%	0
20	320.3	Water Treatment Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	331.4	Transm. & Distribution Mains	114,583	0.00%	0	154,257	0.00%	0	171,074	0.00%	0
28	333.4	Services	4,236	0.00%	0	4,236	0.00%	0	4,236	0.00%	0
29	334.4	Meters & Meter Installations	12,703	0.00%	0	16,603	0.00%	0	22,994	0.00%	0
30	335.4	Hydrants	8,346	0.00%	0	8,346	0.00%	0	8,346	0.00%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	760	0.00%	0	760	0.00%	0	760	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	340.51	Computer Equipment	407	0.00%	0	3,140	0.00%	0	8,883	0.00%	0
38	341.5	Transportation Equipment	0	0.00%	0	23,762	0.00%	0	30,890	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	30,890	0.00%	0	7,129	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	176,641		0	223,941		0	258,139		0
		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Sewer Plant in Service By Primary Account

Test Year Average balance

Village Water

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Explanation: Provide the Average Sewer Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Florida Public Service Commission

Schedule: A-6 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Line No.	Acct No.	Account Name	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Historical Base Year 2005			Intermediate Year 2006			Projected Rate Year 2007			
			Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount	
1		INTANGIBLE PLANT										
2	351.1	Organization	1,417	0.00%	0	109	0.00%	0	0	0.00%	0	
3	352.1	Franchises	0	0.00%	0	1,308	0.00%	0	1,417	0.00%	0	
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
5		COLLECTION PLANT										
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0	
7	354.2	Structures & Improvements	2,368	21.62%	512	2,368	20.95%	496	2,368	20.95%	496	
8	355.2	Power Generation Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0	
9	360.2	Collection Sewers - Force	26,089	21.62%	5,640	31,471	20.95%	6,594	54,457	20.95%	11,410	
10	361.2	Collection Sewers - Gravity	37,964	21.62%	8,208	45,741	20.95%	9,584	177,956	20.95%	37,285	
11	362.2	Special Collecting Structures	0	21.62%	0	0	20.95%	0	0	20.95%	0	
12	363.2	Services to Customers	1,188	0.00%	0	1,188	0.00%	0	3,726	0.00%	0	
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0	
14	365.2	Flow Measuring Installations	394	0.00%	0	683	0.00%	0	683	0.00%	0	
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
16		SYSTEM PUMPING PLANT										
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0	
18	354.3	Structures & Improvements	0	21.62%	0	0	20.95%	0	0	20.95%	0	
19	355.3	Power Generation Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0	
20	370.3	Receiving Wells	1,922	21.62%	416	233,080	20.95%	48,834	553,544	20.95%	115,976	
21	371.3	Pumping Equipment	97,766	21.62%	21,137	98,597	20.95%	20,658	98,597	20.95%	20,658	
22	389.3	Other Plant & Misc. Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0	
23		TREATMENT AND DISPOSAL PLANT										
24	353.4	Land & Land Rights	19,000	0.00%	0	19,000	0.00%	0	19,000	0.00%	0	
25	354.4	Structures & Improvements	13,932	21.07%	2,935	29,317	20.40%	5,980	63,933	20.40%	13,041	
26	355.4	Power Generation Equipment	0	21.07%	0	0	20.40%	0	0	20.40%	0	
27	380.4	Treatment & Disposal Equipment	3,059	21.07%	644	3,168	20.40%	646	3,168	20.40%	646	
28	381.4	Plant Sewers	33,367	21.07%	7,030	43,478	20.40%	8,869	164,804	20.40%	33,620	
29	382.4	Outfall Sewer Lines	719	21.07%	151	719	20.40%	147	719	20.40%	147	
30	389.4	Other Plant & Misc. Equipment	0	21.07%	0	0	20.40%	0	0	20.40%	0	
31		RECLAIMED WATER TREATMENT PLANT										
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0	
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0	
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
35	371.5	Pumping Equipment	3,171	0.00%	0	3,171	0.00%	0	3,171	0.00%	0	
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0	
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0	
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
40		RECLAIMED WATER DISTRIBUTION PLANT										
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0	
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0	
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0	
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0	
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0	
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0	
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
50		GENERAL PLANT										
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0	
52	354.7	Structures & Improvements	7,189	0.00%	0	7,189	0.00%	0	7,189	0.00%	0	
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
54	390.71	Computer Equipment	76	0.00%	0	588	0.00%	0	1,663	0.00%	0	
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
62	398.7	Other Tangible Plant	34,099	0.00%	0	34,099	0.00%	0	34,099	0.00%	0	
63		TOTAL	283,720		46,675	555,273		101,807	1,190,494		233,279	
64		Total Land and Land Rights	19,000		0	19,000		0	19,000		0	

Schedule of Water Accumulated Depreciation By Primary Account

Test Year Average balance

Village Water

Docket No. 080368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-9 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the Average Water Accumulated Depreciation by Primary Account and the calculation of the Average Non-Used and Useful amounts.

Line No.	Acct No.	(1) Account Name	(2) (3) (4) Historical Base Year 2005			(5) (6) (7) Intermediate Year 2006			(8) (9) (10) Projected Rate Year 2007		
			Adjusted Balance	Non-Used & Useful %	Amount	Adjusted Balance	Non-Used & Useful %	Amount	Adjusted Balance	Non-Used & Useful %	Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	257	0.00%	0	297	0.00%	0	337	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	3,050	0.00%	0	3,018	0.00%	0	3,058	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	0	0.00%	0	3	0.00%	0	118	0.00%	0
13	310.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	311.2	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	4	0.00%	0	12	0.00%	0	22	0.00%	0
20	320.3	Water Treatment Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	331.4	Transm. & Distribution Mains	16,841	0.00%	0	20,233	0.00%	0	22,799	0.00%	0
28	333.4	Services	2,163	0.00%	0	2,284	0.00%	0	2,405	0.00%	0
29	334.4	Meters & Meter Installations	3,763	0.00%	0	4,121	0.00%	0	902	0.00%	0
30	335.4	Hydrants	548	0.00%	0	757	0.00%	0	965	0.00%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	116	0.00%	0	153	0.00%	0	195	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	340.51	Computer Equipment	11	0.00%	0	300	0.00%	0	1,326	0.00%	0
38	341.5	Transportation Equipment	0	0.00%	0	4,290	0.00%	0	10,082	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	1,501	0.00%	0	693	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	28,254		0	36,159		0	42,209		0
		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Sewer Accumulated Depreciation By Primary Account

Test Year Average balance

Village Water

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-10 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used & Useful %	(4) Amount	Adjusted Balance	(6) Non-Used & Useful %	(7) Amount	Adjusted Balance	(9) Non-Used & Useful %	(10) Amount
1		INTANGIBLE PLANT									
2	351.1	Organization	241	0.00%	0	269	0.00%	0	269	0.00%	0
3	352.1	Franchises	0	0.00%	0	18	0.00%	0	53	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		COLLECTION PLANT									
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	354.2	Structures & Improvements	44	21.62%	9	131	20.95%	28	219	20.95%	46
8	355.2	Power Generation Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0
9	360.2	Collection Sewers - Force	15,163	21.62%	3,278	15,410	20.95%	3,229	12,875	20.95%	2,698
10	361.2	Collection Sewers - Gravity	21,208	21.62%	4,585	22,171	20.95%	4,645	24,822	20.95%	5,201
11	362.2	Special Collecting Structures	0	21.62%	0	0	20.95%	0	0	20.95%	0
12	363.2	Services to Customers	995	0.00%	0	1,029	0.00%	0	1,089	0.00%	0
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	4	0.00%	0	20	0.00%	0	38	0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		SYSTEM PUMPING PLANT									
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	354.3	Structures & Improvements	0	21.62%	0	0	20.95%	0	0	20.95%	0
19	355.3	Power Generation Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0
20	370.3	Receiving Wells	115	21.62%	25	1,807	20.95%	379	19,396	20.95%	4,064
21	371.3	Pumping Equipment	12,627	21.62%	2,730	19,196	20.95%	4,022	25,773	20.95%	5,400
22	389.3	Other Plant & Misc. Equipment	0	21.62%	0	0	20.95%	0	0	20.95%	0
23		TREATMENT AND DISPOSAL PLANT									
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	354.4	Structures & Improvements	1,546	21.07%	326	2,216	20.40%	452	4,119	20.40%	840
26	355.4	Power Generation Equipment	0	21.07%	0	0	20.40%	0	0	20.40%	0
27	380.4	Treatment & Disposal Equipment	708	21.07%	149	919	20.40%	187	1,130	20.40%	231
28	381.4	Plant Sewers	32,422	21.07%	6,831	33,606	20.40%	6,856	39,947	20.40%	8,149
29	382.4	Outfall Sewer Lines	72	21.07%	15	98	20.40%	20	120	20.40%	24
30	389.4	Other Plant & Misc. Equipment	0	21.07%	0	0	20.40%	0	0	20.40%	0
31		RECLAIMED WATER TREATMENT PLANT									
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	634	0.00%	0	846	0.00%	0	1,057	0.00%	0
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		RECLAIMED WATER DISTRIBUTION PLANT									
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		GENERAL PLANT									
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	133	0.00%	0	399	0.00%	0	665	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54	390.71	Computer Equipment	2	0.00%	0	56	0.00%	0	248	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
62	398.7	Other Tangible Plant	5,113	0.00%	0	8,523	0.00%	0	11,933	0.00%	0
63		TOTAL	91,026		17,949	106,711		19,816	143,753		26,652
64		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Water Contributions in Aid of Construction By Classification

Test Year Average balance

Village Water

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-12 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Historical Base Year 2005			Intermediate Year 2006			Projected Rate Year 2007			
Line No.	Description	Adjusted Balance	Non-Used & Useful %	Amount	Adjusted Balance	Non-Used & Useful %	Amount	Adjusted Balance	Non-Used & Useful %	Amount	
WATER											
Cash CIAC:											
1	Water Treatment Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
2	Meter Fees	1,400	0.00%	0	1,400	0.00%	0	2,585	0.00%	0	
3	Main Extension Charge	400	0.00%	0	400	0.00%	0	400	0.00%	0	
4	Service Installation Fees	0	0.00%	0	0	0.00%	0	338	0.00%	0	
5	Total Cash CIAC	1,800		0	1,800		0	3,323		0	
Property CIAC:											
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0	
7	T&D Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0	
8	Services	0	0.00%	0	0	0.00%	0	0	0.00%	0	
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0	
10	Hydrants	0	0.00%	0	0	0.00%	0	0	0.00%	0	
11	Total Property CIAC	0		0	0		0	0		0	
12	Total Water CIAC	1,800		0	1,800		0	3,323		0	
SEWER											
Cash CIAC:											
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0	
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0	
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	1,015	0.00%	0	
17	Total Cash CIAC	0		0	0		0	1,015		0	
Property CIAC:											
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0	
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0	
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0	
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0	
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0	
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0	
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0	
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0	
27	Total Property CIAC	0		0	0		0	0		0	
28	Total Sewer CIAC	0		0	0		0	1,015		0	

Schedule of Accumulated Amortization of CIAC by Classification

Test Year Average Balance

Village Water

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-14 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average Accumulated Amortization of CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

(1)		(2)		(3)	(4)	(5)		(6)	(7)	(8)		(9)	(10)
		Historical Base Year 2005			Intermediate Year 2006			Projected rate Year 2007					
Line	Description	Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful	
No.		Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
WATER													
	Cash												
1	Water Treatment Equipment	14	0.00%	0	14	0.00%	0	14	0.00%	0	14	0.00%	0
2	Meter Fees	123	0.00%	0	206	0.00%	0	313	0.00%	0	313	0.00%	0
3	Main Extension Charge	5	0.00%	0	16	0.00%	0	26	0.00%	0	26	0.00%	0
4	Service Installation Fees	0	0.00%	0	0	0.00%	0	3	0.00%	0	3	0.00%	0
5	Total Cash	142		0	235		0	356		0	356		0
	Property												
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	T&D Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	Services	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	Hydrants	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	Total Property	0		0	0		0	0		0	0		0
12	Total Water	142		0	235		0	356		0	356		0
SEWER													
	Cash												
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	10	0.00%	0	10	0.00%	0
17	Total Cash	0		0	0		0	10		0	10		0
	Property												
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	Total Property	0		0	0		0	0		0	0		0
28	Total Sewer	0		0	0		0	10		0	10		0

Net Depreciation Expense - Water
Florida Public Service Commission
Village Water

Schedule: B-13 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) Depreciation Expense			(8) Used & Useful %	(9) Used & Useful Depreciation Expense
		(5) 2005 Per Books	(6) Utility Adjustments	(7) Adjusted Depreciation Expense		
1	INTANGIBLE PLANT					
2	301.1 Organization	0	0	0	100.00%	0
3	302.1 Franchises	40	(0)	40	100.00%	40
4	339.1 Other Plant & Misc. Equipment	0	0	0	100.00%	0
5	SOURCE OF SUPPLY & PUMPING PLANT					
6	303.2 Land & Land Rights	0	0	0	100.00%	0
7	304.2 Structures & Improvements	0	0	0	100.00%	0
8	305.2 Collect. & Impound Reservoirs	0	0	0	100.00%	0
9	306.2 Lake, River & Other Intakes	0	0	0	100.00%	0
10	307.2 Wells & Springs	0	100	100	100.00%	100
11	308.2 Infiltration Galleries & Tunnels	0	0	0	100.00%	0
12	309.2 Supply Mains	0	0	0	100.00%	0
13	310.2 Power Generation Equipment	0	0	0	100.00%	0
14	311.2 Pumping Equipment	0	0	0	100.00%	0
15	339.2 Other Plant & Misc. Equipment	0	0	0	100.00%	0
16	WATER TREATMENT PLANT					
17	303.3 Land & Land Rights	0	0	0	100.00%	0
18	304.3 Structures & Improvements	0	0	0	100.00%	0
19	311.3 Pumping Equipment	7	1	8	100.00%	8
20	320.3 Water Treatment Equipment	0	0	0	100.00%	0
21	339.3 Other Plant & Misc. Equipment	0	0	0	100.00%	0
22	TRANSMISSION & DISTRIBUTION PLANT					
23	303.4 Land & Land Rights	0	0	0	100.00%	0
24	304.4 Structures & Improvements	0	0	0	100.00%	0
25	311.4 Pumping Equipment	0	0	0	100.00%	0
26	330.4 Distr. Reservoirs & Standpipes	0	0	0	100.00%	0
27	331.4 Transm. & Distribution Mains	3,169	0	3,169	100.00%	3,169
28	333.4 Services	121	(0)	121	100.00%	121
29	334.4 Meters & Meter Installations	765	(5)	760	100.00%	760
30	335.4 Hydrants	209	(0)	209	100.00%	209
31	336.4 Backflow Prevention	0	0	0	100.00%	0
32	339.4 Other Plant & Misc. Equipment	38	4	42	100.00%	42
33	GENERAL PLANT					
34	303.5 Land & Land Rights	0	0	0	100.00%	0
35	304.5 Structures & Improvements	0	0	0	100.00%	0
36	340.5 Office Furniture & Equipment	0	0	0	100.00%	0
37	340.51 Computer Equipment	0	74	74	100.00%	74
38	341.5 Transportation Equipment	0	0	0	100.00%	0
39	342.5 Stores Equipment	0	0	0	100.00%	0
40	343.5 Tools, Shop & Garage Equipment	0	0	0	100.00%	0
41	344.5 Laboratory Equipment	0	0	0	100.00%	0
42	345.5 Power Operated Equipment	2,573	(0)	2,573	100.00%	2,573
43	346.5 Communication Equipment	0	0	0	100.00%	0
44	347.5 Miscellaneous Equipment	0	0	0	100.00%	0
45	348.5 Other Tangible Plant	0	0	0	100.00%	0
46	TOTAL DEPRECIATION EXPENSE	6,922	174	7,096		7,096
	Composite U&U Rate				100.00%	
47	(LESS) AMORTIZATION OF CIAC	(31)	(62)	(93)		(93)
48	NET DEPRECIATION EXPENSE - WATER	6,891	112	7,003		7,003
49	Net Depr Expense Used & Useful	6,891				

Net Depreciation Expense - Sewer

Florida Public Service Commission

Village Water

Schedule: B-14 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) Depreciation Expense			(8)	(9)
		2005 Per Books	Utility Adjustments	Adjusted Depreciation Expense	Used & Useful %	Used & Useful Depreciation Expense
1	INTANGIBLE PLANT					
2	351.1 Organization	0	57	57	100.00%	57
3	352.1 Franchises	0	0	0	100.00%	0
4	389.1 Other Plant & Misc. Equipment	0	0	0	100.00%	0
5	COLLECTION PLANT					
6	353.2 Land & Land Rights	0	0	0	100.00%	0
7	354.2 Structures & Improvements	965	(878)	88	78.38%	69
8	355.2 Power Generation Equipment	949	(949)	0	78.38%	0
9	360.2 Collection Sewers - Force	0	965	965	78.38%	757
10	361.2 Collection Sewers - Gravity	34	915	949	78.38%	744
11	362.2 Special Collecting Structures	0	0	0	78.38%	0
12	363.2 Services to Customers	0	34	34	100.00%	34
13	364.2 Flow Measuring Devices	0	0	0	100.00%	0
14	365.2 Flow Measuring Installations	0	11	11	100.00%	11
15	389.2 Other Plant & Misc. Equipment	0	0	0	100.00%	0
16	SYSTEM PUMPING PLANT					
17	353.3 Land & Land Rights	0	0	0	100.00%	0
18	354.3 Structures & Improvements	77	(77)	0	78.38%	0
19	355.3 Power Generation Equipment	6,531	(6,531)	0	78.38%	0
20	370.3 Receiving Wells	0	77	77	78.38%	60
21	371.3 Pumping Equipment	0	6,531	6,531	78.38%	5,119
22	389.3 Other Plant & Misc. Equipment	0	0	0	78.38%	0
23	TREATMENT AND DISPOSAL PLANT					
24	353.4 Land & Land Rights	0	0	0	100.00%	0
25	354.4 Structures & Improvements	205	310	515	78.93%	407
26	355.4 Power Generation Equipment	2,057	(2,057)	0	78.93%	0
27	380.4 Treatment & Disposal Equipment	24	182	205	78.93%	162
28	381.4 Plant Sewers	0	2,226	2,226	78.93%	1,757
29	382.4 Outfall Sewer Lines	0	24	24	78.93%	19
30	389.4 Other Plant & Misc. Equipment	0	0	0	78.93%	0
31	RECLAIMED WATER TREATMENT PLANT					
32	353.5 Land & Land Rights	0	0	0	100.00%	0
33	354.5 Structures & Improvements	211	(211)	0	100.00%	0
34	355.5 Power Generation Equipment	0	0	0	100.00%	0
35	371.5 Pumping Equipment	0	212	212	100.00%	212
36	374.5 Reuse Distribution Reservoirs	0	0	0	100.00%	0
37	380.5 Treatment & Disposal Equipment	0	0	0	100.00%	0
38	381.5 Plant Sewers	0	0	0	100.00%	0
39	389.5 Other Plant & Misc. Equipment	0	0	0	100.00%	0
40	RECLAIMED WATER DISTRIBUTION PLANT					
41	352.6 Franchises	0	0	0	100.00%	0
42	353.6 Land & Land Rights	0	0	0	100.00%	0
43	354.6 Structures & Improvements	0	0	0	100.00%	0
44	355.6 Power Generation Equipment	0	0	0	100.00%	0
45	366.6 Reuse Services	0	0	0	100.00%	0
46	367.6 Reuse Meters & Meter installations	0	0	0	100.00%	0
47	371.6 Pumping Equipment	0	0	0	100.00%	0
48	375.6 Reuse Transmission & Distr. Sys.	0	0	0	100.00%	0
49	389.6 Other Plant & Misc. Equipment	0	0	0	100.00%	0
50	GENERAL PLANT					
51	353.7 Land & Land Rights	0	0	0	100.00%	0
52	354.7 Structures & Improvements	0	266	266	100.00%	266
53	390.7 Office Furniture & Equipment	0	0	0	100.00%	0
54	390.71 Computer Equipment	0	14	14	100.00%	14
55	391.7 Transportation Equipment	0	0	0	100.00%	0
56	392.7 Stores Equipment	0	0	0	100.00%	0
57	393.7 Tools, Shop & Garage Equipment	0	0	0	100.00%	0
58	394.7 Laboratory Equipment	0	0	0	100.00%	0
59	395.7 Power Operated Equipment	0	0	0	100.00%	0
60	396.7 Communication Equipment	3,410	(3,410)	0	100.00%	0
61	397.7 Miscellaneous Equipment	0	0	0	100.00%	0
62	398.7 Other Tangible Plant	0	3,410	3,410	100.00%	3,410
63	TOTAL DEPRECIATION EXPENSE	14,465	1,119	15,584		13,096
	Composite NU&U Rate				84.04%	
64	(LESS) AMORTIZATION OF CIAC	0	0	0		0
65	NET DEPRECIATION EXPENSE - SEWER	14,465	1,119	15,584		13,096
66	Net Depr Expense Used & Useful	12,156				

Taxes Other Than Income
Florida Public Service Commission
Village Water
Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005; Intermed. 2006, Projected 2007

Schedule: B-15 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Complete the following schedule of all taxes other than income.

For all allocations, provide description of allocation and calculations.

Line No.	(1) Description	(2) Regulatory Assessment Fees (RAFTs) 4.50%	(3) Payroll Taxes 8.28%	(4) Real Estate & Personal Property on U&U	(5) Other	(6) Total	(7) Supporting Schedules
Water							
1	Test Year (2005) Per Books	5,095	926	1,220		7,241	E-2w, B-5, A-5
2	Adjustments to Test Year (Explain)						
3	Payroll Tax Adjustment		0			0	B-5
4	Non-U&U Adjustment @ 0.00%			0		0	
5	Total Test Year Adjustments	0	0	0	0	0	
6	Adjusted Test Year (2005)	5,095	926	1,220	0	7,241	
7	Adjustments to Intermed. Year (Explain)						
8	RAF Adjustment	45				45	E-13
9	Payroll Tax Adjustment		(260)			(260)	B-5
10	Plant in Service Adjustment			(27)		(27)	A-5
11	Non-U&U Adjustment @ 0.00%			0		0	
12	Total 2006 Adjustments	45	(260)	(27)	0	(242)	
13	Adjusted Intermed. Year (2006)	5,140	666	1,193	0	6,999	
14	Adjustments to Projected Rate Year (Explain)						
15	RAF Adjustment	55				55	E-13
16	Payroll Tax Adjustment		1,182			1,182	B-5
17	Plant in Service Adjustment			1,965		1,965	A-5
18	Non-U&U Adjustment @ 0.00%			0		0	
19	Total 2007 Adjustments	55	1,182	1,965	0	3,202	
20	Adjusted Projected Rate Year (2007)	5,195	1,847	3,158	0	10,201	
21	RAFTs Assoc. with Revenue Increase	4,965				4,965	B-3
22	Total Projected Rate Year (2007)	10,160	1,847	3,158	0	15,166	
Sewer							
23	Test Year (2005) Per Books	4,723	1,221	8,213		14,156	E-2s, B-6, A-6
24	Adjustments to Test Year (Explain)						
25	Payroll Tax Adjustment		0			0	B-6
26	Non-U&U Adjustment @ 13.65%			(1,121)		(1,121)	
27	Total Test Year Adjustments	0	0	(1,121)	0	(1,121)	
28	Adjusted Test Year (2005)	4,723	1,221	7,092	0	13,035	
29	Adjustments to Intermed. Year (Explain)						
30	RAF Adjustment	47				47	E-2
31	Payroll Tax Adjustment		(227)			(227)	B-6
32	Plant in Service Adjustment			(181)		(181)	A-6
33	Non-U&U Adjustment @ 14.45%			26		26	
34	Total 2006 Adjustments	47	(227)	(155)	0	(335)	
35	Adjusted Intermed. Year (2006)	4,770	994	6,937	0	12,701	
36	Adjustments to Projected Rate Year (Explain)						
37	RAF Adjustment	0				0	E-2
38	Payroll Tax Adjustment		612			612	B-6
39	Plant in Service Adjustment			13,225		13,225	A-6
40	Non-U&U Adjustment @ 17.95%			(2,374)		(2,374)	
41	Total 2007 Adjustments	0	612	10,851	0	11,463	
42	Adjusted Projected Rate Year (2007)	4,770	1,606	17,788	0	24,163	
43	RAFTs Assoc. with Revenue Increase	6,306				6,306	B-3
43	Total Projected Rate Year (2007)	11,076	1,606	17,788	0	30,469	

Recap Schedules: B-1, B-2

Payroll taxes: FICA=7.65, Fed & State Unemployment=0.41%

**Used and Useful Calculations
Water Treatment Plant**

Florida Public Service Commission

Village Water

Docket No. 060368-WS

Schedule Year Ended December 31 of:
Historical 2005, Projected 2006 & 2007

Schedule: F-5 Revision 2
Page: 1 of 1
Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
WELLS															
Line No.	Storage	Max Day (gpm)	Peak Hour, MD X 2 (gpm)	Excess Unaccounted for Water (gpm)	MD less Excess Unaccounted for Water (gpm)	PH less Excess Unaccounted for Water (gpm)	Interim Margin Reserve Ratio	Demand (gpm)	Maximum Supply Well (gpm)	Total Well Capacity (gpm)	Remaining Well Capacity (gpm)	Wells Interim U&U Calculated	Wells Interim U&U Used	Wells Permanent* U & U	Wells Note
1	no	-	-	3.63	-	(3.63)	1.00	(3.63)	-	-	-	100.00%	100.00%	100.00%	Inter-Connected

* This system is fully developed and does not have its own source of supply. Therefore, assets are considered 100% Used and Useful.

HIGH SERVICE PUMPS

Line No.	Max Day (gpm)	Interim Margin Reserve Ratio	Fire Flow (gpm)	Interim Max Day Plus Fire Demand (gpm)	Interim Peak Hour Demand (gpm)	Greater Demand	Maximum High Service Pump (gpm)	Total Capacity High Service Pump (gpm)	Reliable Capacity High Service Pump (gpm)	Interim High Service U&U Calculated	Interim High Service U&U Used	Permanent* High Service U&U Used
2	-	1.00	500.00	500	-	500	-	-	-	100.00%	100.00%	100.00%

*

STORAGE

Line No.	Average 5 Max Day Demand	Peak Hour A5MDD X 2	Reliable Storage	Interim Storage U&U Calculated	Interim Storage U&U Used	Permanent Storage U&U Used
3	-	-	-	N/A	100.00%	100.00%

**Used and Useful Calculations
Sewer Treatment Plant**

Village Water

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: F-6 Revision 2

Page: 1 of 1

Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the sewer treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Line No.	Average Daily Flow in Max Month (GPD)	I&I Demand Adjustmnt	Interim Margin Reserve Ratio	Permanent Margin Reserve Ratio	Interim Average Daily Flow in Max Month (GPD)	Permanent Average Daily Flow in Max Month (GPD)	Treatment Plant Capacity (GPD)	Interim Treatment U&U Calculated	Interim Treatment U&U Used	Permanent Treatment U&U Calculated	Permanent Treatment U&U Used	Effluent Disposal Capacity (GPD)	Interim Effluent Disposal U&U Calculated	Interim Effluent Disposal U&U Used	Permanent Effluent Disposal U&U Calculated	Permanent Effluent Disposal U&U Used
1	58,000	-	1.02	1.03	59,198	59,702	75,000	78.93%	78.93%	79.60%	79.60%	75,000	78.93%	78.93%	79.60%	79.60%

Inflow and Infiltration Calculations

Line No.	Sold (GPD)	85% of Sold (GPD)	Treated (GPD)	I&I Pct	I&I Pct Over 15%	Demand Adjustment (GPD)
2	78,770	66,954	53,825	N/A	0%	-

Composite Treatment & Effluent

Composite Interim Treatment & Effluent U&U	Composite Permanent Treatment & Effluent U&U
78.93%	79.60%

Used and Useful Calculations
Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Schedule: F-7 Revision 2
Page: 1 of 1
Preparer: John F. Guastella

Village Water

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005, Projected 2006 & 2007

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water distribution and wastewater collection systems for the historical test year and the projected test year (if applicable). The capacity should be in terms of ability to serve a designated number of connections. It should then be related to actual connected density for historical year calculations. Explain all assumptions for projected calculations. If the distribution and collection systems are entirely contributed or built-out, this schedule is not required.

Line No.	(1) Base ERCs 2005	(2) Trended ERCs 2010	(3) Trended ERCs 2012	(4) Total Lots	(5) Interim U&U as Calculated	(6) Interim U&U Used	(7) Permanent U&U as Calculated	(8) Permanent U&U Used
Water								
1	314.3	300.9	296.8	284	105.83%	100.00%	104.40%	100.00%

This system is fully developed as planned. Accordingly, all facilities and assets are considered 100% Used and Useful.

Sewer

2	91.3	93.9	94.7	120	78.38%	78.38%	79.05%	79.05%
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**Piney Woods
Water**

Docket No. 060368-WS

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

Lake County, Florida

**Revised Submittal - Interim Rate Calculation
Revision 2**

For Historical Test Year Ending December 31, 2005

Year-End Balances and 13-Month Averages

Aqua Utilities Florida, Inc.

Piney Woods
INTERIM RATE SCHEDULES
Revision 1

<u>SCHEDULE TITLE</u>	<u>Revision 2 SCHEDULE NUMBER</u>	<u>PAGE NUMBER</u>
Rate Schedule - Interim Rates	G-1	3
Schedule of Rate Base - Interim Rates	G-2	4
Schedule of Adjustments to Rate Base - Interim	G-3	5
Schedule of Net Operating Income - Interim	G-4	6
Schedule of Adjustments to Operating Income - Interim	G-5	7
Schedule of Requested Cost of Capital - Interim	G-6	8
<u>ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES</u>		
Water Plant in Service By Primary Account	A-5, pg 1	9
Sewer Plant in Service By Primary Account	A-6, pg 1	10
Water Accumulated Depreciation By Primary Account	A-9, pg 1	11
Sewer Accumulated Depreciation By Primary Account	A-10, pg 1	12
CIAC by Classification	A-12, pg 1	13
Accumulated Amortization of CIAC by Classification	A-14, pg 1	14
Net Depreciation Expense - Water	B-13, pg 1	15
Net Depreciation Expense - Sewer	B-14, pg 1	16
Taxes Other Than Income	B-15, pg 1	17
Used and Useful Calculations - Water Treatment Plant	F-5	18
Used and Useful Calculations - Sewer Treatment Plant	F-6	19
Used and Useful Calculation - Distribution & Collection Systems	F-7	20

Rate Schedule - Interim Rates

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Water [X] Sewer [X]

Schedule:

G-1

Revision 2

Page:

1 of 1

Preparer:

Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

	(1)	(2)	(3)	(4)	(5)	(6)
Line No.	Class/Meter Size	Present Rates	Interim Rates	Class/Meter Size	Present Rates	Interim Rates
	WATER		15.40%	SEWER		0.00%
1	Residential			Residential		
2	5/8" X 3/4"	16.33	18.85	5/8" X 3/4"	NA	NA
3	3/4"	24.48	28.25	3/4"	NA	NA
4	1"	40.81	47.10	1"	NA	NA
5	1-1/2"	81.58	94.14	1-1/2"	NA	NA
6	2"	130.54	150.65	2"	NA	NA
7	3"	261.08	301.29	3"	NA	NA
8	4"	407.95	470.78	4"	NA	NA
9	6"	815.90	941.56	6"	NA	NA
10	8"	1,305.42	1,506.48	8"	NA	NA
11	10"	1,876.57	2,165.60	10"	NA	NA
12	Gallorage, Block 1	2.72	3.14	Gallorage cap (gallons)	NA	NA
13	Block 2	-	-	Gallorage charge	NA	NA
14	Block 3	-	-			
15	General Service			General Service		
16	5/8" X 3/4"	16.33	18.85	5/8" X 3/4"	NA	NA
17	3/4"	24.48	28.25	3/4"	NA	NA
18	1"	40.81	47.10	1"	NA	NA
19	1-1/2"	81.58	94.14	1-1/2"	NA	NA
20	2"	130.54	150.65	2"	NA	NA
21	3"	261.08	301.29	3"	NA	NA
22	4"	407.95	470.78	4"	NA	NA
23	6"	815.90	941.56	6"	NA	NA
24	8"	1,305.42	1,506.48	8"	NA	NA
25	10"	1,876.57	2,165.60	10"	NA	NA
26	Gallorage charge	2.72	3.14	Gallorage charge	NA	NA
27	Fire Protection			Flat Rate		
28	2"	10.88	12.56	Res. Wastewater Only	NA	NA
29	3"	21.75	25.10	Sprinkler Heads	NA	NA
30	4"	33.99	39.23	Reuse	NA	NA
31	6"	67.98	78.45			
32	8"	108.79	125.55			
33	10"	156.39	180.48			

Supporting Schedules: G-4

Schedule of Rate Base - Interim Rates

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Schedule:

G-2

Revision 2

Page:

1 of 1

Preparer:

Jack Schreyer

Explanation: Provide a schedule of the rate base used for Interim Rates

	(1)	(2)	(3)	(4)	(5)	(6)
Line		Adjusted	Adjustments	Adjustments	Interim	
No.	Description	Balance	for	Last	Rate	Supporting
		12/31/2005	Non-U&U	Rate Case	Base	Schedule(s)
WATER						
1	Utility Plant in Service	379,107	(52,245)	0	326,862	A-5
2	Utility Land & Land Rights	1,867		0	1,867	A-5
3	Construction Work in Progress	0		0	0	A-1
4	Less: Accumulated Depreciation	(139,574)	29,222	0	(110,352)	A-9
5	Less: CIAC	(17,466)	0	0	(17,466)	A-12
6	Accumulated Amortization of CIAC	5,675	0	0	5,675	A-14
7	Acquisition Adjustments	0		0	0	A-1
8	Less: Accum. Amort. of Acq. Adjustments	0		0	0	A-1
9	Less: Advances For Construction	0		0	0	A-1
10	Working Capital Allowance	17,921		0	17,921	A-1
11	Total Rate Base	247,530	(23,023)	0	224,507	
SEWER						
12	Utility Plant in Service	NA	NA	0	0	A-6
13	Utility Land & Land Rights	NA		0	0	A-6
14	Construction Work in Progress	NA		0	0	A-2
15	Less: Accumulated Depreciation	NA	NA	0	0	A-10
16	Less: CIAC	NA	NA	0	0	A-12
17	Accumulated Amortization of CIAC	NA	NA	0	0	A-14
18	Less: Accum. Amort. of Acq. Adjustments	NA		0	0	A-2
19	Less: Advances For Construction	NA		0	0	A-2
20	Working Capital Allowance	NA		0	0	A-2
21	Total Rate Base	0	0	0	0	

Schedule of Adjustments to Rate Base - Interim

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☒ Projected ☐

Water ☒ Sewer ☐

Schedule: G-3 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to reach the Interim Rate Base

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR INTERIM RATE PURPOSES			
1	Utility Plant in Service	(52,245)	NA
2	For Water details see Revision 1 schedules A-5, F-5, and F-7		
3	For Sewer details see Revision 1 schedules A-6, F-6, and F-7		
4			
5	Accumulated Depreciation	29,222	NA
6	For Water details see Revision 1 schedules A-9, F-5, and F-7		
7	For Sewer details see Revision 1 schedules A-10, F-6, and F-7		
8			
9	CIAC	0	NA
10	For Water details see Revision 1 schedules A-12, F-5, and F-7		
11	For Sewer details see Revision 1 schedules A-12, F-6, and F-7		
12			
13	Accum. Amortization of CIAC	0	NA
14	For Water details see Revision 1 schedules A-14, F-5, and F-7		
15	For Sewer details see Revision 1 schedules A-14, F-6, and F-7		
16			
17	Total Rate Base	(23,023)	0

Schedule of Net Operating Income - Interim

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-4 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Line No. Description	Utility Adjusted Test Year	Adjustments for Non-U&U	Utility Interim Adjustments	Adjusted Interim Test Year	Interim Increase	Requested Interim Revenues	Supporting Schedules	% Increase
Water								
1 Water Sales Revenues	72,488		0	72,488	11,164	83,652	E-2w	15.40%
2 Other Revenues	315		0	315	0	315	E-2w	0.00%
3 OPERATING REVENUES	72,803	0	0	72,803	11,164	83,967		15.34%
4 Operation & Maintenance	42,086		0	42,086	165	42,251	B-5	
5 Depreciation, net of CIAC Amort.	11,008	(2,043)	0	8,964		8,964	B-13	
6 Amortization	0		0	0		0		
7 Taxes Other Than Income	8,273	(554)	0	7,719	502	8,221	B-15	
8 Provision for Income Taxes	5,779		0	5,779	1,648	7,427	C-1	
9 OPERATING EXPENSES	67,146	(2,598)	0	64,548	2,315	66,863		
10 NET OPERATING INCOME	5,657	2,598	0	8,255	8,849	17,104		
11 RATE BASE	224,507			224,507		224,507	A-1	
12 RATE OF RETURN	2.52%			3.68%		7.62%		
Sewer								
13 Sewer Sales Revenues	NA		0	0	0	0	E-2s	0.00%
14 Other Revenues	NA		0	0	0	0	E-2s	0.00%
15 OPERATING REVENUES	0	0	0	0	0	0		0.00%
16 Operation & Maintenance	NA		0	0	0	0	B-6	
17 Depreciation, net of CIAC Amort.	NA	NA	0	NA		0	B-14	
18 Amortization	NA		0	0		0		
19 Taxes Other Than Income	NA	NA	0	NA	0	0	B-15	
20 Provision for Income Taxes	NA		0	0	0	0	C-1	
21 OPERATING EXPENSES	0	0	0	0	0	0		
22 NET OPERATING INCOME	0	0	0	0	0	0		
23 RATE BASE	NA			0		0	A-2	
24 RATE OF RETURN	NA			NA		NA		

Schedule of Adjustments to Operating Income - Interim

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-5 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to calculate Interim Operating Expenses

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR			
1	Depreciation Expense for Interim Rate purposes	(2,043)	NA
2	For Water details see schedules B-13, F-5, and F-7		
3	For Sewer details see schedules B-14, F-6, and F-7		
4			
5	Property Taxes for Interim Rate purposes	(554)	NA
6	For details see schedule B-15		
UTILITY PROJECTED REVENUE REQUIREMENT ADJUSTMENTS			
7	NET OPERATING REVENUE		
8	Required Revenue Adjustment	11,164	0
9			
10	OPERATIONS & MAINTENANCE		
11	Impact of Revenue Increase on Bad Debt Expense	165	0
12			
13	TAXES OTHER THAN INCOME TAX		
14	RAF on Revenue Adjustment @ 4.50%	502	0
15			
16	INCOME TAX ADJUSTMENT		
17	Rate Year Revenue at Present Rates	72,803	0
18	Plus Required Revenue Adjustment	11,164	0
19	Rate Year Revenue at Proposed Rates	83,967	0
20			
21	Less Operating Expenses Before Income Taxes	(59,436)	0
22	Less Interest Expense	(5,277)	0
23	Taxable Income	19,254	0
24	Income Tax at Composite Rate of 38.58%	7,427	0
25	Less Income Tax at Present Rates	(5,779)	0
26			
27	Income Tax Adjustment	1,648	0

Schedule of Requested Cost of Capital

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☐ Projected ☐

Water ☒ Sewer ☒

Schedule: G-6 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

(1)		(2)	(3)	(4)	(5)	(6)	(7)
Line		Reconciled		Cost	Weighted		Supporting
No. Class of Capital		To Requested	Ratio	Rate	Cost	Cost	Schedules
		Rate Base			Rate		
WATER							
1	Long-Term Debt	86,451	38.51%	6.00%	2.31%	5,187	D-2
2	Short-Term Debt	0	0.00%		0.00%	0	D-2
3	Preferred Stock	0	0.00%		0.00%	0	D-2
4	Common Stock	129,677	57.76%	9.12%	5.27%	11,827	D-2
5	Customer Deposits	1,506	0.67%	6.00%	0.04%	90	D-2
6	Accumulated Deferred Income Taxes	6,873	3.06%	0.00%	0.00%	0	D-2
7	Total	224,507	100.00%		7.62%	17,104	
SEWER							
8	Long-Term Debt	0	0.00%	6.00%	0.00%	0	D-2
9	Short-Term Debt	0	0.00%	0.00%	0.00%	0	D-2
10	Preferred Stock	0	0.00%	0.00%	0.00%	0	D-2
11	Common Stock	0	0.00%	9.12%	0.00%	0	D-2
12	Customer Deposits	0	0.00%	6.00%	0.00%	0	D-2
13	Accumulated Deferred Income Taxes	0	0.00%	0.00%	0.00%	0	D-2
14	Total	0	0.00%		0.00%	0	

Note: Common stock cost rate established at low limit of equity return range

Schedule of Water Plant in Service By Primary Account

Test Year Average balance

Piney Woods

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-5 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the Average Water Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used & Useful %	(4) Amount	Adjusted Balance	(6) Non-Used & Useful %	(7) Amount	Adjusted Balance	(9) Non-Used & Useful %	(10) Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	1,760	0.00%	0	1,760	0.00%	0	1,760	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	423	0.00%	0
7	304.2	Structures & Improvements	11,820	59.22%	7,000	11,999	0.00%	0	14,048	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	59.22%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	59.22%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	3,819	59.22%	2,262	3,819	0.00%	0	3,819	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	59.22%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	0	59.22%	0	0	0.00%	0	0	0.00%	0
13	310.2	Power Generation Equipment	35,710	59.22%	21,147	37,831	0.00%	0	63,281	0.00%	0
14	311.2	Pumping Equipment	19,374	59.22%	11,473	19,374	0.00%	0	19,374	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	59.22%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	1,867	0.00%	0	1,867	0.00%	0	1,867	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	320.3	Water Treatment Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	625	0.00%	0	1,354	0.00%	0	1,354	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	234,334	0.00%	0	234,334	0.00%	0	246,545	0.00%	0
27	331.4	Transm. & Distribution Mains	57,190	18.12%	10,363	58,562	17.23%	10,092	63,533	17.23%	10,948
28	333.4	Services	4,807	0.00%	0	4,807	0.00%	0	4,807	0.00%	0
29	334.4	Meters & Meter Installations	9,285	0.00%	0	9,756	0.00%	0	11,049	0.00%	0
30	335.4	Hydrants	0	18.12%	0	0	17.23%	0	0	17.23%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	340.51	Computer Equipment	383	0.00%	0	2,955	0.00%	0	8,360	0.00%	0
38	341.5	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	380,974		52,245	388,417		10,092	440,221		10,948
		Total Land and Land Rights	1,867		0	1,867		0	2,290		0

Schedule of Sewer Plant in Service By Primary Account

Florida Public Service Commission

Test Year Average balance

Piney Woods

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Schedule: A-6 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the Average Sewer Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount
1		INTANGIBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	352.1	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		COLLECTION PLANT									
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	354.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	355.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	360.2	Collection Sewers - Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	361.2	Collection Sewers - Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	362.2	Special Collecting Structures	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	363.2	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		SYSTEM PUMPING PLANT									
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	354.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	355.3	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	370.3	Receiving Wells	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	371.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	389.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		TREATMENT AND DISPOSAL PLANT									
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	354.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	355.4	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	380.4	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
29	382.4	Outfall Sewer Lines	0	0.00%	0	0	0.00%	0	0	0.00%	0
30	389.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
31		RECLAIMED WATER TREATMENT PLANT									
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		RECLAIMED WATER DISTRIBUTION PLANT									
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		GENERAL PLANT									
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
62	398.7	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
63		TOTAL	0		0	0		0	0		0
64		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Water Accumulated Depreciation By Primary Account

Test Year Average balance

Piney Woods

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-9 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the Average Water Accumulated Depreciation by Primary Account and the calculation of the Average Non-Used and Useful amounts.

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	709	0.00%	0	753	0.00%	0	797	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	7,250	59.22%	4,294	7,559	0.00%	0	7,249	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	59.22%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	59.22%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	1,646	59.22%	975	1,774	0.00%	0	1,901	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	59.22%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	0	59.22%	0	0	0.00%	0	0	0.00%	0
13	310.2	Power Generation Equipment	18,630	59.22%	11,032	19,314	0.00%	0	8,576	0.00%	0
14	311.2	Pumping Equipment	14,616	59.22%	8,655	15,584	0.00%	0	16,553	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	59.22%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	320.3	Water Treatment Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	9	0.00%	0	68	0.00%	0	135	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	66,794	0.00%	0	73,128	0.00%	0	78,321	0.00%	0
27	331.4	Transm. & Distribution Mains	23,541	18.12%	4,266	24,667	17.23%	4,251	25,481	17.23%	4,391
28	333.4	Services	3,099	0.00%	0	3,219	0.00%	0	3,340	0.00%	0
29	334.4	Meters & Meter Installations	3,269	0.00%	0	3,133	0.00%	0	2,620	0.00%	0
30	335.4	Hydrants	0	18.12%	0	0	17.23%	0	0	17.23%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	340.51	Computer Equipment	10	0.00%	0	282	0.00%	0	1,248	0.00%	0
38	341.5	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	139,574		29,222	149,481		4,251	146,221		4,391
		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Sewer Accumulated Depreciation By Primary Account

Test Year Average balance

Piney Woods

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-10 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used %	(4) Useful Amount	Adjusted Balance	(6) Non-Used %	(7) Useful Amount	Adjusted Balance	(9) Non-Used %	(10) Useful Amount
1		INTANGIBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	352.1	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		COLLECTION PLANT									
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	354.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	355.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	360.2	Collection Sewers - Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	361.2	Collection Sewers - Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	362.2	Special Collecting Structures	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	363.2	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		SYSTEM PUMPING PLANT									
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	354.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	355.3	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	370.3	Receiving Wells	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	371.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	389.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		TREATMENT AND DISPOSAL PLANT									
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	354.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	355.4	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	380.4	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
29	382.4	Outfall Sewer Lines	0	0.00%	0	0	0.00%	0	0	0.00%	0
30	389.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
31		RECLAIMED WATER TREATMENT PLANT									
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		RECLAIMED WATER DISTRIBUTION PLANT									
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		GENERAL PLANT									
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
62	398.7	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
63		TOTAL	0		0	0		0	0		0
64		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Water Contributions In Aid of Construction By Classification

Test Year Average balance

Piney Woods

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-12 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

Line No.	(1) Description	(2) (3) (4) Historical Base Year 2005			(5) (6) (7) Intermediate Year 2006			(8) (9) (10) Projected Rate Year 2007		
		Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount
WATER										
Cash CIAC:										
1	Water Treatment Equipment	12,021	0.00%	0	12,829	0.00%	0	12,883	0.00%	0
2	Meter Fees	2,779	0.00%	0	2,883	0.00%	0	2,890	0.00%	0
3	Main Extension Charge	1,894	0.00%	0	2,339	0.00%	0	2,373	0.00%	0
4	Service Installation Fees	772	0.00%	0	1,007	0.00%	0	1,018	0.00%	0
5	Total Cash CIAC	17,466		0	19,057		0	19,163		0
Property CIAC:										
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	T&D Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	Hydrants	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	Total Property CIAC	0		0	0		0	0		0
12	Total Water CIAC	17,466		0	19,057		0	19,163		0
SEWER										
Cash CIAC:										
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	0	0.00%	0
17	Total Cash CIAC	0		0	0		0	0		0
Property CIAC:										
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	Total Property CIAC	0		0	0		0	0		0
28	Total Sewer CIAC	0		0	0		0	0		0

Schedule of Accumulated Amortization of CIAC by Classification

Test Year Average Balance

Piney Woods
Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-14 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average Accumulated Amortization of CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

In a projected year, an employee, provided breakdown for each year, base year and intermediate year.																												
(1)		(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		
		Historical Base Year 2005						Intermediate Year 2006						Projected rate Year 2007														
Line	Description	Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful		Adjusted	Non-Used & Useful				
No.		Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount			
WATER																												
	Cash																											
1	Water Treatment Equipment	6,044	0.00%	0	6,425	0.00%	0	6,827	0.00%	0																		
2	Meter Fees	(571)	0.00%	0	(429)	0.00%	0	(284)	0.00%	0																		
3	Main Extension Charge	166	0.00%	0	214	0.00%	0	275	0.00%	0																		
4	Service Installation Fees	36	0.00%	0	59	0.00%	0	85	0.00%	0																		
5	Total Cash	5,675		0	6,269		0	6,902		0																		
	Property																											
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
7	T&D Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
8	Services	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
10	Hydrants	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
11	Total Property	0		0	0		0	0		0																		
12	Total Water	5,675		0	6,269		0	6,902		0																		
SEWER																												
	Cash																											
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
17	Total Cash	0		0	0		0	0		0																		
	Property																											
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0																		
27	Total Property	0		0	0		0	0		0																		
28	Total Sewer	0		0	0		0	0		0																		

Net Depreciation Expense - Water
Florida Public Service Commission
Piney Woods

Schedule: B-13 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) (6) (7) Depreciation Expense			(8) Used & Useful %	(9) Used & Useful Depreciation Expense
		(5) 2005 Per Books	(6) Utility Adjustments	(7) Adjusted Depreciation Expense		
1	INTANGIBLE PLANT					
2	301.1 Organization	0	0	0	100.00%	0
3	302.1 Franchises	0	44	44	100.00%	44
4	339.1 Other Plant & Misc. Equipment	0	0	0	100.00%	0
5	SOURCE OF SUPPLY & PUMPING PLANT					
6	303.2 Land & Land Rights	0	0	0	100.00%	0
7	304.2 Structures & Improvements	0	358	358	40.78%	146
8	305.2 Collect. & Impound Reservoirs	0	0	0	40.78%	0
9	306.2 Lake, River & Other Intakes	0	0	0	40.78%	0
10	307.2 Wells & Springs	0	127	127	40.78%	52
11	308.2 Infiltration Galleries & Tunnels	0	0	0	40.78%	0
12	309.2 Supply Mains	0	0	0	40.78%	0
13	310.2 Power Generation Equipment	0	1,786	1,786	40.78%	728
14	311.2 Pumping Equipment	0	969	969	40.78%	395
15	339.2 Other Plant & Misc. Equipment	0	0	0	40.78%	0
16	WATER TREATMENT PLANT					
17	303.3 Land & Land Rights	0	0	0	100.00%	0
18	304.3 Structures & Improvements	0	0	0	100.00%	0
19	311.3 Pumping Equipment	0	0	0	100.00%	0
20	320.3 Water Treatment Equipment	0	0	0	100.00%	0
21	339.3 Other Plant & Misc. Equipment	0	0	0	100.00%	0
22	TRANSMISSION & DISTRIBUTION PLANT					
23	303.4 Land & Land Rights	0	0	0	100.00%	0
24	304.4 Structures & Improvements	0	0	0	100.00%	0
25	311.4 Pumping Equipment	0	34	34	100.00%	34
26	330.4 Distr. Reservoirs & Standpipes	0	6,333	6,333	100.00%	6,333
27	331.4 Transm. & Distribution Mains	0	1,271	1,271	81.88%	1,041
28	333.4 Services	0	120	120	100.00%	120
29	334.4 Meters & Meter Installations	0	464	464	100.00%	464
30	335.4 Hydrants	0	0	0	81.88%	0
31	336.4 Backflow Prevention	0	0	0	100.00%	0
32	339.4 Other Plant & Misc. Equipment	0	0	0	100.00%	0
33	GENERAL PLANT					
34	303.5 Land & Land Rights	0	0	0	100.00%	0
35	304.5 Structures & Improvements	0	0	0	100.00%	0
36	340.5 Office Furniture & Equipment	0	0	0	100.00%	0
37	340.51 Computer Equipment	0	69	69	100.00%	69
38	341.5 Transportation Equipment	0	0	0	100.00%	0
39	342.5 Stores Equipment	0	0	0	100.00%	0
40	343.5 Tools, Shop & Garage Equipment	0	0	0	100.00%	0
41	344.5 Laboratory Equipment	0	0	0	100.00%	0
42	345.5 Power Operated Equipment	0	0	0	100.00%	0
43	346.5 Communication Equipment	0	0	0	100.00%	0
44	347.5 Miscellaneous Equipment	0	0	0	100.00%	0
45	348.5 Other Tangible Plant	0	0	0	100.00%	0
46	TOTAL DEPRECIATION EXPENSE	0	11,575	11,575		9,427
	Composite U&U Rate				81.44%	
47	(LESS) AMORTIZATION OF CIAC	0	(568)	(568)		(463)
48	NET DEPRECIATION EXPENSE - WATER	0	11,008	11,008		8,964
49	Net Depr Expense Used & Useful	0				

Net Depreciation Expense - Sewer

Florida Public Service Commission

Piney Woods

Schedule: B-14 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) Depreciation Expense			(8)	(9)
		(5) 2005 Per Books	(6) Utility Adjustments	(7) Adjusted Depreciation Expense	Used & Useful %	Used & Useful Depreciation Expense
1	INTANGIBLE PLANT					
2	351.1 Organization	NA	NA	NA	100.00%	NA
3	352.1 Franchises	NA	NA	NA	100.00%	NA
4	389.1 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
5	COLLECTION PLANT					
6	353.2 Land & Land Rights	NA	NA	NA	100.00%	NA
7	354.2 Structures & Improvements	NA	NA	NA	100.00%	NA
8	355.2 Power Generation Equipment	NA	NA	NA	100.00%	NA
9	360.2 Collection Sewers - Force	NA	NA	NA	100.00%	NA
10	361.2 Collection Sewers - Gravity	NA	NA	NA	100.00%	NA
11	362.2 Special Collecting Structures	NA	NA	NA	100.00%	NA
12	363.2 Services to Customers	NA	NA	NA	100.00%	NA
13	364.2 Flow Measuring Devices	NA	NA	NA	100.00%	NA
14	365.2 Flow Measuring Installations	NA	NA	NA	100.00%	NA
15	389.2 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
16	SYSTEM PUMPING PLANT					
17	353.3 Land & Land Rights	NA	NA	NA	100.00%	NA
18	354.3 Structures & Improvements	NA	NA	NA	100.00%	NA
19	355.3 Power Generation Equipment	NA	NA	NA	100.00%	NA
20	370.3 Receiving Wells	NA	NA	NA	100.00%	NA
21	371.3 Pumping Equipment	NA	NA	NA	100.00%	NA
22	389.3 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
23	TREATMENT AND DISPOSAL PLANT					
24	353.4 Land & Land Rights	NA	NA	NA	100.00%	NA
25	354.4 Structures & Improvements	NA	NA	NA	100.00%	NA
26	355.4 Power Generation Equipment	NA	NA	NA	100.00%	NA
27	380.4 Treatment & Disposal Equipment	NA	NA	NA	100.00%	NA
28	381.4 Plant Sewers	NA	NA	NA	100.00%	NA
29	382.4 Outfall Sewer Lines	NA	NA	NA	100.00%	NA
30	389.4 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
31	RECLAIMED WATER TREATMENT PLANT					
32	353.5 Land & Land Rights	NA	NA	NA	100.00%	NA
33	354.5 Structures & Improvements	NA	NA	NA	100.00%	NA
34	355.5 Power Generation Equipment	NA	NA	NA	100.00%	NA
35	371.5 Pumping Equipment	NA	NA	NA	100.00%	NA
36	374.5 Reuse Distribution Reservoirs	NA	NA	NA	100.00%	NA
37	380.5 Treatment & Disposal Equipment	NA	NA	NA	100.00%	NA
38	381.5 Plant Sewers	NA	NA	NA	100.00%	NA
39	389.5 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
40	RECLAIMED WATER DISTRIBUTION PLANT					
41	352.6 Franchises	NA	NA	NA	100.00%	NA
42	353.6 Land & Land Rights	NA	NA	NA	100.00%	NA
43	354.6 Structures & Improvements	NA	NA	NA	100.00%	NA
44	355.6 Power Generation Equipment	NA	NA	NA	100.00%	NA
45	366.6 Reuse Services	NA	NA	NA	100.00%	NA
46	367.6 Reuse Meters & Meter Installations	NA	NA	NA	100.00%	NA
47	371.6 Pumping Equipment	NA	NA	NA	100.00%	NA
48	375.6 Reuse Transmission & Distr. Sys.	NA	NA	NA	100.00%	NA
49	389.6 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
50	GENERAL PLANT					
51	353.7 Land & Land Rights	NA	NA	NA	100.00%	NA
52	354.7 Structures & Improvements	NA	NA	NA	100.00%	NA
53	390.7 Office Furniture & Equipment	NA	NA	NA	100.00%	NA
54	390.71 Computer Equipment	NA	NA	NA	100.00%	NA
55	391.7 Transportation Equipment	NA	NA	NA	100.00%	NA
56	392.7 Stores Equipment	NA	NA	NA	100.00%	NA
57	393.7 Tools, Shop & Garage Equipment	NA	NA	NA	100.00%	NA
58	394.7 Laboratory Equipment	NA	NA	NA	100.00%	NA
59	395.7 Power Operated Equipment	NA	NA	NA	100.00%	NA
60	396.7 Communication Equipment	NA	NA	NA	100.00%	NA
61	397.7 Miscellaneous Equipment	NA	NA	NA	100.00%	NA
62	398.7 Other Tangible Plant	NA	NA	NA	100.00%	NA
63	TOTAL DEPRECIATION EXPENSE	NA	NA	NA		NA
	Composite NU&U Rate				NA	
64	(LESS) AMORTIZATION OF CIAC	NA	NA	NA		NA
65	NET DEPRECIATION EXPENSE - SEWER	NA	NA	NA		NA
66	Net Depr Expense Used & Useful	NA				

Taxes Other Than Income

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005; Intermed. 2006, Projected 2007

Schedule: B-15 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Complete the following schedule of all taxes other than income.
For all allocations, provide description of allocation and calculations.

Line No.	(1) Description	(2) Regulatory Assessment Fees (RAFTs) 4.50%	(3) Payroll Taxes 8.28%	(4) Real Estate & Personal Property on U&U	(5) Other	(6) Total	(7) Supporting Schedules
Water							
1	Test Year (2005) Per Books	3,276	994	4,003		8,273	E-2w, B-5, A-5
2	Adjustments to Test Year (Explain)						
3	Payroll Tax Adjustment		0			0	B-5
4	Non-U&U Adjustment @ 13.85%			(554)		(554)	
5	Total Test Year Adjustments	0	0	(554)	0	(554)	
6	Adjusted Test Year (2005)	3,276	994	3,448	0	7,719	
7	Adjustments to Intermed. Year (Explain)						
8	RAF Adjustment	71				71	E-13
9	Payroll Tax Adjustment		43			43	B-5
10	Plant in Service Adjustment			(68)		(68)	A-5
11	Non-U&U Adjustment @ 2.62%			2		2	
12	Total 2006 Adjustments	71	43	(66)	0	48	
13	Adjusted Intermed. Year (2006)	3,347	1,038	3,383	0	7,768	
14	Adjustments to Projected Rate Year (Explain)						
15	RAF Adjustment	0				0	E-13
16	Payroll Tax Adjustment		(234)			(234)	B-5
17	Plant in Service Adjustment			919		919	A-5
18	Non-U&U Adjustment @ 2.51%			(23)		(23)	
19	Total 2007 Adjustments	0	(234)	896	0	663	
20	Adjusted Projected Rate Year (2007)	3,347	804	4,279	0	8,430	
21	RAFTs Assoc. with Revenue Increase	1,717				1,717	B-3
22	Total Projected Rate Year (2007)	5,064	804	4,279	0	10,147	
Sewer							
23	Test Year (2005) Per Books	NA	NA	NA		NA	E-2s, B-6, A-6
24	Adjustments to Test Year (Explain)						
25	Payroll Tax Adjustment		NA			NA	B-6
26	Non-U&U Adjustment @ NA			NA		NA	
27	Total Test Year Adjustments	NA	NA	NA	NA	NA	
28	Adjusted Test Year (2005)	NA	NA	NA	NA	NA	
29	Adjustments to Intermed. Year (Explain)						
30	RAF Adjustment	NA				NA	E-2
31	Payroll Tax Adjustment		NA			NA	B-6
32	Plant in Service Adjustment			NA		NA	A-6
33	Non-U&U Adjustment @ NA			NA		NA	
34	Total 2006 Adjustments	NA	NA	NA	NA	NA	
35	Adjusted Intermed. Year (2006)	NA	NA	NA	NA	NA	
36	Adjustments to Projected Rate Year (Explain)						
37	RAF Adjustment	NA				NA	E-2
38	Payroll Tax Adjustment		NA			NA	B-6
39	Plant in Service Adjustment			NA		NA	A-6
40	Non-U&U Adjustment @ NA			NA		NA	
41	Total 2007 Adjustments	NA	NA	NA	NA	NA	
42	Adjusted Projected Rate Year (2007)	NA	NA	NA	NA	NA	
43	RAFTs Assoc. with Revenue Increase	NA				NA	B-3
44	Total Projected Rate Year (2007)	NA	NA	NA	NA	NA	

Recap Schedules: B-1, B-2

Payroll taxes: FICA=7.65, Fed & State Unemployment=0.41%

**Used and Useful Calculations
Water Treatment Plant**

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005, Projected 2006 & 2007

Schedule: F-5 Revision 2

Page: 1 of 1

Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
WELLS															
Line No.	Storage	Max Day (gpm)	Peak Hour, MD X 2 (gpm)	Excess Unaccounted for Water (gpm)	MD less Excess Unaccounted for Water (gpm)	PH less Excess Unaccounted for Water (gpm)	Interim Margin Reserve Ratio	Demand (gpm)	Maximum Supply Well (gpm)	Total Well Capacity (gpm)	Remaining Well Capacity (gpm)	Wells Interim U&U Calculated	Wells Interim U&U Used	Wells Permanent* U & U	Wells Note
1	yes	55.56	-	-	55.56	-	1.03	57.10	300	440	140	40.78%	40.78%	100.00%	Two Wells

* This system has two wells. Because it must meet demands with the largest well out of service and because the remaining well would be no less costly if installed to meet current demands the well assets are 100% Used and Useful.

HIGH SERVICE PUMPS

Line No.	Max Day (gpm)	Interim Margin Reserve Ratio	Fire Flow (gpm)	Interim Max Day Plus Fire Demand (gpm)	Interim Peak Hour Demand (gpm)	Greater Demand	Maximum High Service Pump (gpm)	Total Capacity High Service Pump (gpm)	Reliable Capacity High Service Pump (gpm)	Interim High Service U&U Calculated	Interim High Service U&U Used	Permanent* High Service U&U Used
2	55.56	1.03	No	57	111	111	300	300	-	100.00%	100.00%	100.00%

*

STORAGE

Line No.	Average 5 Max Day Demand	Peak Hour A5MDD X 2	Reliable Storage	Interim Storage U&U Calculated	Interim Storage U&U Used	Permanent Storage U&U Used
3	73,000	146,000	49,500	294.95%	100.00%	100.00%

**Used and Useful Calculations
Sewer Treatment Plant**

Piney Woods

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: F-6 Revision 2

Page: 1 of 1

Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the sewer treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	Average Daily Flow in Max Month	I&I Demand Adjustmnt	Interim Margin Reserve Ratio	Permanent Margin Reserve Ratio	Interim Average Daily Flow in Max Month (GPD)	Permanent Average Daily Flow in Max Month (GPD)	Treatment Plant Capacity (GPD)	Interim Treatment U&U Calculated	Interim Treatment U&U Used	Treatment Permanent U&U Calculated	Permanent Treatment U&U Used	Effluent Disposal Capacity (GPD)	Interim Effluent Disposal U&U Calculated	Interim Effluent Disposal U&U Used	Permanent Effluent Disposal U&U Calculated	Permanent Effluent Disposal U&U Used
Line No.																
1						NA										

Inflow and Infiltration Calculations

Line No.	Sold (GPD)	85% of Sold (GPD)	Treated (GPD)	I&I Pct	I&I Pct Over 15%	Demand Adjustment (GPD)
2						

Composite Treatment & Effluent

Composite Interim Treatment & Effluent U&U	Composite Permanent Treatment & Effluent U&U

Used and Useful Calculations
Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Piney Woods
Docket No. 060368-WS

Schedule: F-7 Revision 2
Page: 1 of 1
Preparer: John F. Guastella

Schedule Year Ended December 31 of:
Historical 2005, Projected 2006 & 2007

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water distribution and wastewater collection systems for the historical test year and the projected test year (if applicable). The capacity should be in terms of ability to serve a designated number of connections. It should then be related to actual connected density for historical year calculations. Explain all assumptions for projected calculations. If the distribution and collection systems are entirely contributed or built-out, this schedule is not required.

Line No.	(1) Base ERCs 2005	(2) Trended ERCs 2010	(3) Trended ERCs 2012	(4) Total Lots	(5) Interim U&U as Calculated	(6) Interim U&U Used	(7) Permanent U&U as Calculated	(8) Permanent U&U Used
Water								
1	171.5	176.1	178.0	215	81.88%	81.88%	82.77%	82.77%

Sewer
2

NA

**Silver Lake Est/Western Shores
Water**

Docket No. 060368-WS

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

Lake County, Florida

**Revised Submittal - Interim Rate Calculation
Revision 2**

For Historical Test Year Ending December 31, 2005

Year-End Balances and 13-Month Averages

Aqua Utilities Florida, Inc.

Silver Lake Est/Western Shores
INTERIM RATE SCHEDULES
Revision 1

<u>SCHEDULE TITLE</u>	<u>Revision 2 SCHEDULE NUMBER</u>	<u>PAGE NUMBER</u>
Rate Schedule - Interim Rates	G-1	3
Schedule of Rate Base - Interim Rates	G-2	4
Schedule of Adjustments to Rate Base - Interim	G-3	5
Schedule of Net Operating Income - Interim	G-4	6
Schedule of Adjustments to Operating Income - Interim	G-5	7
Schedule of Requested Cost of Capital - Interim	G-6	8
 <u>ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES</u>		
Water Plant in Service By Primary Account	A-5, pg 1	9
Sewer Plant in Service By Primary Account	A-6, pg 1	10
Water Accumulated Depreciation By Primary Account	A-9, pg 1	11
Sewer Accumulated Depreciation By Primary Account	A-10, pg 1	12
CIAC by Classification	A-12, pg 1	13
Accumulated Amortization of CIAC by Classification	A-14, pg 1	14
Net Depreciation Expense - Water	B-13, pg 1	15
Net Depreciation Expense - Sewer	B-14, pg 1	16
Taxes Other Than Income	B-15, pg 1	17
Used and Useful Calculations - Water Treatment Plant	F-5	18
Used and Useful Calculations - Sewer Treatment Plant	F-6	19
Used and Useful Calculation - Distribution & Collection Systems	F-7	20

Rate Schedule - Interim Rates

Silver Lake Est/Western Shores
Docket No. 060368-WS
Test Year End: 12/31/2005
Water [X] Sewer [X]

Florida Public Service Commission

Schedule: G-1 Revision 2
Page: 1 of 1
Preparer: Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

Line No.	(1) Class/Meter Size	(2) Present Rates	(3) Interim Rates	(4) Class/Meter Size	(5) Present Rates	(6) Interim Rates
	WATER		10.14%	SEWER		0.00%
1	Residential			Residential		
2	5/8" X 3/4"	7.64	8.41	5/8" X 3/4"	NA	NA
3	3/4"	11.48	12.64	3/4"	NA	NA
4	1"	19.12	21.06	1"	NA	NA
5	1-1/2"	38.24	42.12	1-1/2"	NA	NA
6	2"	61.18	67.38	2"	NA	NA
7	3"	122.36	134.77	3"	NA	NA
8	4"	191.19	210.58	4"	NA	NA
9	6"	382.36	421.13	6"	NA	NA
10	8"	611.78	673.82	8"	NA	NA
11	10"	879.44	968.62	10"	NA	NA
12	Gallonage, Block 1	1.31	1.44	Gallonage cap (gallons)	NA	NA
13	Block 2	-	-	Gallonage charge	NA	NA
14	Block 3	-	-			
15	General Service			General Service		
16	5/8" X 3/4"	7.64	8.41	5/8" X 3/4"	NA	NA
17	3/4"	11.48	12.64	3/4"	NA	NA
18	1"	19.12	21.06	1"	NA	NA
19	1-1/2"	38.24	42.12	1-1/2"	NA	NA
20	2"	61.18	67.38	2"	NA	NA
21	3"	122.36	134.77	3"	NA	NA
22	4"	191.19	210.58	4"	NA	NA
23	6"	382.36	421.13	6"	NA	NA
24	8"	611.78	673.82	8"	NA	NA
25	10"	879.44	968.62	10"	NA	NA
26	Gallonage charge	1.31	1.44	Gallonage charge	NA	NA
27	Fire Protection			Flat Rate		
28	2"	5.10	5.62	Res. Wastewater Only	NA	NA
29	3"	10.19	11.22	Sprinkler Heads	NA	NA
30	4"	15.91	17.52	Reuse	NA	NA
31	6"	31.87	35.10			
32	8"	50.99	56.16			
33	10"	73.28	80.71			

Supporting Schedules: G-4

Schedule of Rate Base - Interim Rates

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Schedule: G-2 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide a schedule of the rate base used for Interim Rates

(1)		(2)	(3)	(4)	(5)	(6)
Line No.	Description	Adjusted Balance 12/31/2005	Adjustments for Non-U&U	Adjustments Last Rate Case	Interim Rate Base	Supporting Schedule(s)
WATER						
1	Utility Plant in Service	2,007,593	(159,406)	0	1,848,187	A-5
2	Utility Land & Land Rights	2,434		0	2,434	A-5
3	Construction Work in Progress	0		0	0	A-1
4	Less: Accumulated Depreciation	(658,836)	55,883	0	(602,953)	A-9
5	Less: CIAC	(614,919)	0	0	(614,919)	A-12
6	Accumulated Amortization of CIAC	210,098	0	0	210,098	A-14
7	Acquisition Adjustments	0		0	0	A-1
8	Less: Accum. Amort. of Acq. Adjustments	0		0	0	A-1
9	Less: Advances For Construction	0		0	0	A-1
10	Working Capital Allowance	180,056		0	180,056	A-1
11	Total Rate Base	1,126,426	(103,523)	0	1,022,902	
SEWER						
12	Utility Plant in Service	NA	NA	0	0	A-6
13	Utility Land & Land Rights	NA		0	0	A-6
14	Construction Work in Progress	NA		0	0	A-2
15	Less: Accumulated Depreciation	NA	NA	0	0	A-10
16	Less: CIAC	NA	NA	0	0	A-12
17	Accumulated Amortization of CIAC	NA	NA	0	0	A-14
18	Less: Accum. Amort. of Acq. Adjustments	NA		0	0	A-2
19	Less: Advances For Construction	NA		0	0	A-2
20	Working Capital Allowance	NA		0	0	A-2
21	Total Rate Base	0	0	0	0	

Schedule of Adjustments to Rate Base - Interim

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☒ Projected ☐

Water ☒ Sewer ☒

Schedule: G-3 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to reach the Interim Rate Base

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR INTERIM RATE PURPOSES			
1	Utility Plant in Service	(159,406)	NA
2	For Water details see Revision 1 schedules A-5, F-5, and F-7		
3	For Sewer details see Revision 1 schedules A-6, F-6, and F-7		
4			
5	Accumulated Depreciation	55,883	NA
6	For Water details see Revision 1 schedules A-9, F-5, and F-7		
7	For Sewer details see Revision 1 schedules A-10, F-6, and F-7		
8			
9	CIAC	0	NA
10	For Water details see Revision 1 schedules A-12, F-5, and F-7		
11	For Sewer details see Revision 1 schedules A-12, F-6, and F-7		
12			
13	Accum. Amortization of CIAC	0	NA
14	For Water details see Revision 1 schedules A-14, F-5, and F-7		
15	For Sewer details see Revision 1 schedules A-14, F-6, and F-7		
16			
17	Total Rate Base	(103,523)	0

Schedule of Net Operating Income - Interim

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-4 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Line No. Description	Utility Adjusted Test Year	Adjustments for Non-U&U	Utility Interim Adjustments	Adjusted Interim Test Year	Interim Increase	Requested Interim Revenues	Supporting Schedules	% Increase
Water								
1 Water Sales Revenues	456,592		0	456,592	46,301	502,893	E-2w	10.14%
2 Other Revenues	3,535		0	3,535	0	3,535	E-2w	0.00%
3 OPERATING REVENUES	460,127	0	0	460,127	46,301	506,428		10.06%
4 Operation & Maintenance	307,883		0	307,883	684	308,567	B-5	
5 Depreciation, net of CIAC Amort.	47,392	(4,756)	0	42,636		42,636	B-13	
6 Amortization	0		0	0		0		
7 Taxes Other Than Income	46,445	(1,652)	0	44,793	2,082	46,875	B-15	
8 Provision for Income Taxes	29,463		0	29,463	3,367	32,829	C-1	
9 OPERATING EXPENSES	431,183	(6,408)	0	424,775	6,133	430,907		
10 NET OPERATING INCOME	28,944	6,408	0	35,352	40,169	75,521		
11 RATE BASE	1,022,902			1,022,902		1,022,902	A-1	
12 RATE OF RETURN	2.83%			3.46%		7.38%		
Sewer								
13 Sewer Sales Revenues	NA		0	0	0	0	E-2s	0.00%
14 Other Revenues	NA		0	0	0	0	E-2s	0.00%
15 OPERATING REVENUES	0	0	0	0	0	0		0.00%
16 Operation & Maintenance	NA		0	0	0	0	B-6	
17 Depreciation, net of CIAC Amort.	NA	NA	0	NA		0	B-14	
18 Amortization	NA		0	0		0		
19 Taxes Other Than Income	NA	NA	0	NA	0	0	B-15	
20 Provision for Income Taxes	NA		0	0	0	0	C-1	
21 OPERATING EXPENSES	0	0	0	0	0	0		
22 NET OPERATING INCOME	0	0	0	0	0	0		
23 RATE BASE	NA			0		0	A-2	
24 RATE OF RETURN	NA			NA		NA		

Schedule of Adjustments to Operating Income - Interim

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical [X] Projected []

Water [X] Sewer [X]

Schedule: G-5 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Provide an explanation of adjustments to calculate Interim Operating Expenses

Line No.	(1) Description	(2) Interim Water	(3) Interim Sewer
USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR			
1	Depreciation Expense for Interim Rate purposes	<u>(4,756)</u>	<u>NA</u>
2	For Water details see schedules B-13, F-5, and F-7		
3	For Sewer details see schedules B-14, F-6, and F-7		
4			
5	Property Taxes for Interim Rate purposes	<u>(1,652)</u>	<u>NA</u>
6	For details see schedule B-15		
UTILITY PROJECTED REVENUE REQUIREMENT ADJUSTMENTS			
7	NET OPERATING REVENUE		
8	Required Revenue Adjustment	<u>46,301</u>	<u>0</u>
9			
10	OPERATIONS & MAINTENANCE		
11	Impact of Revenue Increase on Bad Debt Expense	<u>684</u>	<u>0</u>
12			
13	TAXES OTHER THAN INCOME TAX		
14	RAF on Revenue Adjustment @ 4.50%	<u>2,084</u>	<u>0</u>
15			
16	INCOME TAX ADJUSTMENT		
17	Rate Year Revenue at Present Rates	460,127	0
18	Plus Required Revenue Adjustment	<u>46,301</u>	<u>0</u>
19	Rate Year Revenue at Proposed Rates	506,428	0
20			
21	Less Operating Expenses Before Income Taxes	(398,078)	0
22	Less Interest Expense	(23,245)	0
23	Taxable Income	85,105	0
24	Income Tax at Composite Rate of 38.58%	32,829	0
25	Less Income Tax at Present Rates	<u>(29,463)</u>	<u>0</u>
26			
27	Income Tax Adjustment	<u>3,367</u>	<u>0</u>

Schedule of Requested Cost of Capital

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005

Historical ☐ Projected ☐

Water ☒ Sewer ☒

Schedule: G-6

Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

(1)		(2)	(3)	(4)	(5)	(6)	(7)
Line		Reconciled		Cost	Weighted		Supporting
No.	Class of Capital	To Requested	Ratio	Rate	Cost	Cost	Schedules
		Rate Base			Rate		
WATER							
1	Long-Term Debt	382,131	37.36%	6.00%	2.24%	22,928	D-2
2	Short-Term Debt	0	0.00%		0.00%	0	D-2
3	Preferred Stock	0	0.00%		0.00%	0	D-2
4	Common Stock	573,197	56.04%	9.12%	5.11%	52,276	D-2
5	Customer Deposits	5,285	0.52%	6.00%	0.03%	317	D-2
6	Accumulated Deferred Income Taxes	62,289	6.09%	0.00%	0.00%	0	D-2
7	Total	1,022,902	100.00%		7.38%	75,521	
SEWER							
8	Long-Term Debt	0	0.00%	6.00%	0.00%	0	D-2
9	Short-Term Debt	0	0.00%	0.00%	0.00%	0	D-2
10	Preferred Stock	0	0.00%	0.00%	0.00%	0	D-2
11	Common Stock	0	0.00%	9.12%	0.00%	0	D-2
12	Customer Deposits	0	0.00%	6.00%	0.00%	0	D-2
13	Accumulated Deferred Income Taxes	0	0.00%	0.00%	0.00%	0	D-2
14	Total	0	0.00%		0.00%	0	

Note: Common stock cost rate established at low limit of equity return range

Schedule of Water Plant in Service By Primary Account

Test Year Average balance
Silver Lake Est/Western Shores
Docket No. 060368-WS
 Test Year Ending December 31 of
 Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-5 Revision 2
 Page: 1 of 5
 Preparer: Robert M. Griffin

Explanation: Provide the Average Water Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used %	(4) Useful Amount	Adjusted Balance	(6) Non-Used %	(7) Useful Amount	Adjusted Balance	(9) Non-Used %	(10) Useful Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	9,909	0.00%	0	9,909	0.00%	0	9,909	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	96,071	20.17%	19,378	97,917	0.00%	0	127,266	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	20.17%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	20.17%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	27,638	20.17%	5,575	27,638	0.00%	0	27,638	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	20.17%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	208,304	20.17%	42,015	208,304	0.00%	0	208,304	0.00%	0
13	310.2	Power Generation Equipment	104,610	20.17%	21,100	104,610	0.00%	0	104,610	0.00%	0
14	311.2	Pumping Equipment	353,690	20.17%	71,339	353,690	0.00%	0	353,690	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	20.17%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	2,434	0.00%	0	2,434	0.00%	0	2,434	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	320.3	Water Treatment Equipment	147,299	0.00%	0	148,068	0.00%	0	165,376	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	2,188	0.00%	0	3,556	0.00%	0	3,556	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	50,647	0.00%	0	50,647	0.00%	0	50,647	0.00%	0
27	331.4	Transm. & Distribution Mains	834,236	0.00%	0	859,367	0.00%	0	939,635	0.00%	0
28	333.4	Services	26,712	0.00%	0	26,712	0.00%	0	29,674	0.00%	0
29	334.4	Meters & Meter Installations	91,678	0.00%	0	120,213	0.00%	0	130,816	0.00%	0
30	335.4	Hydrants	7,738	0.00%	0	7,738	0.00%	0	7,738	0.00%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	26,153	0.00%	0	28,332	0.00%	0
37	340.51	Computer Equipment	3,474	0.00%	0	26,782	0.00%	0	75,763	0.00%	0
38	341.5	Transportation Equipment	28,868	0.00%	0	33,266	0.00%	0	84,035	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	5,701	0.00%	0	22,845	0.00%	0	25,153	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	8,296	0.00%	0	8,296	0.00%	0	8,296	0.00%	0
44	347.5	Miscellaneous Equipment	534	0.00%	0	1,625	0.00%	0	9,231	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	2,010,027		159,406	2,139,770		0	2,392,103		0
		Total Land and Land Rights	2,434		0	2,434		0	2,434		0

Schedule of Sewer Plant in Service By Primary Account

Florida Public Service Commission

Test Year Average balance

Silver Lake Est/Western Shores

Schedule: A-6 Revision 2

Docket No. 060368-WS

Page: 1 of 5

Test Year Ending December 31 of

Preparer: Robert M. Griffin

Historical 2005, Projected 2006 & 2007

Explanation: Provide the Average Sewer Plant in Service by Primary Account and the calculation of the Average Non-Used and Useful Plant in Service

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used & Useful %	(4) Amount	Adjusted Balance	(6) Non-Used & Useful %	(7) Amount	Adjusted Balance	(9) Non-Used & Useful %	(10) Amount
1		INTANGIBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	352.1	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		COLLECTION PLANT									
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	354.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	355.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	360.2	Collection Sewers - Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	361.2	Collection Sewers - Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	362.2	Special Collecting Structures	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	363.2	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		SYSTEM PUMPING PLANT									
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	354.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	355.3	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	370.3	Receiving Wells	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	371.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	389.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		TREATMENT AND DISPOSAL PLANT									
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	354.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	355.4	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	380.4	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
29	382.4	Outfall Sewer Lines	0	0.00%	0	0	0.00%	0	0	0.00%	0
30	389.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
31		RECLAIMED WATER TREATMENT PLANT									
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		RECLAIMED WATER DISTRIBUTION PLANT									
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		GENERAL PLANT									
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
62	398.7	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
63		TOTAL	0		0	0		0	0		0
64		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Water Accumulated Depreciation By Primary Account

Test Year Average balance
Silver Lake Est/Western Shores
Docket No. 060368-WS
 Test Year Ending December 31 of
 Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-9 Revision 2
 Page: 1 of 5
 Preparer: Robert M. Griffin

Explanation: Provide the Average Water Accumulated Depreciation by Primary Account and the calculation of the Average Non-Used and Useful amounts.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Historical Base Year 2005			Intermediate Year 2006			Projected Rate Year 2007			
Line No.	Acct No.	Account Name	Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount	Adjusted Balance	Non-Used %	Useful Amount
1		INTANGIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	302.1	Franchises	1,809	0.00%	0	2,056	0.00%	0	2,304	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		SOURCE OF SUPPLY & PUMPING PLANT									
6	303.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	33,460	20.17%	6,749	35,859	0.00%	0	32,702	0.00%	0
8	305.2	Collect. & Impound Reservoirs	0	20.17%	0	0	0.00%	0	0	0.00%	0
9	306.2	Lake, River & Other Intakes	0	20.17%	0	0	0.00%	0	0	0.00%	0
10	307.2	Wells & Springs	16,357	20.17%	3,299	17,279	0.00%	0	18,200	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	20.17%	0	0	0.00%	0	0	0.00%	0
12	309.2	Supply Mains	52,746	20.17%	10,639	58,697	0.00%	0	64,649	0.00%	0
13	310.2	Power Generation Equipment	56,267	20.17%	11,349	61,497	0.00%	0	66,728	0.00%	0
14	311.2	Pumping Equipment	118,230	20.17%	23,847	135,914	0.00%	0	153,599	0.00%	0
15	339.2	Other Plant & Misc. Equipment	0	20.17%	0	0	0.00%	0	0	0.00%	0
16		WATER TREATMENT PLANT									
17	303.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	304.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	320.3	Water Treatment Equipment	53,708	0.00%	0	60,407	0.00%	0	67,487	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22		TRANSMISSION & DISTRIBUTION PLANT									
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	304.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	311.4	Pumping Equipment	41	0.00%	0	207	0.00%	0	385	0.00%	0
26	330.4	Distr. Reservoirs & Standpipes	11,812	0.00%	0	13,181	0.00%	0	14,550	0.00%	0
27	331.4	Transm. & Distribution Mains	272,799	0.00%	0	291,117	0.00%	0	303,167	0.00%	0
28	333.4	Services	9,581	0.00%	0	9,915	0.00%	0	10,609	0.00%	0
29	334.4	Meters & Meter Installations	27,876	0.00%	0	21,055	0.00%	0	15,795	0.00%	0
30	335.4	Hydrants	1,214	0.00%	0	1,300	0.00%	0	1,472	0.00%	0
31	336.4	Backflow Prevention	0	0.00%	0	0	0.00%	0	0	0.00%	0
32	339.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
33		GENERAL PLANT									
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	304.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	340.5	Office Furniture & Equipment	0	0.00%	0	436	0.00%	0	2,204	0.00%	0
37	340.51	Computer Equipment	93	0.00%	0	2,555	0.00%	0	11,311	0.00%	0
38	341.5	Transportation Equipment	(4,218)	0.00%	0	(3,593)	0.00%	0	6,225	0.00%	0
39	342.5	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40	343.5	Tools, Shop & Garage Equipment	0	0.00%	0	328	0.00%	0	1,743	0.00%	0
41	344.5	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	345.5	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	346.5	Communication Equipment	7,062	0.00%	0	7,891	0.00%	0	8,306	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00%	0	19	0.00%	0	398	0.00%	0
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
46		TOTAL	658,836		55,883	716,119		0	781,832		0
		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Sewer Accumulated Depreciation By Primary Account

Test Year Average balance

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-10 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Line No.	Acct No.	(1) Account Name	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected Rate Year 2007		
			Adjusted Balance	(3) Non-Used %	(4) Useful Amount	Adjusted Balance	(6) Non-Used %	(7) Useful Amount	Adjusted Balance	(9) Non-Used %	(10) Useful Amount
1		INTANGIBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3	352.1	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
5		COLLECTION PLANT									
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	354.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
8	355.2	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	360.2	Collection Sewers - Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	361.2	Collection Sewers - Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
11	362.2	Special Collecting Structures	0	0.00%	0	0	0.00%	0	0	0.00%	0
12	363.2	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
13	364.2	Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
16		SYSTEM PUMPING PLANT									
17	353.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
18	354.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	355.3	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	370.3	Receiving Wells	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	371.3	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	389.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		TREATMENT AND DISPOSAL PLANT									
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	354.4	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	355.4	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	380.4	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
29	382.4	Outfall Sewer Lines	0	0.00%	0	0	0.00%	0	0	0.00%	0
30	389.4	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
31		RECLAIMED WATER TREATMENT PLANT									
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
36	374.5	Reuse Distribution Reservoirs	0	0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		RECLAIMED WATER DISTRIBUTION PLANT									
41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
42	353.6	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
43	354.6	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
44	355.6	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47	371.6	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
48	375.6	Reuse Transmission & Distr. Sys.	0	0.00%	0	0	0.00%	0	0	0.00%	0
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		GENERAL PLANT									
51	353.7	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56	392.7	Stores Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
58	394.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59	395.7	Power Operated Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61	397.7	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
62	398.7	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	0
63		TOTAL	0		0	0		0	0		0
64		Total Land and Land Rights	0		0	0		0	0		0

Schedule of Water Contributions in Aid of Construction By Classification

Test Year Average balance

Silver Lake Est/Western Shores
Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-12 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Historical Base Year 2005			Intermediate Year 2006			Projected Rate Year 2007		
Line No.	Description	Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount	Adjusted Balance	Non-Used & Useful %	Useful Amount
WATER										
Cash CIAC:										
1	Water Treatment Equipment	221,391	0.00%	0	245,544	0.00%	0	265,237	0.00%	0
2	Meter Fees	35,217	0.00%	0	39,397	0.00%	0	42,264	0.00%	0
3	Main Extension Charge	61,918	0.00%	0	74,977	0.00%	0	87,525	0.00%	0
4	Service Installation Fees	138,272	0.00%	0	145,887	0.00%	0	149,989	0.00%	0
5	Total Cash CIAC	456,798		0	505,806		0	545,015		0
Property CIAC:										
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	T&D Mains	145,180	0.00%	0	145,180	0.00%	0	145,180	0.00%	0
8	Services	6,486	0.00%	0	6,486	0.00%	0	6,486	0.00%	0
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	Hydrants	6,455	0.00%	0	6,455	0.00%	0	6,455	0.00%	0
11	Total Property CIAC	158,122		0	158,122		0	158,122		0
12	Total Water CIAC	614,919		0	663,927		0	703,137		0
SEWER										
Cash CIAC:										
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	0	0.00%	0
17	Total Cash CIAC	0		0	0		0	0		0
Property CIAC:										
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	Total Property CIAC	0		0	0		0	0		0
28	Total Sewer CIAC	0		0	0		0	0		0

Schedule of Accumulated Amortization of CIAC by Classification

Test Year Average Balance

Silver Lake Est/Western Shores
Docket No. 060368-WS

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: A-14 Revision 2

Page: 1 of 5

Preparer: Robert M. Griffin

Explanation: Provide the average Accumulated Amortization of CIAC balances by classification and Non-Used & useful calculations.

If a projected year is employed, provide breakdown for test year, base year and intermediate year also.

City of San Jose Water and Sewer Rates, Base Year and Intermediate Year Data										
Line No.	(1) Description	(2) Historical Base Year 2005			(5) Intermediate Year 2006			(8) Projected rate Year 2007		
		Adjusted Balance	(3) Non-Used & Useful %	(4) Amount	Adjusted Balance	(6) Non-Used & Useful %	(7) Amount	Adjusted Balance	(9) Non-Used & Useful %	(10) Amount
WATER										
	Cash									
1	Water Treatment Equipment	78,148	0.00%	0	86,338	0.00%	0	95,428	0.00%	0
2	Meter Fees	(18,524)	0.00%	0	(16,649)	0.00%	0	(14,596)	0.00%	0
3	Main Extension Charge	6,041	0.00%	0	7,586	0.00%	0	9,711	0.00%	0
4	Service Installation Fees	52,838	0.00%	0	56,419	0.00%	0	60,122	0.00%	0
5	Total Cash	118,503		0	133,693		0	150,665		0
	Property									
6	Dist Reservoirs & Standpipes	0	0.00%	0	0	0.00%	0	0	0.00%	0
7	T&D Mains	89,182	0.00%	0	92,644	0.00%	0	96,011	0.00%	0
8	Services	1,399	0.00%	0	1,642	0.00%	0	1,805	0.00%	0
9	Meters/Meter Installation	0	0.00%	0	0	0.00%	0	0	0.00%	0
10	Hydrants	1,013	0.00%	0	1,157	0.00%	0	1,300	0.00%	0
11	Total Property	91,595		0	95,444		0	99,116		0
12	Total Water	210,098		0	229,137		0	249,781		0
SEWER										
	Cash									
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
14	Other	0	0.00%	0	0	0.00%	0	0	0.00%	0
15	Main Extension Charge	0	0.00%	0	0	0.00%	0	0	0.00%	0
16	Service Installation Fees	0	0.00%	0	0	0.00%	0	0	0.00%	0
17	Total Cash	0		0	0		0	0		0
	Property									
18	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	Collection Sewers- Force	0	0.00%	0	0	0.00%	0	0	0.00%	0
20	Collection Sewers- Gravity	0	0.00%	0	0	0.00%	0	0	0.00%	0
21	Services to Customers	0	0.00%	0	0	0.00%	0	0	0.00%	0
22	Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0
23	Pumping Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	Reuse Services	0	0.00%	0	0	0.00%	0	0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	0	0	0.00%	0	0	0.00%	0
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	0	0	0.00%	0
27	Total Property	0		0	0		0	0		0
28	Total Sewer	0		0	0		0	0		0

Net Depreciation Expense - Water
Florida Public Service Commission
Silver Lake Est/Western Shores

Schedule: B-13 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) (6) (7) Depreciation Expense			(8) Used & Useful %	(9) Used & Useful Depreciation Expense
		(5) 2005 Per Books	(6) Utility Adjustments	(7) Adjusted Depreciation Expense		
1	INTANGIBLE PLANT					
2	301.1 Organization	0	0	0	100.00%	0
3	302.1 Franchises	0	248	248	100.00%	248
4	339.1 Other Plant & Misc. Equipment	0	0	0	100.00%	0
5	SOURCE OF SUPPLY & PUMPING PLANT					
6	303.2 Land & Land Rights	0	0	0	100.00%	0
7	304.2 Structures & Improvements	0	2,911	2,911	79.83%	2,324
8	305.2 Collect. & Impound Reservoirs	0	0	0	79.83%	0
9	306.2 Lake, River & Other Intakes	0	0	0	79.83%	0
10	307.2 Wells & Springs	0	921	921	79.83%	735
11	308.2 Infiltration Galleries & Tunnels	0	0	0	79.83%	0
12	309.2 Supply Mains	0	5,952	5,952	79.83%	4,751
13	310.2 Power Generation Equipment	0	5,231	5,231	79.83%	4,176
14	311.2 Pumping Equipment	0	17,685	17,685	79.83%	14,118
15	339.2 Other Plant & Misc. Equipment	0	0	0	79.83%	0
16	WATER TREATMENT PLANT					
17	303.3 Land & Land Rights	0	0	0	100.00%	0
18	304.3 Structures & Improvements	0	0	0	100.00%	0
19	311.3 Pumping Equipment	0	0	0	100.00%	0
20	320.3 Water Treatment Equipment	0	6,695	6,695	100.00%	6,695
21	339.3 Other Plant & Misc. Equipment	0	0	0	100.00%	0
22	TRANSMISSION & DISTRIBUTION PLANT					
23	303.4 Land & Land Rights	0	0	0	100.00%	0
24	304.4 Structures & Improvements	0	0	0	100.00%	0
25	311.4 Pumping Equipment	0	119	119	100.00%	119
26	330.4 Distr. Reservoirs & Standpipes	0	1,369	1,369	100.00%	1,369
27	331.4 Transm. & Distribution Mains	0	18,539	18,539	100.00%	18,539
28	333.4 Services	0	0	0	100.00%	0
29	334.4 Meters & Meter Installations	0	4,593	4,593	100.00%	4,593
30	335.4 Hydrants	0	0	0	100.00%	0
31	336.4 Backflow Prevention	0	0	0	100.00%	0
32	339.4 Other Plant & Misc. Equipment	0	0	0	100.00%	0
33	GENERAL PLANT					
34	303.5 Land & Land Rights	0	0	0	100.00%	0
35	304.5 Structures & Improvements	0	0	0	100.00%	0
36	340.5 Office Furniture & Equipment	0	0	0	100.00%	0
37	340.51 Computer Equipment	0	627	627	100.00%	627
38	341.5 Transportation Equipment	0	0	0	100.00%	0
39	342.5 Stores Equipment	0	0	0	100.00%	0
40	343.5 Tools, Shop & Garage Equipment	0	0	0	100.00%	0
41	344.5 Laboratory Equipment	0	0	0	100.00%	0
42	345.5 Power Operated Equipment	0	0	0	100.00%	0
43	346.5 Communication Equipment	0	830	830	100.00%	830
44	347.5 Miscellaneous Equipment	0	0	0	100.00%	0
45	348.5 Other Tangible Plant	0	0	0	100.00%	0
46	TOTAL DEPRECIATION EXPENSE	0	65,718	65,718		59,122
	Composite U&U Rate				89.96%	
47	(LESS) AMORTIZATION OF CIAC	0	(18,326)	(18,326)		(16,486)
48	NET DEPRECIATION EXPENSE - WATER	0	47,392	47,392		42,636
49	Net Depr Expense Used & Useful	0				

Net Depreciation Expense - Sewer

Florida Public Service Commission

Silver Lake Est/Western Shores

Schedule: B-14 Revision 2

Docket No. 060368-WS

Page: 1 of 3

Schedule Year Ended: 12/31/2005

Preparer: Jack Schreyer

Historical [X] Projected []

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(5) Depreciation Expense			(8)	(9)
		2005 Per Books	Utility Adjustments	Adjusted Depreciation Expense	Used & Useful %	Used & Useful Depreciation Expense
1	INTANGIBLE PLANT					
2	351.1 Organization	NA	NA	NA	100.00%	NA
3	352.1 Franchises	NA	NA	NA	100.00%	NA
4	389.1 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
5	COLLECTION PLANT					
6	353.2 Land & Land Rights	NA	NA	NA	100.00%	NA
7	354.2 Structures & Improvements	NA	NA	NA	100.00%	NA
8	355.2 Power Generation Equipment	NA	NA	NA	100.00%	NA
9	360.2 Collection Sewers - Force	NA	NA	NA	100.00%	NA
10	361.2 Collection Sewers - Gravity	NA	NA	NA	100.00%	NA
11	362.2 Special Collecting Structures	NA	NA	NA	100.00%	NA
12	363.2 Services to Customers	NA	NA	NA	100.00%	NA
13	364.2 Flow Measuring Devices	NA	NA	NA	100.00%	NA
14	365.2 Flow Measuring Installations	NA	NA	NA	100.00%	NA
15	389.2 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
16	SYSTEM PUMPING PLANT					
17	353.3 Land & Land Rights	NA	NA	NA	100.00%	NA
18	354.3 Structures & Improvements	NA	NA	NA	100.00%	NA
19	355.3 Power Generation Equipment	NA	NA	NA	100.00%	NA
20	370.3 Receiving Wells	NA	NA	NA	100.00%	NA
21	371.3 Pumping Equipment	NA	NA	NA	100.00%	NA
22	389.3 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
23	TREATMENT AND DISPOSAL PLANT					
24	353.4 Land & Land Rights	NA	NA	NA	100.00%	NA
25	354.4 Structures & Improvements	NA	NA	NA	100.00%	NA
26	355.4 Power Generation Equipment	NA	NA	NA	100.00%	NA
27	380.4 Treatment & Disposal Equipment	NA	NA	NA	100.00%	NA
28	381.4 Plant Sewers	NA	NA	NA	100.00%	NA
29	382.4 Outfall Sewer Lines	NA	NA	NA	100.00%	NA
30	389.4 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
31	RECLAIMED WATER TREATMENT PLANT					
32	353.5 Land & Land Rights	NA	NA	NA	100.00%	NA
33	354.5 Structures & Improvements	NA	NA	NA	100.00%	NA
34	355.5 Power Generation Equipment	NA	NA	NA	100.00%	NA
35	371.5 Pumping Equipment	NA	NA	NA	100.00%	NA
36	374.5 Reuse Distribution Reservoirs	NA	NA	NA	100.00%	NA
37	380.5 Treatment & Disposal Equipment	NA	NA	NA	100.00%	NA
38	381.5 Plant Sewers	NA	NA	NA	100.00%	NA
39	389.5 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
40	RECLAIMED WATER DISTRIBUTION PLANT					
41	352.6 Franchises	NA	NA	NA	100.00%	NA
42	353.6 Land & Land Rights	NA	NA	NA	100.00%	NA
43	354.6 Structures & Improvements	NA	NA	NA	100.00%	NA
44	355.6 Power Generation Equipment	NA	NA	NA	100.00%	NA
45	366.6 Reuse Services	NA	NA	NA	100.00%	NA
46	367.6 Reuse Meters & Meter Installations	NA	NA	NA	100.00%	NA
47	371.6 Pumping Equipment	NA	NA	NA	100.00%	NA
48	375.6 Reuse Transmission & Distr. Sys.	NA	NA	NA	100.00%	NA
49	389.6 Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
50	GENERAL PLANT					
51	353.7 Land & Land Rights	NA	NA	NA	100.00%	NA
52	354.7 Structures & Improvements	NA	NA	NA	100.00%	NA
53	390.7 Office Furniture & Equipment	NA	NA	NA	100.00%	NA
54	390.71 Computer Equipment	NA	NA	NA	100.00%	NA
55	391.7 Transportation Equipment	NA	NA	NA	100.00%	NA
56	392.7 Stores Equipment	NA	NA	NA	100.00%	NA
57	393.7 Tools, Shop & Garage Equipment	NA	NA	NA	100.00%	NA
58	394.7 Laboratory Equipment	NA	NA	NA	100.00%	NA
59	395.7 Power Operated Equipment	NA	NA	NA	100.00%	NA
60	396.7 Communication Equipment	NA	NA	NA	100.00%	NA
61	397.7 Miscellaneous Equipment	NA	NA	NA	100.00%	NA
62	398.7 Other Tangible Plant	NA	NA	NA	100.00%	NA
63	TOTAL DEPRECIATION EXPENSE	NA	NA	NA		NA
64	Composite NU&U Rate (LESS) AMORTIZATION OF CIAC	NA	NA	NA	NA	NA
65	NET DEPRECIATION EXPENSE - SEWER	NA	NA	NA		NA
66	Net Depr Expense Used & Useful	NA				

Taxes Other Than Income

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Historical 2005; Intermed. 2006; Projected 2007

Schedule: B-15 Revision 2

Page: 1 of 1

Preparer: Jack Schreyer

Explanation: Complete the following schedule of all taxes other than income.

For all allocations, provide description of allocation and calculations.

Line No.	(1) Description	(2) Regulatory Assessment Fees (RAFs) 4.50%	(3) Payroll Taxes 8.28%	(4) Real Estate & Personal Property on U&U	(5) Other	(6) Total	(7) Supporting Schedules
Water							
1	Test Year (2005) Per Books	20,706	5,041	20,698		46,445	E-2w, B-5, A-5
2	Adjustments to Test Year (Explain)						
3	Payroll Tax Adjustment		0			0	B-5
4	Non-U&U Adjustment @ 7.98%			(1,652)		(1,652)	
5	Total Test Year Adjustments	0	0	(1,652)	0	(1,652)	
6	Adjusted Test Year (2005)	20,706	5,041	19,046	0	44,793	
7	Adjustments to Intermed. Year (Explain)						
8	RAF Adjustment	781				781	E-13
9	Payroll Tax Adjustment		(851)			(851)	B-5
10	Plant in Service Adjustment			(1,748)		(1,748)	A-5
11	Non-U&U Adjustment @ 0.00%			0		0	
12	Total 2006 Adjustments	781	(851)	(1,748)	0	(1,819)	
13	Adjusted Intermed. Year (2006)	21,486	4,190	17,298	0	42,975	
14	Adjustments to Projected Rate Year (Explain)						
15	RAF Adjustment	306				306	E-13
16	Payroll Tax Adjustment		2,241			2,241	B-5
17	Plant in Service Adjustment			2,744		2,744	A-5
18	Non-U&U Adjustment @ 0.00%			0		0	
19	Total 2007 Adjustments	306	2,241	2,744	0	5,291	
20	Adjusted Projected Rate Year (2007)	21,792	6,431	20,043	0	48,266	
21	RAFs Assoc. with Revenue Increase	11,478				11,478	B-3
22	Total Projected Rate Year (2007)	33,270	6,431	20,043	0	59,744	
Sewer							
23	Test Year (2005) Per Books	NA	NA	NA		NA	E-2s, B-6, A-6
24	Adjustments to Test Year (Explain)						
25	Payroll Tax Adjustment		NA			NA	B-6
26	Non-U&U Adjustment @ NA			NA		NA	
27	Total Test Year Adjustments	NA	NA	NA	NA	NA	
28	Adjusted Test Year (2005)	NA	NA	NA	NA	NA	
29	Adjustments to Intermed. Year (Explain)						
30	RAF Adjustment	NA				NA	E-2
31	Payroll Tax Adjustment		NA			NA	B-6
32	Plant in Service Adjustment			NA		NA	A-6
33	Non-U&U Adjustment @ NA			NA		NA	
34	Total 2006 Adjustments	NA	NA	NA	NA	NA	
35	Adjusted Intermed. Year (2006)	NA	NA	NA	NA	NA	
36	Adjustments to Projected Rate Year (Explain)						
37	RAF Adjustment	NA				NA	E-2
38	Payroll Tax Adjustment		NA			NA	B-6
39	Plant in Service Adjustment			NA		NA	A-6
40	Non-U&U Adjustment @ NA			NA		NA	
41	Total 2007 Adjustments	NA	NA	NA	NA	NA	
42	Adjusted Projected Rate Year (2007)	NA	NA	NA	NA	NA	
43	RAFs Assoc. with Revenue Increase	NA				NA	B-3
43	Total Projected Rate Year (2007)	NA	NA	NA	NA	NA	

Recap Schedules: B-1, B-2

Payroll taxes: FICA=7.65, Fed & State Unemployment=0.41%

**Used and Useful Calculations
Water Treatment Plant**

Silver Lake Est/Western Shores
Docket No. 060368-WS
 Schedule Year Ended December 31 of:
 Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: F-5 Revision 2
 Page: 1 of 1
 Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
WELLS															
Line No.	Storage	Max Day (gpm)	Peak Hour, MD X 2 (gpm)	Excess Unaccounted for Water (gpm)	MD less Excess Unaccounted for Water (gpm)	PH less Excess Unaccounted for Water (gpm)	Interim Margin Reserve Ratio	Demand (gpm)	Maximum Supply Well (gpm)	Total Well Capacity (gpm)	Remaining Well Capacity (gpm)	Wells Interim U&U Calculated	Wells Interim U&U Used	Wells Permanent* U & U	Wells Note
1	yes	1,527.78	-	12.25	1,515.53	-	1.07	1,616.52	1,425	3,450	2,025	79.83%	79.83%	100.00%	Three Wells

* This system is fully developed as planned. Accordingly, all facilities and assets are considered 100% Used and Useful.

HIGH SERVICE PUMPS

Line No.	Max Day (gpm)	Interim Margin Reserve Ratio	Fire Flow (gpm)	Interim Max Day Plus Fire Demand (gpm)	Interim Peak Hour Demand (gpm)	Greater Demand	Maximum High Service Pump (gpm)	Total Capacity High Service Pump (gpm)	Reliable Capacity High Service Pump (gpm)	Interim High Service U&U Calculated	Interim High Service U&U Used	Permanent* High Service U&U Used
2	1,527.78	1.07	500.00	2,130	3,056	3,056	950	2,850	1,900	160.82%	100.00%	100.00%

*

STORAGE

Line No.	Average 5 Max Day Demand	Peak Hour A5MDD X 2	Reliable Storage	Interim Storage U&U Calculated	Interim Storage U&U Used	Permanent Storage U&U Used
3	1,460,390	2,920,780	58,500	4992.79%	100.00%	100.00%

Used and Useful Calculations
Sewer Treatment Plant

Silver Lake Est/Western Shores
Docket No. 060368-WS

Schedule Year Ended December 31 of:
 Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule: F-6 Revision 2
 Page: 1 of 1
 Preparer: John F. Guastella

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the sewer treatment plant(s) for the historical test year and the projected test year (if applicable).

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Line No.	Average Daily Flow in Max Month (GPD)	I&I Demand Adjustmnt	Interim Margin Reserve Ratio	Permanent Margin Reserve Ratio	Interim Average Daily Flow in Max Month (GPD)	Permanent Average Daily Flow in Max Month (GPD)	Treatment Plant Capacity (GPD)	Interim Treatment U&U Calculated	Interim Treatment U&U Used	Permanent Treatment U&U Calculated	Permanent Treatment U&U Used	Effluent Disposal Capacity (GPD)	Interim Effluent Disposal U&U Calculated	Interim Effluent Disposal U&U Used	Permanent Effluent Disposal U&U Calculated	Permanent Effluent Disposal U&U Used
1						NA										

Inflow and Infiltration Calculations

Line No.	Sold (GPD)	85% of Sold (GPD)	Treated (GPD)	I&I Pct	I&I Pct Over 15%	Demand Adjustment (GPD)
2						

Composite Treatment & Effluent

Composite Interim Treatment & Effluent U&U	Composite Permanent Treatment & Effluent U&U

Used and Useful Calculations
Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Silver Lake Est/Western Shores
Docket No. 060368-WS

Schedule: F-7 Revision 2
Page: 1 of 1
Preparer: John F. Guastella

Schedule Year Ended December 31 of:
Historical 2005, Projected 2006 & 2007

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water distribution and wastewater collection systems for the historical test year and the projected test year (if applicable). The capacity should be in terms of ability to serve a designated number of connections. It should then be related to actual connected density for historical year calculations. Explain all assumptions for projected calculations. If the distribution and collection systems are entirely contributed or built-out, this schedule is not required.

Line No.	(1) Base ERCs 2005	(2) Trended ERCs 2010	(3) Trended ERCs 2012	(4) Total Lots	(5) Interim U&U as Calculated	(6) Interim U&U Used	(7) Permanent U&U as Calculated	(8) Permanent U&U Used
Water								
1	1,854.5	1,976.8	2,026.2	1,837	107.64%	100.00%	110.33%	100.00%

This system is fully developed as planned. Accordingly, all facilities and assets are considered 100% Used and Useful.

Sewer
2

NA

Aqua Utilities Florida Inc.
Docket No. 060368-WS
Accounting Deficiencies – Second Set
March 26, 2007

Deficiency No. 2

Schedule F-5, Used and Useful calculations for the water treatment plant(s). This is for all systems with water treatment plant(s).

The instructions for this schedule require the utility to provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s).

- **For Piney Woods in Lake County – the Schedule F-5 indicates there is one well. However, there are two wells for this system. This is verified by the map, which shows the existence of two wells. The data for Spring Lake Manor is missing.**
- **For Silver Lake Estates/Western Shores in Lake County – the Schedule F-5 indicates there is one well. However, there are three wells for this system. This is verified by the map, which shows the existence of three wells. The sanitary survey indicates there are two wells at Silver Lake and one well at Western Shores. The data for all three wells is missing.**

Response:

See attached revised F-5 schedules and amended schedules resulting from Schedule F-5 changes.

Aqua Utilities Florida Inc.
Docket No. 060368-WS
Accounting Deficiencies – Second Set
March 26, 2007

Deficiency No. 4

Rule 25-30.440(4), F.A.C., requires the utility to provide all water and wastewater operating reports for the test year and the year preceding the test year.

- a. The applicant did not provide any water or wastewater operating reports for the following systems:
 - **Leisure Lakes in Highland County;**
 - **Holiday Haven in Lake County – no water MOR;**
 - **Valencia Terrace in Lake County – no wastewater DMR for May, 2004;**
 - **Valencia Village in Lake County – wastewater DMR for April, 2004 missing flow data.****
- b. The applicant did not provide water operating reports for January through May, 2005 for Lake Josephine in Highlands County.**
- c. The applicant did not provide water operating reports for January through June, 2005 for Sebring Lakes in Highlands County.**
- d. The applicant did not provide wastewater operating reports for May, 2005 for Morningview in Lake County.**
- e. The applicant did not provide water operating reports for January through December, 2004 or January through August, 2005 for Sebring Lake Manor in Lake County.**
- f. The applicant did not provide water operating reports for October, 2004 for Skycrest in Lake County.**
- g. The applicant did not provide any wastewater operating reports for Village Water in Polk County.**

Response:

The applicable operating reports are attached hereto.

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4A

Venetian Village

DMR for April, 2004

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2004

A. Public Water System (PWS) Information

PWS Name: Venetian Village		PWS Identification Number: 3351426	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 144		Total Population Served at End of Month: 502	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
Contact Person's Telephone Number: (407) 598-4199		Contact Person's Fax Number: (407) 598-4217	
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Taveres	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 344,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Adam Michaelson		Trainee	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date 5/7/2004 0:00

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351426 Plant Name: Venetian Village

III. Daily Data for the Month/Year of: April, 2004

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm		
1	X	24.0	24,000		1.5	{							1.1	
2	X	24.0	32,000		1.5								1.1	
3		24.0	32,300		1.5									
4		24.0	39,600											
5	X	24.0	39,600		1.5								1.1	
6	X	24.0	34,000		1.4								1.0	
7	X	24.0	28,700		1.4								1.1	
8	X	24.0	26,100		1.4								1.1	
9	X	24.0	44,600		1.5								1.1	
10	X	24.0	54,600		1.7									
11		24.0	50,700											
12	X	24.0	50,700		1.5								1.1	
13	X	24.0	48,600		1.5								1.1	
14	X	24.0	31,700		1.4								1.0	
15	X	24.0	48,500		1.4								1.0	
16	X	24.0	36,700		1.5								1.1	
17	X	24.0	22,600		1.5									
18		24.0	40,650											
19	X	24.0	40,650		1.4								1.0	
20	X	24.0	33,000		1.6								1.0	
21	X	24.0	23,900		1.5								1.1	
22	X	24.0	43,700		1.5								1.1	
23	X	24.0	42,200		1.5								1.1	
24	X	24.0	31,800		1.7									
25		24.0	43,050											
26	X	24.0	43,050		1.7								1.3	
27	X	24.0	29,400		1.5								1.2	
28	X	24.0	27,000		1.8								1.5	
29	X	24.0	29,400		1.7								1.3	
30	X	24.0	32,300		1.7								1.2	
Total			1,105,100											
Average			36,837											
Minimum			54,600											

* Refer to the instructions for this report to determine which plants must provide this information.

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4A

Valencia Terrace

DMR for May, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

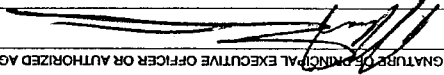
PERMITTEE NAME: Florida Water Services
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520
 FACILITY: Valencia Terrace WWTF
 LOCATION: Black Bass Circle and Piccola Cut-Off
 Fruitland Park, FL
 COUNTY: Lake
 PERMIT NUMBER: FLA010599
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001 and Influent
 REPORT: Monthly
 GROUP: Domestic

MONITORING PERIOD-From: 05/01/04 To: 05/31/04

NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	PARM Code 50050 Mon Site No. EFF-1 Y	0.036	mgd				6 Days/week	Flow Meter
	Permit Measurement	0.08 (M-Avg)	mgd				6 Days/week	Flow Meter
Flow	PARM Code 50050 Mon Site No. EFF-1 I	0.035	mgd				6 Days/week	Flow Meter
	Sample Measurement		mgd				6 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon Site No. EFA-1 Y						Monthly	Grab
	Sample Measurement						Monthly	Grab
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon Site No. EFA-1 I						Monthly	Grab
	Sample Measurement						Monthly	Grab
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon Site No. EFA-1 Y						Monthly	Grab
	Sample Measurement						Monthly	Grab
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Mon Site No. EFA-1 I						Monthly	Grab
	Sample Measurement						Monthly	Grab
Solids, Total Suspended	PARM Code 00530 Y						Monthly	Grab
	Sample Measurement						Monthly	Grab
Solids, Total Suspended	PARM Code 00530 Y						Monthly	Grab
	Sample Measurement						Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		352-787-0980	04/06/22

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

E RESULTS - PART B

Permit Number: FLA010599

Facility: Valencia Terrace WWTF

WWTF Three-month Average Daily Flow 0.038

MONITORING PERIOD-From: 05/01/04

To: 05/31/04

(TMADF/Permitted Capacity)x100: 48%

	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)				
Code	50050	80082	00530	00400	74055	50060	620				
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.042					2.2					
2	0.030										
3	0.030			7.6							
4	0.034			7.7		2.2					
5	0.043			7.7		2.2					
6	0.016			7.6		2.2					
7	0.035			7.7		2.2					
8	0.031					2.2					
9	0.038										
10	0.038			7.6		2.2					
11	0.032			7.6		2.2					
12	0.032			7.5		2.2					
13	0.034	12.0	6.0	7.6	1U	2.2	0.28				
14	0.034			7.5		2.2					
15	0.025					2.2					
16	0.040										
17	0.040			7.4		2.2					
18	0.043			7.5		2.2					
19	0.025			7.6		2.2					
20	0.040			7.5		2.2					
21	0.038			7.6		2.2					
22	0.024					2.2					
23	0.038										
24	0.038			7.5		2.2					
25	0.042			7.8		2.2					
26	0.034			7.8		2.2					
27	0.038			7.6		2.2					
28	0.036			7.5		2.2					
29	0.047					2.2					
30	0.038										
31	0.038			7.7		2.2					

PLANT STAFFING:

Day Shift Operator	Class: C	Certification No.: 7522	Name: Brian Heath
Day Shift Operator	Class: C	Certification No.: 13614	Name: Adam Michaelson
Day Shift Operator	Class: B	Certification No.: 7243	Name: John Worrell
Lead Operator	Class: B	Certification No.: 7113	Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☒ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4A

Holiday Haven

Operating Reports – 2004 & 2005



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: December, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: December, 2006	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		17		
2			18	2.8	
3			19		
4	2.8		20		
5			21	3.0	
6			22		
7	2.8		23		
8			24		
9			25		
10			26	3.0	
11	2.8		27		
12			28		
13			29	2.4	
14			30		
15	3.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name _____	A7251 License Number or Title _____
--------------------------	--	--

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: December, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	35277	GALS.	864708	GALS.							
1	35395	11,800	869702	49,940	61,740	2.8					
2	0	5,200	0	12,287	17,487						
3	0	5,200	0	12,287	17,487						
4	35551	5,200	873388	12,287	17,487	2.8					
5	0	3,333	0	11,830	15,163						
6	0	3,333	0	11,830	15,163						
7	35651	3,333	876937	11,830	15,163	2.8					
8	0	4,075	0	11,957	16,032						
9	0	4,075	0	11,957	16,032						
10	0	4,075	0	11,958	16,033						
11	35814	4,075	881720	11,958	16,033	2.8					
12	0	3,050	0	13,417	16,467						
13	0	3,050	0	13,417	16,467						
14	0	3,050	0	13,418	16,468						
15	35936	3,050	887087	13,418	16,468	3.0					
16	0	6,500	0	12,373	18,873						
17	0	6,500	0	12,373	18,873						
18	36131	6,500	890799	12,373	18,873	2.8					
19	0	4,100	0	13,213	17,313						
20	0	4,100	0	13,213	17,313						
21	36254	4,100	894763	13,213	17,313	3.0					
22	0	4,540	0	11,776	16,316						
23	0	4,540	0	11,776	16,316						
24	0	4,540	0	11,776	16,316						
25	0	4,540	0	11,776	16,316						
26	36481	4,540	900651	11,776	16,316	3.0					
27	0	4,533	0	12,550	17,083						
28	0	4,533	0	12,550	17,083						
29	36617	4,533	904416	12,550	17,083	2.4					
30	0	5,167	0	12,420	17,587						
31	0	5,167	0	12,420	17,587						
1	36772	0	908142	0	0						
2		0		0	0						
TOTAL		144,333		421,920	566,253	25.4		0.0			
AVERAGE		4,656		13,610	18,266	2.8		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		November, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:			November, 2006		
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.6		17		
2			18		
3	2.5		19		
4			20	2.2	
5			21		
6	2.2		22		
7			23	2.5	
8			24		
9	2.4		25		
10			26		
11			27	2.8	
12			28		
13	2.5		29		
14			30		
15			31		
16	2.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: November, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	33959	GALS.	829276	GALS.							
1	34019	6,000	831610	23,340	29,340	2.6					
2	0	4,050	0	13,600	17,650						
3	34100	4,050	834330	13,600	17,650	2.5					
4	0	5,333	0	12,323	17,657						
5	0	5,333	0	12,323	17,657						
6	34260	5,333	838027	12,323	17,657	2.2					
7	0	3,133	0	12,327	15,460						
8	0	3,133	0	12,327	15,460						
9	34354	3,133	841725	12,327	15,460	2.4					
10	0	5,000	0	12,910	17,910						
11	0	5,000	0	12,910	17,910						
12	0	5,000	0	12,910	17,910						
13	34554	5,000	846889	12,910	17,910	2.5					
14	0	3,600	0	12,293	15,893						
15	0	3,600	0	12,293	15,893						
16	34662	3,600	850577	12,293	15,893	2.4					
17	0	6,225	0	13,325	19,550						
18	0	6,225	0	13,325	19,550						
19	0	6,225	0	13,325	19,550						
20	34911	6,225	855907	13,325	19,550	2.2					
21	0	3,700	0	12,493	16,193						
22	0	3,700	0	12,493	16,193						
23	35022	3,700	859655	12,493	16,193	2.5					
24	0	5,125	0	12,632	17,757						
25	0	5,125	0	12,632	17,757						
26	0	5,125	0	12,633	17,758						
27	35277	5,125	864708	12,633	17,758	2.8					
28	0	3,933	0	16,646	20,579						
29	0	3,933	0	16,646	20,579						
30	0	3,933	0	16,646	20,579						
31	0	0	0	0	0						
1	35395	0	869702	0	0						
2		0		0	0						
AVERAGE		138,599		404,258	542,857	22.1		0.0			
		4,471		13,041	17,512	2.5		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		October, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		October, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	2.0		18		
3			19	2.6	
4			20		
5	2.3		21		
6			22		
7			23	2.5	
8			24		
9	2.1		25		
10			26	2.2	
11			27		
12	0.8		28		
13			29		
14			30	2.6	
15			31		
16	2.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------	--	----------------------------------

PLANT NAME: Holiday Haven

PLANT NO: 573

REPORTING MONTH: October, 2006

DAY	INTERCONNECT MASTER METER						CL2 RT	DISTRIBUTION BACTS	Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING		GALS.	5/8" READING		TOTAL FLOW					
	32260	(00)		790955	GALS.						
PREV											
1		0	11,650	0	22,385	34,035					
2		32493	11,650	795432	22,385	34,035	2.0				
3		0	3,467	0	11,737	15,203					
4		0	3,467	0	11,737	15,203					
5		32597	3,467	798953	11,737	15,203	2.3				
6		0	4,975	0	12,767	17,742					
7		0	4,975	0	12,767	17,742					
8		0	4,975	0	12,768	17,743					
9		32796	4,975	804060	12,768	17,743	2.1				
10		0	5,433	0	11,373	16,807					
11		0	5,433	0	11,373	16,807					
12		32959	5,433	807472	11,373	16,807	0.8				
13		0	5,900	0	12,052	17,952					
14		0	5,900	0	12,052	17,952					
15		0	5,900	0	12,053	17,953					
16		33195	5,900	812293	12,053	17,953	2.6				
17		0	2,967	0	11,127	14,093					
18		0	2,967	0	11,127	14,093					
19		33284	2,967	815631	11,127	14,093	2.6				
20		0	3,275	0	12,487	15,762					
21		0	3,275	0	12,487	15,762					
22		0	3,275	0	12,488	15,763					
23		33415	3,275	820626	12,488	15,763	2.5				
24		0	12,600	0	12,587	25,187					
25		0	12,600	0	12,587	25,187					
26		33793	12,600	824402	12,587	25,187	2.2				
27		0	4,150	0	12,117	16,267					
28		0	4,150	0	12,117	16,267					
29		0	4,150	0	12,118	16,268					
30		33954	4,150	829276	12,118	16,268	2.6				
31		0	3,250	0	11,670	14,920					
1		34019	3,250	831610	11,670	14,920					
2		0	0		0	0					
TOTAL		173,150		394,610	567,760	19.7					
AVERAGE		5,585		12,729	18,315	2.2					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: September, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aguaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: September, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	2.4	
3			19		
4	2.1		20		
5			21	2.4	
6			22		
7	2.4		23		
8			24		
9			25	2.0	
10			26		
11	2.4		27		
12			28	2.3	
13			29		
14	2.5		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: September, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	30317	GALS.	756726	GALS.							
1	0	5,250	0	12,052	17,302						
2	0	5,250	0	12,052	17,302						
3	0	5,250	0	12,053	17,303						
4	30527	5,250	761547	12,053	17,303	2.1					
5	0	5,633	0	12,793	18,427						
6	0	5,633	0	12,793	18,427						
7	30696	5,633	765385	12,793	18,427	2.4					
8	0	5,400	0	12,297	17,697						
9	0	5,400	0	12,297	17,697						
10	0	5,400	0	12,298	17,698						
11	30912	5,400	770304	12,298	17,698	2.4					
12	0	13,600	0	13,500	27,100						
13	0	13,600	0	13,500	27,100						
14	31320	13,600	774354	13,500	27,100	2.5					
15	0	10,075	0	12,470	22,545						
16	0	10,075	0	12,470	22,545						
17	0	10,075	0	12,470	22,545						
18	31723	10,075	779342	12,470	22,545	2.4					
19	0	5,633	0	11,843	17,477						
20	0	5,633	0	11,843	17,477						
21	31892	5,633	782895	11,843	17,477	2.4					
22	0	5,325	0	11,827	17,152						
23	0	5,325	0	11,827	17,152						
24	0	5,325	0	11,828	17,153						
25	32105	5,325	787626	11,828	17,153	2.0					
26	0	5,167	0	11,097	16,263						
27	0	5,167	0	11,097	16,263						
28	32260	5,167	790955	11,097	16,263	2.3					
29	0	5,825	0	11,192	17,017						
30	0	5,825	0	11,192	17,017						
31	0	0	0	0	0						
1		0		0	0						
2	32493	0	795432	0	0						
TOTAL		205,950		364,674	570,624	18.5		0.0			
AVERAGE		6,644		11,764	18,407	2.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		August, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		August, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0	Main Break	17	2.2	
2	2.4		18		
3			19		
4	2.7		20		
5			21	2.4	
6			22	2.2	
7	2.4		23		
8			24	2.5	
9			25		
10	2.2		26		
11			27		
12			28	2.2	
13			29		
14	2.4		30		
15			31	2.4	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
-----------------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: August, 2006

Page 1 of 1

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	24428	GALS.	714629	GALS.							
1	26407	197,900	718726	40,970	238,870	2.0			Main Break		
2	27025	61,800	718726	0	61,800	2.4					
3	0	17,850	0	18,905	36,755						
4	27382	17,850	722507	18,905	36,755	2.7					
5	0	8,833	0	11,847	20,680						
6	0	8,833	0	11,847	20,680						
7	27647	8,833	726061	11,847	20,680	2.4					
8	0	8,833	0	13,127	21,960						
9	0	8,833	0	13,127	21,960						
10	27912	8,833	729999	13,127	21,960	2.2					
11	0	10,850	0	13,030	23,880						
12	0	10,850	0	13,030	23,880						
13	0	10,850	0	13,030	23,880						
14	28346	10,850	735211	13,030	23,880	2.4					
15	0	7,833	0	12,137	19,970						
16	0	7,833	0	12,137	19,970						
17	28581	7,833	738852	12,137	19,970	2.2					
18	0	18,950	0	24,762	43,712						
19	0	18,950	0	24,762	43,712						
20	0	18,950	0	24,763	43,713						
21	29339	18,950	743757	24,763	43,713	2.4					
22	29439	10,000	745085	13,280	23,280	2.2					
23	0	7,450	0	11,790	19,240						
24	29588	7,450	747443	11,790	19,240	2.5					
25	0	12,250	0	13,492	25,742						
26	0	12,250	0	13,492	25,742						
27	0	12,250	0	13,493	25,743						
28	30078	12,250	752890	13,493	25,743	2.2					
29	0	7,967	0	12,787	20,753						
30	0	7,967	0	12,787	20,753						
31	30317	7,967	756726	12,787	20,753	2.4					
1		0		0	0						
2		0		0	0						
TOTAL		588,900		470,470	1,059,370	28.0		0.0			
AVERAGE		18,997		15,176	34,173	2.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		July, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		July, 2006			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.2	
2			18		
3	2.4		19		
4			20	2.4	
5			21		
6	2.6		22		
7			23		
8			24		
9			25	2.0	
10			26		
11	2.4		27		
12			28	2.2	
13			29		
14	2.5		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: July, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	22581	GALS.	677694	GALS.							
1	0	7,733	0	16,767	24,500						
2	0	7,733	0	16,767	24,500						
3	22813	7,733	682724	16,767	24,500	2.4					
4	0	7,033	0	12,300	19,333						
5	0	7,033	0	12,300	19,333						
6	23024	7,033	686414	12,300	19,333	2.6					
7	0	6,960	0	13,290	20,250						
8	0	6,960	0	13,290	20,250						
9	0	6,960	0	13,290	20,250						
10	0	6,960	0	13,290	20,250						
11	23372	6,960	693059	13,290	20,250	2.4					
12	0	5,000	0	13,323	18,323						
13	0	5,000	0	13,323	18,323						
14	23522	5,000	697056	13,323	18,323	2.5					
15	0	9,433	0	12,703	22,137						
16	0	9,433	0	12,703	22,137						
17	23805	9,433	700867	12,703	22,137	2.2					
18	0	5,000	0	15,467	20,467						
19	0	5,000	0	15,467	20,467						
20	23955	5,000	705507	15,467	20,467	2.4					
21	0	6,740	0	10,398	17,138						
22	0	6,740	0	10,398	17,138						
23	0	6,740	0	10,398	17,138						
24	0	6,740	0	10,398	17,138						
25	24292	6,740	710706	10,398	17,138	2.0					
26	0	4,533	0	13,077	17,610						
27	0	4,533	0	13,077	17,610						
28	24428	4,533	714629	13,077	17,610	2.2					
29	0	49,475	0	10,242	59,717						
30	0	49,475	0	10,242	59,717						
31	0	49,475	0	10,243	59,718						
1	26407	0	718726	0	0						
2		0		0	0						
TOTAL		333,125		400,077	733,202	18.7		0.0			
AVERAGE		10,746		12,906	23,652	2.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		June, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		June, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.5		17		
2			18		
3			19	2.5	
4			20		
5	2.6		21		
6			22	2.5	
7			23		
8	2.8		24		
9			25		
10			26	2.8	
11			27		
12	2.6		28		
13			29	2.5	
14			30		
15	2.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: June, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW'		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	20315	GALS.	638637	GALS.							
1	20576	26,100	642466	38,290	64,390	2.5					
2	0	6,000	0	16,245	22,245						
3	0	6,000	0	16,245	22,245						
4	0	6,000	0	16,245	22,245						
5	20816	6,000	647064	16,245	22,245	2.6					
6	0	11,167	0	13,317	24,483						
7	0	11,167	0	13,317	24,483						
8	21151	11,167	651059	13,317	24,483	2.8					
9	0	12,850	0	26,705	39,555						
10	0	12,850	0	26,705	39,555						
11	0	12,850	0	26,705	39,555						
12	21665	12,850	656601	26,705	39,555	2.6					
13	0	5,567	0	11,977	17,543						
14	0	5,567	0	11,977	17,543						
15	21832	5,567	660194	11,977	17,543	2.4					
16	0	5,800	0	12,102	17,902						
17	0	5,800	0	12,102	17,902						
18	0	5,800	0	12,103	17,903						
19	22064	5,800	665035	12,103	17,903	2.5					
20	0	6,267	0	16,217	22,483						
21	0	6,267	0	16,217	22,483						
22	22252	6,267	669900	16,217	22,483	2.5					
23	0	5,425	0	12,750	18,175						
24	0	5,425	0	12,750	18,175						
25	0	5,425	0	12,750	18,175						
26	22467	5,425	675000	12,750	18,175	2.8					
27	0	3,800	0	8,813	12,613						
28	0	3,800	0	8,813	12,613						
29	22581	3,800	677644	8,813	12,613	2.5					
30	0	5,800	0	12,575	18,375						
1	0	0	0	0	0						
2		0		0	0						
3		0		0	0						
TOTAL		232,600		473,045	705,645	23.2		0.0			
AVERAGE		7,503		15,260	22,763	2.6		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		May, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		May, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17		
2	2.5		18	2.4	
3			19		
4	2.5		20		
5			21		
6			22	2.4	
7			23		
8	1.8		24		
9			25	2.1	
10			26		
11	1.5		27		
12			28		
13			29	2.4	
14			30		
15	1.3		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: May, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	18507	GALS.	599042	GALS.							
1	18677	5,667	603000	13,283	18,950	2.0					
2	0	5,100	0	13,180	18,280	2.5					
3	0	5,100	0	13,180	18,280						
4	18830	5,100	606954	13,180	18,280	2.5					
5	0	9,150	0	13,402	22,552						
6	0	9,150	0	13,402	22,552						
7	0	9,150	0	13,403	22,553						
8	19196	9,150	612315	13,403	22,553	1.8					
9	0	3,133	0	10,430	13,563						
10	0	3,133	0	10,430	13,563						
11	19290	3,133	615444	10,430	13,563	1.5					
12	0	4,325	0	12,692	17,017						
13	0	4,325	0	12,692	17,017						
14	0	4,325	0	12,693	17,018						
15	19463	4,325	621026	12,693	17,018	1.3					
16	0	3,833	0	12,850	16,683						
17	0	3,833	0	12,850	16,683						
18	19578	3,833	624881	12,850	16,683	2.4					
19	0	7,800	0	12,330	20,130						
20	0	7,800	0	12,330	20,130						
21	0	7,800	0	12,330	20,130						
22	19812	7,800	624813	12,330	20,130	2.4					
23	0	5,233	0	29,063	34,297						
24	0	5,233	0	29,063	34,297						
25	19969	5,233	633532	29,063	34,297	2.1					
26	0	8,650	0	12,762	21,412						
27	0	8,650	0	12,762	21,412						
28	0	8,650	0	12,763	21,413						
29	20315	8,650	638637	12,763	21,413	2.4					
30	0	8,700	0	12,763	21,463						
31	0	8,700	0	12,763	21,463						
1	20576	0	642466	0	0						
2		0		0	0						
TOTAL		194,667		440,130	634,797	20.9		0.0			
AVERAGE		6,280		14,198	20,477	2.1		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		April, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		April, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.2	
2			18		
3	1.2		19		
4			20	1.1	
5			21		
6	1.1		22		
7			23		
8			24	1.6	
9			25		
10	1.0		26		
11			27	2.2	
12			28	1.9	
13	1.3		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: April, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	17022	GALS.	561371	GALS.							
1	0	8,300	0	13,847	22,147						
2	0	8,300	0	13,847	22,147						
3	17271	8,300	565525	13,847	22,147	1.2					
4	0	6,467	0	14,817	21,283						
5	0	6,467	0	14,817	21,283						
6	17465	6,467	569970	14,817	21,283	1.1					
7	0	5,375	0	13,622	18,997						
8	0	5,375	0	13,622	18,997						
9	0	5,375	0	13,623	18,998						
10	17680	5,375	575419	13,623	18,998	1.0					
11	0	3,367	0	12,453	15,820						
12	0	3,367	0	12,453	15,820						
13	17781	3,367	579155	12,453	15,820	1.3					
14	0	5,725	0	13,875	19,600						
15	0	5,725	0	13,875	19,600						
16	0	5,725	0	13,876	19,601						
17	18010	5,725	584698	13,876	19,601	1.2					
18	0	4,467	0	13,257	17,723						
19	0	4,467	0	13,257	17,723						
20	18144	4,467	588675	13,257	17,723	1.1					
21	0	5,700	0	13,395	19,095						
22	0	5,700	0	13,395	19,095						
23	0	5,700	0	13,395	19,095						
24	18372	5,700	594033	13,395	19,095	1.6					
25	0	3,467	0	12,170	15,637						
26	0	3,467	0	12,170	15,637						
27	18476	3,467	597684	12,170	15,637	2.2					
28	18507	3,100	599042	13,580	16,680	1.9					
29	0	5,667	0	13,193	18,860						
30	0	5,667	0	13,193	18,860						
1	18677	0	603000	0	0						
2		0		0	0						
3		0		0	0						
TOTAL		159,833		403,169	563,002	12.6		0.0			
AVERAGE		5,156		13,005	18,161	1.4		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		March, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		March, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2			18		
3	1.3		19		
4			20	1.0	
5			21		
6	1.2		22		
7			23	1.2	
8			24		
9	1.2		25		
10			26		
11			27	1.0	
12			28		
13	1.0		29		
14			30		
15			31	1.2	
16	1.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: March, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	15663	GALS.	518543	GALS.							
1	15706	4,300	521190	26,470	30,770	0.8					
2	0	3,550	0	14,760	18,310						
3	15777	3,550	524142	14,760	18,310	1.3					
4	0	5,367	0	13,607	18,973						
5	0	5,367	0	13,607	18,973						
6	15938	5,367	528224	13,607	18,973	1.2					
7	0	2,733	0	12,160	14,893						
8	0	2,733	0	12,160	14,893						
9	16020	2,733	531872	12,160	14,893	1.2					
10	0	5,875	0	14,090	19,965						
11	0	5,875	0	14,090	19,965						
12	0	5,875	0	14,090	19,965						
13	16255	5,875	537508	14,090	19,965	1.0					
14	0	3,133	0	13,333	16,467						
15	0	3,133	0	13,333	16,467						
16	16349	3,133	541508	13,333	16,467	1.3					
17	0	5,650	0	13,685	19,335						
18	0	5,650	0	13,685	19,335						
19	0	5,650	0	13,685	19,335						
20	16575	5,650	546982	13,685	19,335	1.0					
21	0	4,133	0	13,387	17,520						
22	0	4,133	0	13,387	17,520						
23	16699	4,133	550998	13,387	17,520	1.2					
24	0	4,050	0	13,442	17,492						
25	0	4,050	0	13,442	17,492						
26	0	4,050	0	13,443	17,493						
27	16861	4,050	556375	13,443	17,493	1.0					
28	0	4,025	0	12,490	16,515						
29	0	4,025	0	12,490	16,515						
30	0	4,025	0	12,490	16,515						
31	17022	4,025	561371	12,490	16,515	1.2					
1		0		0	0						
2		0		0	0						
TOTAL		135,900		428,280	564,180	11.2		0.0			
AVERAGE		4,384		13,815	18,199	1.1		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		February, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		February, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4		17		
2			18		
3	1.2		19		
4			20	1.3	
5			21		
6	1.0		22		
7			23	1.1	
8			24		
9	1.2		25		
10			26		
11			27	1.2	
12			28		
13	1.2		29		
14			30		
15			31		
16	1.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number or Title

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: February, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	14534	GALS.	479668	GALS.							
1	14566	3,200	482003	23,350	26,550	1.4					
2	0	2,350	0	14,275	16,625						
3	14613	2,350	484858	14,275	16,625	1.2					
4	0	3,333	0	13,480	16,813						
5	0	3,333	0	13,480	16,813						
6	14713	3,333	488902	13,480	16,813	1.0					
7	0	3,533	0	15,337	18,870						
8	0	3,533	0	15,337	18,870						
9	14819	3,533	493503	15,337	18,870	1.2					
10	0	6,075	0	13,402	19,477						
11	0	6,075	0	13,402	19,477						
12	0	6,075	0	13,403	19,478						
13	15062	6,075	498864	13,403	19,478	1.2					
14	0	3,133	0	14,920	18,053						
15	0	3,133	0	14,920	18,053						
16	15156	3,133	503340	14,920	18,053	1.0					
17	0	6,050	0	14,220	20,270						
18	0	6,050	0	14,220	20,270						
19	0	6,050	0	14,220	20,270						
20	15398	6,050	509028	14,220	20,270	1.3					
21	0	3,300	0	13,337	16,637						
22	0	3,300	0	13,337	16,637						
23	15497	3,300	513029	13,337	16,637	1.1					
24	0	4,150	0	13,785	17,935						
25	0	4,150	0	13,785	17,935						
26	0	4,150	0	13,785	17,935						
27	15663	4,150	518543	13,785	17,935	1.2					
28	0	2,150	0	13,235	15,385						
1	0	0	0	0	0						
2	0	0	0	0	0						
3	0	0	0	0	0						
4		0		0	0						
5		0		0	0						
TOTAL		115,050		401,985	517,035	10.6		0.0			
AVERAGE		3,711		12,967	16,679	1.2		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: January, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: January, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18		
3			19	0.9	
4			20		
5			21		
6	1.2		22		
7			23	0.8	
8			24		
9	1.1		25		
10			26	0.9	
11			27		
12	1.6		28		
13			29		
14			30	1.2	
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: January, 2006

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	13232	GALS.	435481	GALS.							
1	0	9,200	0	26,380	35,580						
2	13416	9,200	440757	26,380	35,580	1.0					
3	0	2,375	0	13,780	16,155						
4	0	2,375	0	13,780	16,155						
5	0	2,375	0	13,780	16,155						
6	13511	2,375	446269	13,780	16,155	1.2					
7	0	3,633	0	14,677	18,310						
8	0	3,633	0	14,677	18,310						
9	13620	3,633	450672	14,677	18,310	1.1					
10	0	2,400	0	12,667	15,067						
11	0	2,400	0	12,667	15,067						
12	13692	2,400	454472	12,667	15,067	1.6					
13	0	3,775	0	14,532	18,307						
14	0	3,775	0	14,532	18,307						
15	0	3,775	0	14,533	18,308						
16	13843	3,775	460285	14,533	18,308	1.4					
17	0	2,367	0	13,513	15,880						
18	0	2,367	0	13,513	15,880						
19	13914	2,367	464339	13,513	15,880	0.9					
20	0	5,525	0	13,292	18,817						
21	0	5,525	0	13,292	18,817						
22	0	5,525	0	13,293	18,818						
23	14135	5,525	469656	13,293	18,818	0.8					
24	0	19,300	0	14,170	33,470						
25	0	19,300	0	14,170	33,470						
26	14714	19,300	473907	14,170	33,470	0.9					
27	0	9,300	0	14,402	23,702						
28	0	9,300	0	14,402	23,702						
29	0	9,300	0	14,403	23,703						
30	14534	9,300	479668	14,403	23,703	1.2					
31	0	1,600	0	11,675	13,275						
1		0		0	0						
2		0		0	0						
TOTAL		187,000		453,545	640,545	10.1		0.0			
AVERAGE		6,032		14,630	20,663	1.1		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: December, 2005	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aguaamerica.com	

H. Daily Distribution System Disinfectant Residual Data for the Month Year of: December, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17		
2			18		
3			19		
4			20	1.1	
5	1.3		21		
6			22		
7			23	1.2	
8	1.0		24		
9			25		
10			26	1.2	
11			27		
12	1.2		28		
13			29	1.0	
14			30		
15			31	1.0	
16	1.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	_____ Paul Thompson Printed or Typed Name	_____ A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: December, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	12304	GALS.	392456	GALS.							
1	12376	3,600	396688	21,160	24,760	1.5					
2	0	4,075	0	14,277	18,352						
3	0	4,075	0	14,277	18,352						
4	0	4,075	0	14,278	18,353						
5	12539	4,075	402399	14,278	18,353	1.3					
6	0	2,833	0	14,607	17,440						
7	0	2,833	0	14,607	17,440						
8	12624	2,833	406781	14,607	17,440	1.0					
9	0	2,775	0	12,985	15,760						
10	0	2,775	0	12,985	15,760						
11	0	2,775	0	12,985	15,760						
12	12735	2,775	411875	12,985	15,760	1.2					
13	0	1,875	0	13,287	15,162						
14	0	1,875	0	13,287	15,162						
15	0	1,875	0	13,288	15,163						
16	12810	1,875	417290	13,288	15,163	1.3					
17	0	2,000	0	12,690	14,690						
18	0	2,000	0	12,690	14,690						
19	0	2,000	0	12,690	14,690						
20	12890	2,000	422366	12,690	14,690	1.1					
21	0	3,367	0	14,703	18,070						
22	0	3,367	0	14,703	18,070						
23	12991	3,367	426777	14,703	18,070	1.2					
24	0	3,133	0	13,707	16,840						
25	0	3,133	0	13,707	16,840						
26	13085	3,133	430889	13,707	16,840	1.2					
27	0	4,900	0	15,307	20,207						
28	0	4,900	0	15,307	20,207						
29	13232	4,900	435481	15,307	20,207	1.0					
30	0	9,200	0	26,380	35,580						
31	13416	9,200	440757	26,380	35,580	1.0					
1		0		0	0						
2		0		0	0						
TOTAL		107,600		461,850	569,450	11.8		0.0			
AVERAGE		3,471		14,898	18,369	1.2		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		November, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		November, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17	1.6	
2			18		
3	1.1		19		
4			20		
5			21	1.6	
6			22		
7	1.0		23	1.4	
8			24	1.3	
9			25		
10			26		
11	0.8		27		
12			28	1.4	
13			29		
14	1.7		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: November, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	11312	GALS.	354251	GALS.							
1	11342	3,000	355546	12,950	15,950	0.9					
2	0	2,000	0	15,275	17,275						
3	11382	2,000	358601	15,275	17,275	1.1					
4	0	3,250	0	12,902	16,152						
5	0	3,250	0	12,902	16,152						
6	0	3,250	0	12,903	16,153						
7	11512	3,250	363762	12,903	16,153	1.0					
8	0	3,400	0	12,965	16,365						
9	0	3,400	0	12,965	16,365						
10	0	3,400	0	12,965	16,365						
11	11648	3,400	368948	12,965	16,365	0.8					
12	0	1,967	0	13,663	15,630						
13	0	1,967	0	13,663	15,630						
14	11707	1,967	373047	13,663	15,630	1.7					
15	0	2,400	0	13,053	15,453						
16	0	2,400	0	13,053	15,453						
17	11779	2,400	376963	13,053	15,453	1.6					
18	0	4,050	0	14,982	19,032						
19	0	4,050	0	14,982	19,032						
20	0	4,050	0	14,983	19,033						
21	11941	4,050	382956	14,983	19,033	1.6					
22	0	7,000	0	20,445	27,445						
23	12081	7,000	387045	20,445	27,445	1.4					
24	12156	7,500	391111	40,660	48,160	1.3					
25	0	3,700	0	3,362	7,062						
26	0	3,700	0	3,362	7,062						
27	0	3,700	0	3,363	7,063						
28	12304	3,700	392456	3,363	7,063	1.4					
29	0	2,400	0	14,106	16,506						
30	0	2,400	0	14,106	16,506						
31	0	0	0	0	0						
1	12376	0	396688	0	0						
2		0		0	0						
TOTAL		104,000		410,262	514,262	12.8		0.0			
AVERAGE		3,355		13,234	16,589	1.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: October, 2005	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: October, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.2	
2			18		
3	2.4		19		
4			20	1.0	
5	2.2		21		
6			22		
7	2.0		23		
8			24	1.4	
9			25		
10	1.6		26		
11			27	1.0	
12			28	1.1	
13	2.0		29		
14			30		
15			31	1.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: October, 2005

Page 1 of 1

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	10462	GALS.	313876	GALS.							
1	0	4,867	0	18,257	23,123						
2	0	4,867	0	18,257	23,123						
3	10608	4,867	319353	18,257	23,123	2.4					
4	0	1,200	0	11,995	13,195						
5	10632	1,200	321752	11,995	13,195	2.2					
6	0	1,550	0	12,270	13,820						
7	10663	1,550	324206	12,270	13,820	2.0					
8	0	3,000	0	5,057	8,057						
9	0	3,000	0	5,057	8,057						
10	10753	3,000	325723	5,057	8,057	1.6					
11	0	1,500	0	19,327	20,827						
12	0	1,500	0	19,327	20,827						
13	10798	1,500	331521	19,327	20,827	2.0					
14	0	3,375	0	12,552	15,927						
15	0	3,375	0	12,552	15,927						
16	0	3,375	0	12,552	15,927						
17	10933	3,375	336542	12,552	15,927	2.2					
18	0	1,300	0	11,430	12,730						
19	0	1,300	0	11,430	12,730						
20	10972	1,300	339971	11,430	12,730	1.0					
21	0	3,375	0	13,515	16,890						
22	0	3,375	0	13,515	16,890						
23	0	3,375	0	13,515	16,890						
24	11107	3,375	345377	13,515	16,890	1.4					
25	0	2,200	0	12,330	14,530						
26	0	2,200	0	12,330	14,530						
27	11173	2,200	349076	12,330	14,530	1.0					
28	11196	2,300	350335	12,590	14,890	1.1					
29	0	3,867	0	13,053	16,920						
30	0	3,867	0	13,053	16,920						
31	11312	3,867	354251	13,053	16,920	1.0					
1		0		0	0						
2		0		0	0						
TOTAL		85,000		403,748	488,748	17.9		0.0			
AVERAGE		2,742		13,024	15,766	1.6		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: September, 2005	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: September, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17		
2	0.8		18		
3			19		
4			20		
5	1.9		21	1.5	
6			22		
7			23	1.3	
8			24		
9	2.0		25		
10			26	2.4	
11			27		
12			28		
13			29	2.4	
14	1.8		30		
15			31		
16	1.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: September, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	9264	GALS.	273603	GALS.							
1	9282	1,800	275040	14,370	16,170	0.9					
2	9311	2,900	276293	12,530	15,430	0.8					
3	0	6,233	0	12,720	18,953						
4	0	6,233	0	12,720	18,953						
5	9498	6,233	280109	12,720	18,953	1.9					
6	0	2,400	0	12,950	15,350						
7	0	2,400	0	12,950	15,350						
8	0	2,400	0	12,950	15,350						
9	9597	2,400	285289	12,950	15,350	2.0					
10	0	2,680	0	13,970	16,650						
11	0	2,680	0	13,970	16,650						
12	0	2,680	0	13,970	16,650						
13	0	2,680	0	13,970	16,650						
14	9728	2,680	292274	13,970	16,650	1.8					
15	0	3,050	0	14,690	17,740						
16	9789	3,050	295212	14,690	17,740	1.6					
17	0	4,740	0	14,598	19,338						
18	0	4,740	0	14,598	19,338						
19	0	4,740	0	14,598	19,338						
20	0	4,740	0	14,598	19,338						
21	10026	4,740	302511	14,598	19,338	1.5					
22	0	3,150	0	14,805	17,955						
23	10089	3,150	305472	14,805	17,955	1.3					
24	0	3,733	0	13,673	17,407						
25	0	3,733	0	13,673	17,407						
26	10201	3,733	309574	13,673	17,407	2.4					
27	0	8,700	0	14,340	23,040						
28	0	8,700	0	14,340	23,040						
29	10462	8,700	313876	14,340	23,040	2.4					
30	0	3,650	0	13,692	17,342						
31	0	0	0	0	0						
1		0		0	0						
2		0		0	0						
TOTAL		123,450		416,422	539,872	16.6		0.0			
AVERAGE		3,982		13,433	17,415	1.7		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		August, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:			August, 2005		
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	0.5	
2			18		
3	0.9		19	0.4	
4			20		
5	1.2		21		
6			22	0.6	
7			23		
8	1.4		24	0.7	
9			25		
10			26	0.7	
11	1.0		27		
12			28		
13			29		
14			30		
15	0.5		31	1.7	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: August, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	7227	GALS.	228876	GALS.							
1	7553	6,520	235235	12,718	19,238	1.0					
2	0	2,350	0	11,175	13,525						
3	7600	2,350	237470	11,175	13,525	0.9					
4	0	3,500	0	15,395	18,895						
5	7670	3,500	240549	15,395	18,895	1.2					
6	0	4,733	0	13,220	17,953						
7	0	4,733	0	13,220	17,953						
8	7812	4,733	244515	13,220	17,953	1.4					
9	0	2,700	0	12,637	15,337						
10	0	2,700	0	12,637	15,337						
11	7893	2,700	248306	12,637	15,337	1.0					
12	0	5,475	0	14,695	20,170						
13	0	5,475	0	14,695	20,170						
14	0	5,475	0	14,695	20,170						
15	8112	5,475	254184	14,695	20,170	0.5					
16	0	2,250	0	10,030	12,280						
17	8157	2,250	256190	10,030	12,280	0.5					
18	0	1,750	0	12,955	14,705						
19	8192	1,750	258781	12,955	14,705	0.4					
20	0	4,433	0	13,823	18,257						
21	0	4,433	0	13,823	18,257						
22	8325	4,433	262928	13,823	18,257	0.6					
23	0	2,500	0	12,605	15,105						
24	8375	2,500	265449	12,605	15,105	0.7					
25	0	20,250	0	9,960	30,210						
26	8780	20,250	267441	9,960	30,210	0.7					
27	0	9,780	0	12,324	22,104						
28	0	9,780	0	12,324	22,104						
29	0	9,780	0	12,324	22,104						
30	0	9,780	0	12,324	22,104						
31	9264	9,780	273603	12,324	22,104	1.7					
1		0		0	0						
2		0		0	0						
TOTAL		178,120		396,398	574,518	10.6		0.0			
AVERAGE		5,746		12,787	18,533	0.9		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		July, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		July, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17		
2			18		
3			19		
4			20	1.2	
5	1.4		21		
6			22		
7	0.5		23		
8	0.8		24		
9			25		
10			26	1.3	
11			27	1.0	
12	1.8		28		
13			29		
14			30		
15	2.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: July, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	5894	GALS.	188542	GALS.							
1	5992	9,800	193671	51,290	61,090	2.0					
2	0	7,575	0	14,107	21,682						
3	0	7,575	0	14,107	21,682						
4	0	7,575	0	14,107	21,682						
5	6295	7,575	199314	14,108	21,683	1.4					
6	0	2,600	0	12,225	14,825						
7	6347	2,600	201759	12,225	14,825	0.5					
8	6409	6,200	203490	17,310	23,510	0.8					
9	0	2,975	0	13,785	16,760						
10	0	2,975	0	13,785	16,760						
11	0	2,975	0	13,785	16,760						
12	6528	2,975	209004	13,785	16,760	1.8					
13	0	2,200	0	11,170	13,370						
14	0	2,200	0	11,170	13,370						
15	6594	5,816	212355	12,043	17,859	2.0					
16	0	5,816	0	12,043	17,859						
17	0	5,816	0	12,043	17,859						
18	0	5,816	0	12,043	17,859						
19	0	5,816	0	12,043	17,859						
20	6943	5,816	219581	12,043	17,859	1.2					
21	0	3,816	0	12,135	15,951						
22	0	3,816	0	12,135	15,951						
23	0	3,816	0	12,135	15,951						
24	0	3,816	0	12,135	15,951						
25	0	3,816	0	12,135	15,951						
26	7172	3,816	226862	12,135	15,951	1.3					
27	7227	5,500	228876	20,140	25,640	1.0					
28	0	6,520	0	12,718	19,238						
29	0	6,520	0	12,718	19,238						
30	0	6,520	0	12,718	19,238						
31	0	6,520	0	12,718	19,238						
1		0		0	0						
2		0		0	0						
TOTAL		157,172		443,039	600,211	12.0		0.0			
AVERAGE		5,070		14,292	19,362	1.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		June, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		June, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.3		17		
2			18		
3	1.5		19		
4			20	2.2	
5			21		
6	1.4		22		
7			23	2.2	
8	2.1		24		
9			25		
10	2.0		26		
11			27	2.2	
12			28		
13	1.8		29		
14			30		
15			31		
16	1.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	_____ Larry White Printed or Typed Name	_____ C7082 License Number or Title
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PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: June, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	4415	GALS.	150107	GALS.							
1	4443	2,800	151435	13,280	16,080	1.3					
2	0	3,300	0	16,930	20,230						
3	4509	3,300	154821	16,930	20,230	1.5					
4	0	5,967	0	14,083	20,050						
5	0	5,967	0	14,083	20,050						
6	4688	5,967	159046	14,083	20,050	1.4					
7	0	4,400	0	14,975	19,375						
8	4776	4,400	162041	14,975	19,375	2.1					
9	0	12,050	0	13,005	25,055						
10	5017	12,050	164642	13,005	25,055	2.0					
11	0	4,967	0	13,013	17,980						
12	0	4,967	0	13,013	17,980						
13	5166	4,967	168546	13,013	17,980	1.8					
14	0	3,533	0	14,363	17,897						
15	0	3,533	0	14,363	17,897						
16	5272	3,533	172855	14,363	17,897	1.8					
17	0	5,125	0	15,135	20,260						
18	0	5,125	0	15,135	20,260						
19	0	5,125	0	15,135	20,260						
20	5477	5,125	178909	15,135	20,260	2.2					
21	0	3,300	0	13,337	16,637						
22	0	3,300	0	13,337	16,637						
23	5576	3,300	182910	13,337	16,637	2.2					
24	0	7,950	0	14,080	22,030						
25	0	7,950	0	14,080	22,030						
26	0	7,950	0	14,080	22,030						
27	5894	7,950	188542	14,080	22,030	2.2					
28	0	225	0	12,810	13,035						
29	0	225	0	12,810	13,035						
30	0	225	0	12,810	13,035						
31	0	0	0	0	0						
1		0		0	0						
2		0		0	0						
TOTAL		148,575		422,780	571,355	18.5		0.0			
AVERAGE		4,793		13,638	18,431	1.9		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		May, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:			May, 2005		
Type of Disinfectant Residual Maintained in Distribution System:			<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.7		18	2.0	
3			19		
4	1.5		20	1.7	
5			21		
6	1.5		22		
7			23	1.8	
8			24		
9	2.1		25	1.8	
10			26		
11	2.2		27	1.6	
12			28		
13	2.2		29		
14			30		
15			31	1.8	
16	2.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson	A7251
	Printed or Typed Name	License Number or Title

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: May, 2005

Page 1 of 1

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	2587	GALS.	104935	GALS.							
1	0	9,800	0	23,260	33,060						
2	2783	9,800	109587	23,260	33,060	1.7					
3	0	3,250	0	13,360	16,610						
4	2848	3,250	112259	13,360	16,610	1.5					
5	0	3,850	0	17,725	21,575						
6	2925	3,850	115804	17,725	21,575	1.5					
7	0	4,800	0	14,240	19,040						
8	0	4,800	0	14,240	19,040						
9	3069	4,800	120076	14,240	19,040	2.1					
10	0	3,400	0	13,345	16,745						
11	3137	3,400	122745	13,345	16,745	2.2					
12	0	1,950	0	12,150	14,100						
13	3176	1,950	125175	12,150	14,100	2.2					
14	0	6,067	0	14,687	20,753						
15	0	6,067	0	14,687	20,753						
16	3358	6,067	129581	14,687	20,753	2.2					
17	0	2,850	0	14,255	17,105						
18	3415	2,850	132432	14,255	17,105	2.0					
19	0	3,900	0	15,900	19,800						
20	3493	3,900	135612	15,900	19,800	1.7					
21	0	4,033	0	12,210	16,243						
22	0	4,033	0	12,210	16,243						
23	3614	4,033	139275	12,210	16,243	1.8					
24	0	3,650	0	13,385	17,035						
25	3687	3,650	141952	13,385	17,035	1.8					
26	0	3,100	0	14,305	17,405						
27	3749	3,100	144813	14,305	17,405	1.6					
28	0	16,650	0	13,235	29,885						
29	0	16,650	0	13,235	29,885						
30	0	16,650	0	13,235	29,885						
31	4415	16,650	150107	13,235	29,885	1.8					
1		0		0	0						
2		0		0	0						
TOTAL		182,800		451,720	634,520	24.1		0.0			
AVERAGE		5,897		14,572	20,468	1.9		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: April, 2005	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: April, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4		17		
2			18	2.2	
3			19		
4	1.4		20	2.2	
5			21		
6	1.8		22	2.2	
7			23		
8	1.6		24		
9			25	2.0	
10			26		
11	1.8		27	1.8	
12			28		
13	1.0		29	1.6	
14			30		
15	1.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	_____ Larry White Printed or Typed Name	_____ C7082 License Number or Title
-----------------------------	---	---

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: April, 2005

DAY	INTERCONNECT MASTER METER				CL2	DISTRIBUTION BACTS		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	GALS.	5/8" READING	GALS.		TOTAL FLOW	RT	NUMBER TAKEN		
PREV	1375	4,900	65887	28,810	1.4	33,710				
1	1424	4,900	65887	28,810		16,537				
2	0	3,400	0	13,137		16,537				
3	0	3,400	0	13,137		16,537				
4	1526	3,400	69828	13,137	1.4	16,537				
5	0	1,650	0	11,830		13,480				
6	1559	1,650	72194	11,830	1.8	13,480				
7	0	2,650	0	14,540		17,190				
8	1612	2,650	75102	14,540	1.6	17,190				
9	0	3,567	0	13,623		17,190				
10	0	3,567	0	13,623		17,190				
11	1719	3,567	79189	13,623	1.8	17,190				
12	0	2,400	0	15,310		17,710				
13	1767	2,400	82251	15,310	1.0	17,710				
14	0	1,850	0	12,920		14,770				
15	1804	1,850	84835	12,920	1.0	14,770				
16	0	4,500	0	13,633		18,133				
17	0	4,500	0	13,633		18,133				
18	1939	4,500	88925	13,633	2.2	18,133				
19	0	11,450	0	14,390		25,840				
20	2168	11,450	91803	14,390	2.2	25,840				
21	0	2,700	0	13,455		16,155				
22	2222	2,700	94494	13,455	2.2	16,155				
23	0	4,533	0	14,557		19,090				
24	0	4,533	0	14,557		19,090				
25	2358	4,533	98861	14,557	2.0	19,090				
26	0	4,200	0	15,140		19,340				
27	2442	4,200	101889	15,140	1.8	19,340				
28	0	7,250	0	15,230		22,480				
29	2587	7,250	104935	15,230	1.6	22,480				
30	0	9,800	0	23,260		33,060				
31	2783	0	109587	0		0				
1	0	0		0		0				
2	0	0		0		0				
TOTAL	131,000	442,550		573,550	22.0					
AVERAGE	4,226	14,276		18,502	1.7					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		March, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		March, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6		17	1.2	
2			18	0.7	
3	2.0		19		
4	1.7		20		
5			21	0.6	
6			22		
7	0.6		23	1.1	
8	0.7		24	1.2	
9	2.2		25	1.1	
10	2.2		26		
11	2.0		27		
12			28	0.8	
13			29		
14	0.6		30	1.4	
15	2.0		31	1.4	
16	1.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: March, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	630	GALS.	23447	GALS.							
1	644	1,400	24712	12,650	14,050	1.6					
2	0	1,400	0	13,405	14,805						
3	672	1,400	27393	13,405	14,805	2.0					
4	685	1,300	28598	12,050	13,350	1.7					
5	0	3,867	0	12,483	16,350						
6	0	3,867	0	12,483	16,350						
7	801	3,867	32343	12,483	16,350	0.6					
8	834	3,300	33629	12,860	16,160	0.7					
9	840	600	34713	10,840	11,440	2.2					
10	862	2,200	36404	16,910	19,110	2.2					
11	869	700	37451	10,470	11,170	2.0					
12	0	4,267	0	13,813	18,080						
13	0	4,267	0	13,813	18,080						
14	997	4,267	41595	13,813	18,080	0.6					
15	1008	1,100	42845	12,500	13,600	2.0					
16	1020	1,200	44044	11,990	13,190	1.8					
17	1034	1,400	45335	12,910	14,310	1.2					
18	1042	800	46627	12,920	13,720	0.7					
19	0	3,133	0	12,543	15,677						
20	0	3,133	0	12,543	15,677						
21	1136	3,133	50390	12,543	15,677	0.6					
22	0	1,900	0	14,510	16,410						
23	1174	1,900	53292	14,510	16,410	1.1					
24	1208	3,400	54787	14,950	18,350	1.2					
25	1231	2,300	55978	11,910	14,210	1.1					
26	0	3,233	0	14,720	17,953						
27	0	3,233	0	14,720	17,953						
28	1328	3,233	60394	14,720	17,953	0.8					
29	0	2,350	0	13,060	15,410						
30	1375	2,350	63006	13,060	15,410	1.4					
31	1424	4,900	65887	28,810	33,710	1.4					
1		0		0	0						
2		0		0	0						
TOTAL		79,400		424,400	503,800	26.9		0.0			
AVERAGE		2,561		13,690	16,252	1.3		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: February, 2005	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aguaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: February, 2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.4		17	2.2	
2	2.2		18	2.0	
3	2.2		19		
4	2.4		20		
5			21	1.9	
6			22	2.0	
7	2.6		23	2.0	
8	2.4		24	1.8	
9	2.4		25		
10	2.4		26		
11	2.4		27		
12			28	2.0	
13			29		
14			30		
15	1.8		31		
16	2.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: February, 2005

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	0	GALS.	424174	GALS.							
1	0	1,319	425447	12,730	14,049	2.4					
2	0	1,362	426722	12,750	14,112	2.2					
3	0	1,406	427932	12,100	13,506	2.2					
4	0	1,451	429106	11,740	13,191	2.4					
5	0	1,498	0	13,320	14,818						
6	0	1,546	0	13,320	14,866						
7	0	1,596	433102	13,320	14,916	2.6					
8	0	1,648	433736	6,340	7,988	2.4					
9	0	1,701	434992	12,560	14,261	2.4					
10	0	1,756	436346	13,540	15,296	2.4					
11	0	1,812	437853	15,070	16,882	2.4					
12	0	1,871	0	10,172	12,043						
13	0	1,931	0	10,500	12,431						
14	0	1,993	0	10,839	12,832						
15	221	2,058	5593	11,188	13,246	1.8					
16	264	4,300	7010	14,170	18,470	2.0					
17	301	3,700	8510	15,000	18,700	2.2					
18	315	1,400	9686	11,760	13,160	2.0					
19	0	4,300	0	13,570	17,870						
20	0	4,300	0	13,570	17,870						
21	444	4,300	13757	13,570	17,870	1.9					
22	478	3,400	15184	14,270	17,670	2.0					
23	516	3,800	16741	15,570	19,370	2.0					
24	533	1,700	18030	12,890	14,590	1.8					
25	0	2,425	0	13,542	15,967						
26	0	2,425	0	13,542	15,967						
27	0	2,425	0	13,542	15,967						
28	630	2,425	23447	13,542	15,967	2.0					
1	0	0	0	0	0						
2	0	0	0	0	0						
3	0	0	0	0	0						
4		0		0	0						
5		0		0	0						
TOTAL		65,848		358,027	423,875	39.1		0.0			
AVERAGE		2,124		11,549	13,673	2.2		0.0			



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		January, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 282	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		January, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.6	
2			18	2.6	
3	0.8		19	2.4	
4	0.8		20	2.5	
5	0.7		21	2.4	
6			22		
7	2.5		23		
8			24	2.6	
9			25	2.2	
10	2.4		26	2.4	
11	2.5		27	2.6	
12			28	2.6	
13	2.2		29		
14	2.0		30		
15			31	2.5	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------	--	----------------------------------

PLANT NAME: Holiday Haven
 PLANT NO: 573
 REPORTING MONTH: January, 2005

Page 1 of 1

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		Abnormal Conditions	TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)			
PREV	0	GALS.	388281	GALS.							
1	0	0	0	12,627	12,627						
2	0	0	0	12,627	12,627						
3	0	0	392069	12,627	12,627	0.8					
4	0	0	393060	9,910	9,910	0.8					
5	0	0	394311	12,510	12,510	0.7					
6	0	0	0	11,160	11,160						
7	0	0	396543	11,160	11,160	2.5					
8	0	0	0	11,923	11,923						
9	0	0	0	11,923	11,923						
10	0	0	400120	11,923	11,923	2.4					
11	0	0	401356	12,360	12,360	2.5					
12	0	0	0	11,085	11,085						
13	0	0	403573	11,085	11,085	2.2					
14	0	0	404575	10,020	10,020	2.0					
15	0	0	0	11,493	11,493						
16	0	0	0	11,493	11,493						
17	0	0	408023	11,493	11,493	2.6					
18	0	0	409364	13,410	13,410	2.6					
19	0	0	410415	10,510	10,510	2.4					
20	0	0	411295	8,800	8,800	2.5					
21	0	0	412710	14,150	14,150	2.4					
22	0	0	0	11,287	11,287						
23	0	0	0	11,287	11,287						
24	0	0	416096	11,287	11,287	2.6					
25	0	0	417533	14,370	14,370	2.2					
26	0	0	418599	10,660	10,660	2.4					
27	0	0	419882	12,830	12,830	2.6					
28	0	0	421032	11,500	11,500	2.6					
29	0	0	0	10,473	10,473						
30	0	0	0	10,473	10,473						
31	0	0	424174	10,473	10,473	2.5					
1		0		0	0						
2		0		0	0						
TOTAL		0		358,930	358,930	41.3		0.0			
AVERAGE		0		11,578	11,578	2.2		0.0			

Aqua Utilities Florida, Inc.
Docket No. 060368-WS
2nd Set of Deficiencies
Response No. 4A
Leisure Lakes
Operating Reports & DMRs
200 & 2006

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



#VALUE!

AVG FLOW
2005 = 32,070

See Pages 4 for Instructions.

I. General Information

01/012005

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida
Contact Person's Telephone Number:	(941) 907-7470				Zip Code: 34240
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com			Contact Person's Fax Number:	(941) 907-0965

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.			City:	Lake Placid
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code: 33852
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

02/01/05

David W. Faircloth
Printed or Typed Name

8189
License Number

P.1

9412550413

Lake Suzy WUTP

Oct 06 06 11:15a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: 01/012005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV-Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	34,000												
2		24.0	34,000												
3	X	24.0	33,000		1.8								0.8		
4	X	24.0	29,000		1.8								0.8		
5	X	24.0	31,000		1.8								0.8		
6	X	24.0	35,000		1.8								0.8		
7	X	24.0	30,000		1.8								0.8		
8	X	24.0	32,000		1.8								0.8		
9	X	24.0	32,000		1.8								0.8		
10	X	24.0	38,000		1.8								0.8		
11	X	24.0	34,000		1.8								0.8		
12	X	24.0	34,000		1.8								0.8		
13	X	24.0	33,000		1.8								0.8		
14	X	24.0	38,000		1.8								0.8		
15		24.0	31,000												
16		24.0	31,000												
17	X	24.0	32,000		1.8								0.8		
18	X	24.0	27,000		1.8								0.8		
19	X	24.0	33,000		1.8								0.8		
20	X	24.0	28,000		1.8								0.8		
21	X	24.0	41,000		1.6								0.6		
22	X	24.0	32,000		1.6								0.6		
23		24.0	30,000												
24	X	24.0	31,000		1.8								0.8		
25	X	24.0	29,000		1.8								0.8		
26	X	24.0	18,000		1.8								0.8		
27	X	24.0	42,000		1.8								0.8		
28	X	24.0	40,000		1.8								0.8		
29	X	24.0			1.8								0.8		
30	X	24.0	34,000		1.8								0.8		
31	X	24.0	44,000		1.8								0.8		
Total			1,017,000												
Average			32,806												
Maximum			44,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:23a

Lake SUZY WUTP

9412550413

P.20

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	February, 2005
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A. Public Water System (PWS) Information

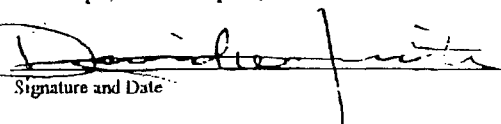
PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes		Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.		City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Chief Operator:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 03/04/05
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: February, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	32,000		1.8								0.8		
2	X	24.0	36,000		1.8								0.8		
3	X	24.0	32,000		1.8								0.8		
4	X	24.0	36,000		1.8								0.8		
5	X	24.0	30,000		1.8								0.8		
6	X	24.0	33,000		1.8								0.8		
7	X	24.0	38,000		1.8								0.8		
8	X	24.0	35,000		1.8								0.8		
9	X	24.0	34,000		1.8								0.8		
10	X	24.0	34,000		1.8								0.8		
11	X	24.0	37,000		1.8								0.8		
12		24.0	34,000												
13		24.0	34,000												
14	X	24.0	34,000		1.8								0.8		
15	X	24.0	48,000		1.8								0.8		
16	X	24.0	35,000		1.8								0.8		
17	X	24.0	35,000		1.8								0.8		
18	X	24.0	32,000		1.8								0.8		
19	X	24.0	32,000		1.8								0.8		
20	X	24.0	34,000		1.8								0.8		
21	X	24.0	45,000		1.8								0.8		
22	X	24.0	46,000		1.8								0.8		
23		24.0	19,000		1.8								0.8		
24	X	24.0	41,000		1.8								0.8		
25	X	24.0	39,000		1.8								0.8		
26		24.0	33,000												
27		24.0	33,000												
28	X	24.0	34,000		1.8								0.8		
29															
30															
31															
Total			985,000												
Average			35,179												
Maximum			48,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:24a

Lake SUZY WTP

9412550413

P.21

Oct 06 06:11:16



March, 2005

PWS Name:		Leisure Lakes / Covered Bridge		PWS Identification Number:		6280064	
PWS Type:		<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:				275		Total Population Served at End of Month:	
						630	
PWS Owner:		Aqua Utilities Florida, Inc.					
Contact Person:				Carolyn McFalls		Contact Person's Title:	
						Area Manager, South Florida	
Contact Person's Mailing Address:		6960 Professional Parkway East, Suite 400			City:		Sarasota
					State:		Florida
					Zip Code:		34240
Contact Person's Telephone Number:		(941) 907-7470			Contact Person's Fax Number:		(941) 907-0965
Contact Person's E-Mail Address:		cfmcfalls@aquaamerica.com					

[illegible]

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

04/07/05

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: March, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	37,000		1.8								0.8	
2	X	24.0	30,000		1.8								0.8	
3	X	24.0	34,000		1.8								0.8	
4	X	24.0	29,000		1.8								0.8	
5	X	24.0	34,000		1.8								0.8	
6	X	24.0	32,000		1.8								0.8	
7	X	24.0	43,000		1.8								0.8	
8	X	24.0	35,000		1.8								0.8	
9	X	24.0	35,000		1.8								0.8	
10	X	24.0	31,000		1.8								0.8	
11	X	24.0	35,000		1.8								0.8	
12		24.0	36,000											
13		24.0	36,000											
14	X	24.0	35,000		1.8								0.8	
15	X	24.0	40,000		1.8								0.8	
16	X	24.0	37,000		1.8								0.8	
17	X	24.0	30,000		1.8								0.8	
18	X	24.0	42,000		1.8								0.8	
19	X	24.0	23,000		1.8								0.8	
20	X	24.0	39,000		1.8								0.8	
21	X	24.0	44,000		1.8								0.8	
22	X	24.0	30,000		1.8								0.8	
23	X	24.0	44,000		1.8								0.8	
24	X	24.0	31,000		1.8								0.8	
25	X	24.0	39,000		1.8								0.8	
26		24.0	38,000											
27		24.0	38,000											
28	X	24.0	39,000		1.8								0.8	
29	X	24.0	38,000		1.8								0.8	
30	X	24.0	39,000		1.8								0.8	
31	X	24.0	37,000		1.8								0.8	
Total			1,110,000											
Average			35,806											
Maximum			44,000											

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:24a

Lake SUZY WUTP

9412550413

P.22

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	April, 2005
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida
Contact Person's Telephone Number:	(941) 907-7470		Contact Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555 320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 05/06/05
Signature and Date

David W. Faircloth
Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: April, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine Dioxide : ☐ Ozone : ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	40,000		1.8								0.8		
2	X	24.0	33,000		1.8								0.8		
3	X	24.0	35,000		1.8								0.8		
4	X	24.0	42,000		1.8								0.8		
5	X	24.0	38,000		1.8								0.8		
6	X	24.0	35,000		1.8								0.8		
7	X	24.0	42,000		1.8								0.8		
8	X	24.0	39,000		1.8								0.8		
9		24.0	30,000												
10	X	24.0	29,000		1.8								0.8		
11	X	24.0	56,000		1.8								0.8		
12	X	24.0	36,000		1.8								0.8		
13	X	24.0	44,000		1.8								0.8		
14	X	24.0	38,000		1.8								0.8		
15	X	24.0	44,000		1.8								0.8		
16	X	24.0	35,000		1.8								0.8		
17	X	24.0	41,000		1.8								0.8		
18	X	24.0	46,000		1.8								0.8		
19	X	24.0	39,000		1.8								0.8		
20	X	24.0	43,000		1.8								0.8		
21	X	24.0	44,000		1.8								0.8		
22	X	24.0	42,000		1.8								0.8		
23		24.0	33,000												
24	X	24.0	34,000		1.8								0.8		
25	X	24.0	72,000		1.8								0.8		
26	X	24.0	32,000		1.8								0.8		
27	X	24.0	31,000												
28	X	24.0	31,000		1.8								0.8		
29	X	24.0	35,000		1.8								0.8		
30	X	24.0	30,000		1.8								0.8		
31															
Total			1,169,000												
Average			38,967												
Maximum			72,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:25a

Lake Suzy WTP

9412550413

P.23

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	May, 2005
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge	PWS Identification Number: 6280064
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 275	Total Population Served at End of Month: 630
PWS Owner: Aqua Utilities Florida, Inc.	
Contact Person: Carolyn McFalls	Contact Person's Title: Area Manager, South Florida
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400	City: Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number: (941) 907-7470	Contact Person's Fax Number: (941) 907-0965
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com	

B. Water Treatment Plant Information

Plant Name: Leisure Lakes	Plant Telephone Number: (941) 907-7470
Plant Address: 101 Park View Circle S.	City: Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	
Lead/Chief Operator: David W. Faircloth	License Class: C License Number: 8189 Day(s) / Shift(s) Worked: 6 Days/Week - 1st shift
Other Operators: Donald P. Gavoni	License Class: C License Number: 5674 Day(s) / Shift(s) Worked: 2 Days every other weekend

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 06/08/05
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

P. 5

9412550413

Lake Suzy WWT

Oct 06 06 11:16a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: May, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations										
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	29,000		1.8								0.8	
2	X	24.0	34,000		1.8								0.8	
3	X	24.0	31,000		1.8								0.8	
4	X	24.0	33,000		1.8								0.8	
5	X	24.0	29,000		1.8								0.8	
6	X	24.0	30,000		1.8								0.8	
7		24.0	30,000											
8		24.0	30,000											
9	X	24.0	31,000		1.8								0.8	
10	X	24.0	30,000		1.8								0.8	
11	X	24.0	30,000		1.8								0.8	
12	X	24.0	27,000		1.8								0.8	
13	X	24.0	31,000		1.8								0.8	
14	X	24.0	27,000		1.8								0.8	
15	X	24.0	30,000		1.8								0.8	
16	X	24.0	32,000		1.8								0.8	
17	X	24.0	30,000		1.8								0.8	
18	X	24.0	35,000		1.8								0.8	
19	X	24.0	26,000		1.8								0.8	
20	X	24.0	30,000		1.8								0.8	
21		24.0	29,000											
22		24.0	29,000											
23	X	24.0	29,000		1.8								0.8	
24	X	24.0	32,000		1.8								0.8	
25	X	24.0	27,000		1.8								0.8	
26	X	24.0	38,000		1.8								0.8	
27	X	24.0	17,000		1.8								0.8	
28	X	24.0	26,000		1.8								0.8	
29	X	24.0	30,000		1.8								0.8	
30	X	24.0	33,000		1.8								0.8	
31	X	24.0	26,000		1.8								0.8	
Total			921,000											
Average			29,710											
Maximum			38,000											

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:25a

Lake SUZY WTP

9412550413

P.24

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	June, 2005
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A. Public Water System (PWS) Information

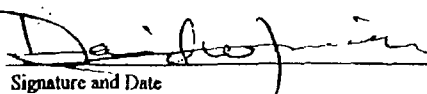
PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470		Contact Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

07/08/05

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064		Plant Name: Leisure Lakes													
III. Daily Data for the Month/Year of: June, 2005															
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Month	Days Plant Staffed or Operated (Enter "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C), Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum Required CT, min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	52,000		1.8								0.8		
2	X	24.0	70,000		1.8								0.8		
3	X	24.0	56,000		1.8								0.8		
4		24.0	27,000												
5		24.0	27,000												
6	X	24.0	28,000		1.8								0.8		
7	X	24.0	26,000		1.8								0.8		
8	X	24.0	27,000		1.8								0.8		
9	X	24.0	29,000		1.8								0.8		
10	X	24.0	24,000		1.8								0.8		
11	X	24.0	24,000		1.8								0.8		
12	X	24.0	26,000		1.8								0.8		
13	X	24.0	29,000		1.8								0.8		
14	X	24.0	26,000		1.8								0.8		
15	X	24.0	26,000		1.8								0.8		
16	X	24.0	27,000		1.8								0.8		
17	X	24.0	29,000		1.8								0.8		
18		24.0	25,000												
19		24.0	25,000												
20	X	24.0	26,000		1.8								0.8		
21	X	24.0	28,000		1.8								0.8		
22	X	24.0	29,000		1.8								0.8		
23	X	24.0	28,000		1.8								0.8		
24	X	24.0	27,000		1.8								0.8		
25	X	24.0	24,000		1.8								0.8		
26	X	24.0	28,000		1.8								0.8		
27	X	24.0	33,000		1.8								0.8		
28	X	24.0	86,000		1.8								0.8		
29	X	24.0	107,000		1.8								0.8	FLUSHED LINES	
30	X	24.0	20,000		1.8								0.8	FLUSHED LINES	
31															
Total			1,039,000												
Average			34,633												
Maximum			107,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:26a

Lake SUZY WUTP

9412550413

P. 25

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	July, 2005
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

David W. Faircloth
Printed / Typed Name

8189
License Number

P.7

9412550413

Lake Suzy WUTP

Oct 06 06 11:17a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Oct 06 06 11:27a

Lake SUZY WWT

9412550413

P.26

WID: 625004		Plant Name: Leelanau Lakes													
III. Daily Data for the Month/Year of: July, 2005															
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	21,000		1.8									0.8	
2	X	24.0	18,000												
3	X	24.0	23,000		1.8									0.8	
4	X	24.0	25,000		1.8									0.8	
5	X	24.0	20,000		1.8									0.8	
6	X	24.0	21,000		1.8									0.8	
7	X	24.0	19,000		1.8									0.8	
8	X	24.0	20,000		1.8									0.8	
9		24.0	19,000												
10		24.0	19,000												
11	X	24.0	20,000		1.8									0.8	
12	X	24.0	20,000		1.8									0.8	
13	X	24.0	20,000		1.8									0.8	
14	X	24.0	20,000		1.8									0.8	
15	X	24.0	20,000		1.8									0.8	
16	X	24.0	15,000		1.8									0.8	
17	X	24.0	22,000		1.8									0.8	
18	X	24.0	22,000		1.8									0.8	
19	X	24.0	20,000		1.8									0.8	
20	X	24.0	19,000		1.8									0.8	
21	X	24.0	20,000		1.8									0.8	
22	X	24.0	18,000		1.8									0.8	
23		24.0	20,000												
24		24.0	20,000												
25	X	24.0	19,000		1.8									0.8	
26	X	24.0	21,000		1.8									0.8	
27	X	24.0	20,000		1.8									0.8	
28	X	24.0	19,000		1.8									0.8	
29	X	24.0	20,000		1.8									0.8	
30	X	24.0	16,000		1.8									0.8	
31	X	24.0	28,000		1.8									0.8	
Total			624,000												
Average			20,125												
Maximum			28,000												

8.



9412550413

August, 2005

Lake Suzy WWTP

PWS Name: Leisure Lakes / Covered Bridge			PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 275			Total Population Served at End of Month: 630	
PWS Owner: Aqua Utilities Florida, Inc.				
Contact Person: Carolyn McFalls			Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400			City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470			Zip Code: 34240	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com			Contact Person's Fax Number: (941) 907-0965	

B. Water Treatment Plant Information

[illegible]

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Don W. Jett 89/113/05
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	September, 2005
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes		Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.		City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 10/06/05
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

P.9

9412550413

Lake Suzy WWT

Oct 06 06 11:18a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: September, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	21,000		1.8								0.8		
2	X	24.0	19,000		1.8								0.8		
3	X	24.0	20,000		1.8								0.8		
4		24.0	32,000												
5	X	24.0	32,000		1.8								0.8		
6	X	24.0	19,000		1.8								0.8		
7	X	24.0	24,000		1.8								0.8		
8	X	24.0	24,000		1.8								0.8		
9	X	24.0	26,000		1.8								0.8		
10	X	24.0	20,000		1.8								0.8		
11	X	24.0	29,000		1.8								0.8		
12	X	24.0	28,000		1.8								0.8		
13	X	24.0	32,000		1.8								0.8		
14	X	24.0	33,000		1.8								0.8		
15	X	24.0	27,000		1.8								0.8		
16	X	24.0	28,000		1.8								0.8		
17		24.0	30,000												
18		24.0	30,000												
19	X	24.0	29,000		1.8								0.8		
20	X	24.0	30,000		1.8								0.8		
21	X	24.0	31,000		1.8								0.8		
22	X	24.0	23,000		1.8								0.8		
23	X	24.0	34,000		1.8								0.8		
24	X	24.0	26,000		1.8								0.8		
25	X	24.0	34,000		1.8								0.8		
26	X	24.0	39,000		1.8								0.8		
27	X	24.0	34,000		1.8								0.8		
28	X	24.0	33,000		1.8								0.8		
29	X	24.0	37,000		1.8								0.8		
30	X	24.0	32,000		1.8								0.8		
31															
Total			856,000												
Average			28,500												
Maximum			39,000												

Oct 06 06 11:28a

Lake Suny WTP

9412550413

P.28

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	October, 2005
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	275			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operator:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 11/08/05
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

P.10.

9412550413

Lake Suzy WUTP

Oct 06 06 11:18a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		628006-1		Plant Name:		Leisure Lakes									
III. Daily Data for the Month/Year of:				October, 2005											
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	45,000												
2		24.0	45,000												
3	X	24.0	44,000		1.8								0.8		
4	X	24.0	25,000		1.8								0.8		
5	X	24.0	36,000		1.8								0.8		
6	X	24.0	35,000		1.8								0.8		
7	X	24.0	37,000		1.8								0.8		
8	X	24.0	33,000		1.8								0.8		
9	X	24.0	39,000		1.8								0.8		
10	X	24.0	43,000		1.8								0.8		
11	X	24.0	36,000		1.8								0.8		
12	X	24.0	48,000		1.8								0.8		
13	X	24.0	40,000		1.8								0.8		
14	X	24.0	43,000		1.8								0.8		
15		24.0	44,000												
16		24.0	44,000												
17	X	24.0	43,000		1.8								0.8		
18	X	24.0	45,000		1.8								0.8		
19	X	24.0	55,000		1.8								0.8		
20	X	24.0	48,000		1.8								0.8		
21	X	24.0	52,000		1.8								0.8		
22	X	24.0	37,000		1.8								0.8		
23	X	24.0	50,000		1.8								0.8		
24	X	24.0	72,000		1.8								0.8		
25	X	24.0	28,000		1.8								0.8		
26	X	24.0	28,000		1.8								0.8		
27	X	24.0	30,000		1.8								0.8		
28	X	24.0	29,000		1.8								0.8		
29		24.0	31,000												
30		24.0	31,000												
31	X	24.0	30,000		1.8								0.8		
Total			1,246,000												
Average			40,194												
Maximum			72,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Oct 06 06 11:28a

Lake SUZY WUTP

9412550413

P.29

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information November, 2005

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 12/09/05
Signature and Date

David W. Faircloth
Printed or Typed Name

License Number

P. 11

9412550413

Lake Suzy WUTP

Oct 06 06 11:19a

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 028006-1 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: November, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide
 Ultraviolet Radiation Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable *										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	35,000		1.8								0.8		
2	X	24.0	29,000		1.8								0.8		
3	X	24.0	38,000		1.8								0.8		
4	X	24.0	34,000		1.8								0.8		
5	X	24.0	24,000		1.8								0.8		
6	X	24.0	26,000		1.8								0.8		
7	X	24.0	45,000		1.8								0.8		
8	X	24.0	32,000		1.8								0.8		
9	X	24.0	33,000		1.8								0.8		
10	X	24.0	31,000		1.8								0.8		
11	X	24.0	35,000		1.8								0.8		
12		24.0	34,000												
13		24.0	34,000												
14	X	24.0	33,000		1.8								0.8		
15	X	24.0	71,000		1.8								0.8		
16	X	24.0	42,000		1.8								0.8		
17	X	24.0	44,000		1.8								0.8		
18	X	24.0	43,000		1.8								0.8		
19	X	24.0	32,000		1.8								0.8		
20	X	24.0	28,000		1.8								0.8		
21	X	24.0	38,000		1.8								0.8		
22	X	24.0	33,000		1.8								0.8		
23	X	24.0	34,000		1.8								0.8		
24		24.0	30,000												
25	X	24.0	31,000		1.8								0.8		
26		24.0	33,000												
27		24.0	33,000												
28	X	24.0	34,000		1.8								0.8		
29	X	24.0	24,000		1.8								0.8		
30	X	24.0	29,000		1.8								0.8		
Total			1,042,000												
Average			34,733												
Maximum			71,000												

* Refer to the instructions for this report to determine which plants must provide this information

Oct 06 06 11:28a

Lake SUZY WTP

9412550413

P.30

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	December, 2005
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	60 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 01/06/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of December, 2005

Means of Achieving Four-Log Virus Inactivation Removal: ☒ Ultraviolet Radiation ☐ Other ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time: (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	34,000		1.8							0.8		
2	X	24.0	34,000		1.8							0.8		
3	X	24.0	34,000		1.8							0.8		
4	X	24.0	33,000		1.8							0.8		
5	X	24.0	47,000		1.8							0.8		
6	X	24.0	28,000		1.8							0.8		
7	X	24.0	32,000		1.8							0.8		
8	X	24.0	33,000		1.8							0.8		
9	X	24.0	31,000		1.8							0.8		
10		24.0	47,000											
11		24.0	47,000											
12	X	24.0	46,000		1.8							0.8		
13	X	24.0	125,000		1.8							0.8		
14	X	24.0	26,000		1.8							0.8		
15	X	24.0	22,000		1.8							0.8		
16	X	24.0	32,000		1.8							0.8		
17	X	24.0	25,000		1.8							0.8		
18	X	24.0	31,000		1.8							0.8		
19			25,000											
20	X	24.0	27,000		1.8							0.8		
21	X	24.0	25,000		1.8							0.8		
22	X	24.0	25,000		1.8							0.8		
23	X	24.0	25,000		1.8							0.8		
24			26,000											
25		24.0	26,000											
26	X	24.0	25,000		1.8							0.8		
27	X	24.0	30,000		1.8							0.8		
28	X	24.0	28,000		1.8							0.8		
29	X	24.0	27,000		1.8							0.8		
30	X	24.0	27,000		1.8							0.8		
31	X	24.0	23,000		1.8							0.8		
Total			1,046,000											
Average			33,742											
Maximum			125,000											

* Refer to the instructions on this report to determine w

vide this

Oct 06 06 11:29a

Lake Suzy WUTP

9412550413

P.31

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

P.13

9412550413

Lake Suzy WWT

Oct 06 06 11:20a

PWS ID: 6280064 Plant Name: Leisure Lakes

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):	Polyphosphate
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	1mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Oct 06 06 11:20a



January, 2006

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Zip Code: 34240	
Contact Person's E-Mail Address:		Contact Person's Fax Number: (941) 907-0963	

[illegible]

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Daniel W. Jones 02/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Oct 06 06 11:31a Lake Suzy WUTP 9412550413 p.33

PLS ID: 6280064		Plant Name: Leisure Lakes		January, 2006		Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other		Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide				
III. Daily Data for the Month) year of:												
Days Plant Started or Stopped	Hours plant in Operation	Net Quantity of Finished Water, gpd	Peak Flow, gpd	Disinfectant Residual Concentration (C) Before or at First Measurement (T) at C	Disinfectant Contact Time Before or at Lowest CT	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	35,000	1.8							0.8	
2	X	24.0	31,000	1.8							0.8	
3	X	24.0	32,000	1.8							0.8	
4	X	24.0	30,000	1.8							0.8	
5	X	24.0	30,000	1.8							0.8	
6	X	24.0	28,000	1.8							0.8	
7		24.0	29,000									
8		24.0	29,000									
9	X	24.0	30,000	1.8							0.8	
10	X	24.0	28,000	1.8							0.8	
11	X	24.0	33,000	1.8							0.8	
12	X	24.0	31,000	1.8							0.8	
13	X	24.0	31,000	1.8							0.8	
14	X	24.0	23,000	1.8							0.8	
15	X	24.0	30,000	1.8							0.8	
16	X	24.0	41,000	1.8							0.8	
17	X	24.0	35,000	1.8							0.8	
18	X	24.0	35,000	1.8							0.8	
19	X	24.0	40,000	1.8							0.8	
20	X	24.0	38,000	1.8							0.8	
21		24.0	42,000									
22		24.0	42,000									
23	X	24.0	42,000	1.8							0.8	
24	X	24.0	42,000	1.8							0.8	
25	X	24.0	40,000	1.8							0.8	
26	X	24.0	54,000	1.8							0.8	
27	X	24.0	47,000	1.8							0.8	
28	X	24.0	43,000	1.8							0.8	
29	X	24.0	47,000	1.8							0.8	
30	X	24.0	50,000	1.8							0.8	
31	X	24.0	47,000	1.8							0.8	
Total			1,135,000									
Average			36,613									
Maximum			54,000									

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

February
January, 2006

I. General Information

A. Public Water System (PWS) Information


PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400			City:	Sarasota
Contact Person's Telephone Number:	(941) 907-7470			State:	Florida
Contact Person's E-Mail Address:				Zip Code:	34240
				Contact Person's Fax Number:	(941) 907-0965

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			State:	Florida
	<input type="checkbox"/> Purchased Finished Water			Zip Code:	33852
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date 03/09/06

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		6280064		Plant Name:		Leisure Lakes									
III. Daily Data for the Month/Year of: <u>January, 2006</u> <u>February 2006</u>															
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	50,000		1.8									0.8	
2	X	24.0	52,000		1.8									0.8	
3	X	24.0	56,000		1.8									0.8	
4		24.0	32,000												
5		24.0	32,000												
6	X	24.0	31,000		1.8									0.8	
7	X	24.0	38,000		1.8									0.8	
8	X	24.0	31,000		1.8									0.8	
9	X	24.0	36,000		1.8									0.8	
10	X	24.0	33,000		1.8									0.8	
11	X	24.0	38,000		1.8									0.8	
12	X	24.0	30,000		1.8									0.8	
13	X	24.0	33,000		1.8									0.8	
14	X	24.0	42,000		1.8									0.8	
15	X	24.0	30,000		1.8									0.8	
16	X	24.0	40,000		1.8									0.8	
17	X	24.0	38,000		1.8									0.8	
18		24.0	40,000												
19		24.0	40,000												
20	X	24.0	39,000		1.8									0.8	
21	X	24.0	39,000		1.8									0.8	
22	X	24.0	39,000		1.8									0.8	
23	X	24.0	36,000		1.8									0.8	
24	X	24.0	36,000		1.8									0.8	
25	X	24.0	37,000		1.8									0.8	
26	X	24.0	35,000		1.8									0.8	
27	X	24.0	46,000		1.8									0.8	
28	X	24.0	41,000		1.8									0.8	
Total			1,070,000												
Average			38,214												
Maximum			56,000												

* Refer to the instructions for this report to determine which plants must provide this information.



March, 2006

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Zip Code: 34240	
Contact Person's E-Mail Address:		Contact Person's Fax Number: (941) 907-0965	

[illegible]

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Oct 06 06 11:32a

Lake Suzy WUTP

9412550413

p.35

PWS ID: 6280064		Plant Name: Leisure Lakes		Date: March, 2006	
Means of Achieving Four-Log Virus Inactivation/Removal:					
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other					
Type of Disinfectant Residual Maintained in Distribution System:					
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*					
UV Dose					
Days Plant Shutted or Operator Visited by Hours plant	Net Quantity of Finished Water	Peak Flow, gpd	Peak Flow, mg/L	Peak Flow, mg/L	Peak Flow, mg/L
Days of Month	Operator (Place "X")	Operation	Produced gal	Rate, gpd	Peak Flow, mg/L
1	X		40,000	1.8	1.8
2	X		41,000	1.8	1.8
3	X		40,000	1.8	1.8
4			54,000		
5			54,000		
6	X		55,000	1.8	1.8
7	X		11,000	1.8	1.8
8	X		42,000	1.8	1.8
9	X		39,000	1.8	1.8
10	X		45,000	1.8	1.8
11	X		37,000	1.8	1.8
12	X		44,000	1.8	1.8
13	X		51,000	1.8	1.8
14	X		40,000	1.8	1.8
15	X		43,000	1.8	1.8
16	X		44,000	1.8	1.8
17	X		46,000	1.8	1.8
18			46,000		
19			46,000		
20	X		47,000	1.8	1.8
21	X		51,000	1.8	1.8
22	X		50,000	1.8	1.8
23	X		41,000	2.2	2.2
24	X		42,000	2.8	2.8
25	X		37,000	2.3	2.3
26	X		44,000	2.1	2.1
27	X		55,000	1.6	1.6
28	X		152,000	5.9	5.9
29	X		55,000	7.2	7.2
30	X		58,000	2.8	2.8
31	X		67,000	2.4	2.4
Total			1,517,000		
Average			48,935		
Maximum			152,000		
* Refer to the instructions for this report to determine which plants must provide this information.					

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information April, 2006
A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400			City:	Sarasota
Contact Person's Telephone Number:	(941) 907-7470			State:	Florida
Contact Person's E-Mail Address:				Zip Code:	34240
				Contact Person's Fax Number:	(941) 907-0965

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.			City:	Lake Placid
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			State:	Florida
	<input type="checkbox"/> Purchased Finished Water			Zip Code:	33852
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 05/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'S: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

6280064

Plant Name: _____

Leisure Lakes

III. Daily Data for the Month/Year of:

Means of Achieving Four-Log Virus Inactivation/Removal:

✓ Free	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
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CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable *

Days Plant Started or Operated in (Place "X")	Day of the Month	Hours plant operated in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										UV Dose mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Operating UV Dose, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration (C) Before or at First Peak Flow	Disinfectant Contact Time (T) at C Peak Flow	Disinfectant Flow, mg- min/L During Peak Flow	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Operating CT	Operating UV Dose, mW-sec/cm ²							
1			24.0	58,000														
2			24.0	57,000														
3		X	24.0	60,000														
4		X	24.0	63,000														
5		X	24.0	59,000														
6		X	24.0	62,000														
7		X	24.0	56,000														
8		X	24.0	68,000														
9		X	24.0	68,000														
10		X	24.0	68,000														
11			24.0	60,000														
12		X	24.0	61,000														
13		X	24.0	61,000														
14		X	24.0	60,000														
15		X	24.0	58,000														
16			24.0	65,000														
17		X	24.0	66,000														
18		X	24.0	59,000														
19		X	24.0	55,000														
20		X	24.0	56,000														
21		X	24.0	66,000														
22		X	24.0	46,000														
23		X	24.0	56,000														
24		X	24.0	69,000														
25		X	24.0	56,000														
26		X	24.0	82,000														
27		X	24.0	60,000														
28		X	24.0	59,000														
29			24.0	50,000														
30			24.0	50,000														
			Total	1,804,000														
			Average	60,133														
			Maximum	82,000														

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	May, 2006
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A. Public Water System (PWS) Information

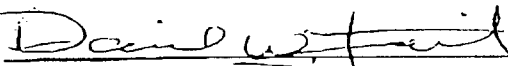
PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0963
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.			City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 06/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		6280064		Plant Name:		Leisure Lakes								
III. Daily Data for the Month/Year of: May, 2006														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²			Minimum UV Dose Required, mW-sec/cm²
1	X	24.0	100,000		3.2								0.8	
2	X	24.0	69,000		3.4								0.8	
3	X	24.0	68,000		3.6								1.0	
4	X	24.0	70,000		3.8								1.2	
5	X	24.0	20,000		3.6								1.0	
6	X	24.0	16,000		3.5								1.0	
7	X	24.0	16,000		3.1								0.9	
8	X	24.0	20,000		3.4								1.0	
9	X	24.0	22,000		3.4								1.0	
10	X	24.0	20,000		3.6								1.2	
11	X	24.0	20,000		3.5								1.2	
12	X	24.0	20,000		3.2								1.0	
13		24.0	20,000											
14		24.0	20,000											
15	X	24.0	20,000		3.3								1.0	
16	X	24.0	17,000		3.5								1.0	
17	X	24.0	17,000		2.8								0.8	
18	X	24.0	16,000		2.9								1.0	
19	X	24.0	20,000		3.2								1.2	
20	X	24.0	15,000		3.4								1.2	
21	X	24.0	18,000		2.8								1.0	
22	X	24.0	19,000		3.2								1.0	
23	X	24.0	20,000		3.4								1.0	
24	X	24.0	16,000		3.1								1.2	
25	X	24.0	17,000		3.0								1.0	
26	X	24.0	18,000		2.9								0.9	
27		24.0	19,000											
28		24.0	19,000											
29	X	24.0	18,000		2.0								0.8	
30	X	24.0	21,000		2.8								0.9	
31	X	24.0	19,000		2.6								1.0	
Total			810,000											
Average			26,129											
Maximum			100,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Page 4 for Instructions

Form 1 (Revised)

June, 2008

A. Public Water System (PWS) Information

PWS Name:	Lakewood Lakes / Covered Bridge
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:	276
PWS Owner:	Agua Urbana Florida, Inc.
Contact Person:	Glenn P. Labrecque
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400
Contact Person's Telephone Number:	(941) 907-7470
Contact Person's E-Mail Address:	
Contact Person's Fax Number:	(941) 907-0965
Contact Person's Title:	Area Manager, South Florida
City:	Sarasota
State:	Florida
Zip Code:	34240
Plant Address:	101 Park View Circle S.
Plant Name:	Lakewood Lakes
Plant Telephone Number:	(941) 907-7470
Plant Fax Number:	(941) 907-0965
City:	Lake Placid
State:	Florida
Zip Code:	33852

Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water
Provided Maximum Day Operating Capacity of Plant, gallons per day:	72,000
Plant Class (per subsection 62-699.310(4), F.A.C.):	IV
Name:	David W. Patrick
License Class:	C
License Number:	8189
Days(s) / Shift(s) Worked:	5 Days/Week - 1st shift
Days(s) / Shift(s) Worked:	2 Days every other weekend

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date
 David W. Patrick
 8/7/06/06

Printed or Typed Name
 David W. Patrick
 Page 1

License Number

8189

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 628U054		Plant Name: Sebring Lakes		Date: 2006	
Name of Activated Raw-Leg Virus Inactivation/Removal: <input type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozonation <input type="checkbox"/> Combined Chlorine (Chloramines)					
Type of Distribution Residual Measurement in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
1	X	24.0	14,000	24.0	1.0
2	X	24.0	14,000	29.0	1.3
3	X	24.0	14,000	25.0	1.1
4	X	24.0	16,000	23.0	1.0
5	X	24.0	20,000	28.0	1.3
6	X	24.0	16,000	3.0	1.4
7	X	24.0	17,000	28.0	1.2
8	X	24.0	16,000	3.0	1.6
9	X	24.0	17,000	3.2	1.8
10		24.0	18,000		
11		24.0	18,000		
12	X	24.0	18,000	3.1	1.6
13	X	24.0	15,000	3.0	1.6
14	X	24.0	15,000	2.8	1.3
15	X	24.0	17,000	2.7	1.4
16	X	24.0	16,000	2.9	1.2
17	X	24.0	15,000	2.6	1.1
18	X	24.0	14,000	2.4	1.1
19	X	24.0	23,000	2.5	1.1
20	X	24.0	17,000	2.4	1.0
21	X	24.0	17,000	2.4	1.0
22	X	24.0	21,000	2.2	0.8
23	X	24.0	28,000	2.0	0.9
24		24.0	29,000		
25	X	24.0	28,000	2.2	1.2
26	X	24.0	30,000	3.0	1.4
27	X	24.0	30,000	3.0	1.4
28	X	24.0	17,000	2.8	1.3
29	X	24.0	16,000	2.6	1.2
30	X	24.0	17,000	2.8	1.2
Total		566,000			
Average		18,867			
Minimum		30,000			

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions

1. General Information

PWS Name: Leisure Lakes / Covered Bridge
 PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
 Number of Service Connections at End of Month: 276
 PWS Owner: Aqua Utilities Florida, Inc.
 Contact Person: Clara P. LeBeau
 Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400
 City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: (941) 907-7470
 Contact Person's E-Mail Address:
 PWS Identification Number: 6280064
 Total Population Served at End of Month: 632
 Area Manager, South Florida: (941) 907-0965

Plant Name: Leisure Lakes
 Plant Address: 101 Park View Circle S.
 City: Lake Placid State: Florida Zip Code: 33852
 Plant Telephone Number: (941) 907-7470
 Type of Water Treatment by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
 Monthly Maximum Day Operating Capacity of Plant, gallons per day: 72,000

Plant Class (per subsection 62-699.310(4), F.A.C.): C
 Licensed Operators:
 Name: David W. Faircloth License Class: C
 Name: Donald P. Gavett License Class: C
 Days/Week - in shift: 6 Days/Week - in shift
 Days(s) / Shift(s) Worked: 2 Days every other weekend

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: David W. Faircloth 08/08/06

Printed or Typed Name: David W. Faircloth

License Number: 8189

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		6280064		Plant Name:		Leisure Lakes							
III. Track Disinfection System				July, 2006									
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)													
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant is in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurements Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²		Minimum UV Dose Required, mW-sec/cm²
1	X	24.0	13,000		2.5							1.1	
2	X	24.0	19,000		2.9							1.2	
3	X	24.0	21,000		2.4							1.0	
4	X	24.0	16,000		3.0							1.4	
5	X	24.0	19,000		2.8							1.2	
6	X	24.0	16,000		2.9							1.2	
7	X	24.0	20,000		3.0							1.3	
8		24.0	17,000										
9		24.0	17,000										
10	X	24.0	17,000		2.8							1.1	
11	X	24.0	19,000		3.0							1.2	
12	X	24.0	18,000		3.2							1.4	
13	X	24.0	18,000		3.0							1.2	
14	X	24.0	17,000		2.8							1.1	
15		24.0	19,000										
16		24.0	19,000										
17	X	24.0	18,000		2.1							0.8	
18	X	24.0	19,000		2.2							0.7	
19	X	24.0	16,000		3.0							1.2	
20	X	24.0	19,000		2.8							1.0	
21	X	24.0	18,000		2.6							1.0	
22	X	24.0	18,000		2.5							1.0	
23	X	24.0	21,000		2.8							1.1	
24	X	24.0	25,000		2.6							1.0	
25	X	24.0	19,000		2.0							0.8	
26	X	24.0	21,000		2.3							1.0	
27	X	24.0	18,000		2.2							1.0	
28	X	24.0	20,000		2.6							1.2	
29		24.0	20,000										
30		24.0	20,000										
31	X	24.0	19,000		2.1							0.3	
Total			576,000										
Average			18,581										
Maximum			25,000										

* Refer to the instructions for this report to determine which plants must provide this information.

D.4



Fruitville

August, 2006

Mar 06 07 10:04a

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

Dennis W. Faul 09/08/06
Signature and Date

8189
License Number

3.
Q.



Fruitville

Mar 06 07 10:03a

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

H. Certification by Lead/Chief Operator

Dean Powell 10/05/06
Signature and Date

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FW ID: 6280064 Plant Name: Leisure Lakes

III. Data for the Month/year of September, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days of the Month	Hours plant is in operation	Net Quantity of Water Produced, gal	Peak Flow, gpd	Lowest Residual Disinfectant Concentration (C) at C	Contact Time (T) at C	Disinfectant Provided	First Customer Flow, mg./min./l.	Customer Flow, mg./min./l.	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg./min./l.	Lowest UV Dose, mW-sec/cm ²	Operating UV Dose, mW-sec/cm ²	Minimum Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Total	Average	Maximum
1	X		23,000			2.4											807,000	26,900	39,000
2	X		24,000			2.1													
3	X		22,000			1.8													
4	X		25,000			2.0													
5	X		27,000			2.3													
6	X		25,000			2.2													
7	X		25,000			2.3													
8	X		25,000			2.5													
9			28,000																
10			28,000																
11	X		29,000			2.3													
12	X		29,000			2.4													
13	X		30,000			2.5													
14	X		28,000			2.9													
15	X		29,000			3.3													
16	X		32,000			2.7													
17	X		36,000			2.8													
18	X		38,000			3.0													
19	X		35,000			3.2													
20	X		34,000			3.0													
21	X		38,000			3.2													
22	X		39,000			3.4													
23			22,000																
24			22,000																
25	X		22,000			3.1													
26	X		16,000			3.4													
27	X		20,000			3.2													
28	X		19,000			3.4													
29	X		20,000			3.2													
30	X		19,000			3.0													

* Refer to the instructions for this report to determine which plants must provide this information.

p.2



Mar 06 07 10:03a

October, 2006

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Zip Code: 34240	
Contact Person's E-Mail Address:		Contact Person's Fax Number: (941) 907-0965	

[illegible]

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		6280064		Plant Name:		Leisure Lakes								
III. Daily Data for the Month/Year of:				October, 2006										
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	20,000		3.1								1.3	
2	X	24.0	25,000		3.0								1.2	
3	X	24.0	21,000		3.2								1.4	
4	X	24.0	21,000		3.0								1.2	
5	X	24.0	19,000		3.2								1.5	
6	X	24.0	20,000		3.0								1.3	
7		24.0	23,000											
8		24.0	23,000											
9	X	24.0	23,000		2.8								1.1	
10	X	24.0	26,000		3.0								1.3	
11	X	24.0	27,000		3.2								1.2	
12	X	24.0	33,000		3.4								1.3	
13	X	24.0	23,000		2.8								1.2	
14	X	24.0	17,000		3.1								1.3	
15	X	24.0	27,000		2.7								1.1	
16	X	24.0	23,000		3.0								1.3	
17	X	24.0	23,000		3.2								1.4	
18	X	24.0	23,000		3.4								1.5	
19	X	24.0	25,000		3.5								1.5	
20	X	24.0	19,000		3.4								1.3	
21		24.0	27,000											
22		24.0	27,000											
23	X	24.0	28,000		3.2								1.2	
24	X	24.0	31,000		3.3								1.4	
25	X	24.0	28,000		3.2								1.5	
26	X	24.0	22,000		3.3								1.6	
27	X	24.0	24,000		3.1								1.4	
28	X	24.0	20,000		3.0								1.4	
29	X	24.0	26,000		2.8								1.3	
30	X	24.0	27,000		3.0								1.4	
31	X	24.0	24,000		3.4								1.5	
Total			745,000											
Average			24,032											
Maximum			33,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information	November, 2006
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33852	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	David W. Faircloth	C	8189
Other Operators	Donald P. Gavoni	C	5674

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

David W. Faircloth 12/05/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 6280064 Plant Name: Leisure Lakes

III. Daily Data for the Month/Year of: November, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable *										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	28,000		3.3								1.4	
2	X	24.0	29,000		3.4								1.5	
3	X	24.0	25,000		3.5								1.6	
4		24.0	26,000											
5		24.0	26,000											
6	X	24.0	27,000		3.4								1.5	
7	X	24.0	24,000		3.3								1.4	
8	X	24.0	29,000		3.4								1.5	
9	X	24.0	25,000		3.2								1.3	
10	X	24.0	26,000		3.4								1.4	
11	X	24.0	26,000		3.1								1.3	
12	X	24.0	27,000		3.3								1.4	
13	X	24.0	29,000		3.0								1.2	
14	X	24.0	26,000		2.6								1.0	
15	X	24.0	27,000		3.1								1.2	
16	X	24.0	26,000		2.8								1.0	
17	X	24.0	26,000		3.3								1.4	
18		24.0	36,000											
19	X	24.0	37,000		3.1								1.2	
20	X	24.0	36,000		3.4								1.3	
21	X	24.0	39,000		3.0								1.1	
22	X	24.0	49,000		3.3								1.2	
23		24.0	57,000											
24	X	24.0	58,000		2.3								0.9	
25	X	24.0	63,000		2.7								1.0	
26	X	24.0	34,000		2.9								1.1	
27	X	24.0	34,000		3.2								1.3	
28	X	24.0	39,000		3.1								1.2	
29	X	24.0	31,000		3.3								1.4	FLUSHED FIRE HYDRANTS
30	X	24.0	136,000		3.3								2.4	
Total			1,101,000											
Average			36,700											
Maximum			136,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Page 4 for Instructions.

U.S. and U.K. Information

December, 2008

A. Public Water System (PWS) Information

Public Water System (PWS) Information									
PWS Name: Leisure Lakes / Covered Bridge					PWS Identification Number: 6290064				
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive									
Number of Service Connections at End of Month: 276					Total Population Served at End of Month: 652				
PWS Owner: Aqua Utilities Florida, Inc.					Contact Person's Title: Area Manager, South Florida				
Contact Person: Glenn P. LaBrecque					City: Sarasota		State: Florida		Zip Code: 34240
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400					Contact Person's Fax Number: (941) 907-0965				
Contact Person's Telephone Number: (941) 907-7470									
Contact Person's E-Mail Address:									

B. Water Treatment Plant Information

[illegible]

High Performance Level 1 and 2 Fuel Operation

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Daniel et 01/05/07
Signature and Date

David W. Faircloth
Printed or Typed Name

8169
License Number

MONTHLY OPERATION REPORT FOR PW'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:		6280044		Plant Name:		Loisire Lakes	
Month of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)							
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other							
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide							
1	X	24.0	31,000		3.4		1.7
2		24.0	29,000				
3		24.0	29,000				
4	X	24.0	28,000		3.2		2.0
5	X	24.0	27,000		3.4		1.9
6	X	24.0	26,000		3.4		2.2
7	X	24.0	28,000		3.2		1.8
8	X	24.0	26,000		3.4		1.9
9	X	24.0	24,000		3.3		1.7
10	X	24.0	26,000		3.0		1.8
11	X	24.0	30,000		2.8		1.6
12	X	24.0	29,000		3.0		1.8
13	X	24.0	24,000		1.3		1.9
14	X	24.0	21,000		3.1		1.7
15	X	24.0	31,000		3.3		1.9
16		24.0	27,000				
17		24.0	27,000				
18	X	24.0	28,000		3.4		1.6
19	X	24.0	25,000		3.2		1.5
20	X	24.0	24,000		3.0		1.5
21	X	24.0	23,000		3.2		1.6
22	X	24.0	26,000		3.3		1.5
23	X	24.0	24,000		3.1		1.5
24	X	24.0	24,000		2.9		1.4
25		24.0	25,000				
26	X	24.0	26,000		3.1		1.5
27	X	24.0	27,000		3.4		1.6
28	X	24.0	26,000		3.2		1.5
29	X	24.0	27,000		3.0		1.2
30		24.0	25,000				
31		24.0	25,000				
Total		818,000					
Average		25,387					
Maximum		31,000					

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	6280064	Plant Name:	Sebring Lakes
1. Submit this report to the local health department, local health officer, and local health department. Submit this report to the local health department, local health officer, and local health department.			
A. Is any polymer contributing the monomer styrene used at the water treatment plant? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, and the polymer dose and the styrene level in the polymer are as follows:			
Polymer Dose ppm =	Acrylamide Level, % =		
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:			
Polymer Dose ppm =	Epichlorohydrin Level, % =		
C. Is any iron or manganese sequestant used at the water treatment plant? <input type="checkbox"/> No <input type="checkbox"/> Yes, and the type of sequestant, sequestant dose, etc., are as follows:			
Type of Sequestant (polyphosphate or sodium silicate): Polyphosphate			
Sequestant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =			
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =			

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.

* Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

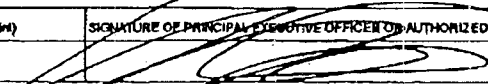
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 01/01/06 To: 01/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.025	0.023	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.8	2.8		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.1			Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.0	2.0		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.0			Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7		Daily 5, wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)		Daily 5, wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/02/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 01/01/2005 To: 01/31/2005

LIMIT: Final
CLASS SIZE: Minor


FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: 001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050090 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.8			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.6	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					732		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					118		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/02/23

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.025
49%

Month / Year: January-05

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.029											
2	0.029											
3	0.030					7.7	7.7		1.2			
4	0.023					7.7	7.7		0.8			
5	0.011					7.6	7.6		1.2			
6	0.029					7.6	7.6		1.0			
7	0.030					7.5	7.5		1.3			
8	0.027					7.5	7.5		1.4			
9	0.030					7.5	7.5		1.2			
10	0.028					7.6	7.6		1.0			
11	0.013					7.6	7.6		1.2			
12	0.022					7.5	7.5		1.4			
13	0.033					7.6	7.6		1.0			
14	0.023					7.6	7.6		1.2			
15	0.027											
16	0.027											
17	0.026					7.6	7.6		1.3			
18	0.009					7.6	7.6		1.5			
19	0.034					7.6	7.6		1.6			
20	0.036					7.5	7.5		1.8			
21	0.009					7.4	7.4		1.6			
22	0.022											
23	0.022											
24	0.022					7.5	7.5		1.0			
25	0.047					7.6	7.6		1.6			
26	0.018					7.5	7.5		1.5			
27	0.028	732	118	2.8	2.0	7.6	7.6	1U	1.8	0.6	12:55	G
28	0.026					7.5	7.5		2.0			
29	0.017					7.4	7.4		1.8			
30	0.026					7.5	7.5		2.0			
	0.028					7.4	7.4		1.8			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEP Form 82-620.910(10), Effective November 29, 1994

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

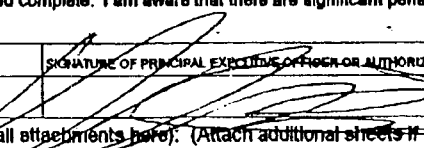
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 02/01/05 To: 02/28/05
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storet code Mon. Site No.										
FLOW, in conduit or thru treatment plant	Sample Measurement	0.026	0.023	MGD					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.1			Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.0	2.0		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.7			Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
pH	Sample Measurement				0.3		7.6		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(883) 471-1400	06/03/24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 02/01/2005 To: 02/28/2005

LIMIT: Final
CLASS SIZE: Minor

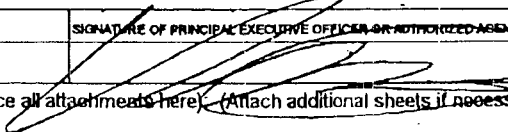
FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031810 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031810 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						1.8	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080002 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					430		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					286		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/03/24

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014382-001-DW3P

Three-month Average Daily Flow:

0.025

Month / Year: February-05

(TMSDF/Permitted Capacity)x100:

49%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.5			
2	0.035					7.5	7.5		1.2			
3	0.011					7.4	7.4		1.0			
4	0.035					7.5	7.5		1.1			
5	0.018					7.5	7.5		1.3			
6	0.023					7.4	7.4		1.1			
7	0.028					7.6	7.6		1.0			
8	0.030					7.6	7.6		1.1			
9	0.020					7.5	7.5		1.0			
10	0.020					7.6	7.6		1.1			
11	0.015					7.5	7.5		1.0			
12	0.033											
13	0.033											
14	0.034					7.5	7.5		1.2			
15	0.020					7.6	7.6		1.0			
16	0.025					7.5	7.5		1.2			
17	0.030					7.5	7.5		1.3			
18	0.025					7.5	7.5		1.5			
19	0.021					7.4	7.4		1.2			
20	0.025					7.3	7.3		1.0			
21	0.019					7.0	7.3		1.1			
22	0.035					0.3	7.4		1.0			
23	0.030	430	286	2u	1u	7.4	7.5	1u	1.2	1.8	13/25	G
24	0.033					7.5	7.5		1.0			
25	0.023					7.5	7.5		1.4			
26	0.026											
27	0.026											
28	0.027					7.5	7.5		1.5			
29												
30												

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6980 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

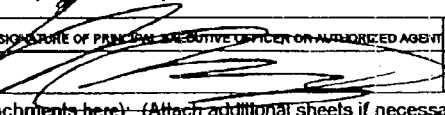
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 03/01/05 To: 03/31/05
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.026	0.023	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.1	3.1	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.4	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(883) 471-1400	05/04/05

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

Oct 06 06 12:57p

Lake Suzy WTP

9412550413

P.5

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

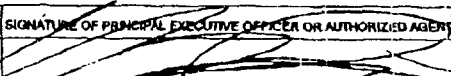
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 03/01/2005 To: 03/31/2005
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL		Sample Measurement			1U	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL		Sample Measurement				5.7		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN. AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement			1.0			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.1	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement				312		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT		Sample Measurement				387		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/04/25

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

Oct 06 06 01:02P

Lake Suzy WTP

9412550413

P.5

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: March-05

Three-month Average Daily Flow:

0.026

(TMSDF/Permitted Capacity)x100:

51%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.6			
2	0.010					7.5	7.5		1.5			
3	0.020					7.5	7.5		1.3			
4	0.049					7.5	7.5		1.2			
5	0.017					7.4	7.4		1.0			
6	0.023					7.4	7.4		1.1			
7	0.020					7.5	7.5		1.2			
8	0.031					7.5	7.5		1.0			
9	0.021					7.5	7.5		1.5			
10	0.032					7.6	7.6		1.2			
11	0.018					7.5	7.5		1.0			
12	0.028											
13	0.028											
14	0.029					7.5	7.5		1.3			
15	0.030					7.5	7.5		1.1			
16	0.022					7.4	7.4		1.3			
17	0.027	312	387	3.1	3.4	7.5	7.5	1U	1.2		15:05	G
18	0.025					7.5	7.5		1.1			
19	0.016					7.5	7.5		1.0			
20	0.028					7.5	7.5		1.1			
21	0.026					7.5	7.5		1.0			
22	0.036					7.5	7.5		1.5			
23	0.031					7.6	7.6		1.3			
24	0.023					7.5	7.5		1.3			
25	0.025					7.5	7.5		1.1			
26	0.027											
27	0.027											
28	0.026					7.6	7.6		1.0			
29	0.034					7.6	7.6		1.2			
30	0.030					7.5	7.5		1.0			
31	0.020					7.5	7.5		1.2			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6980 Professional Parkway E., Suite 400
Sarasota, Florida 34240

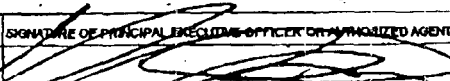
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 04/01/06 To: 04/30/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.022	0.023	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.6	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/06/28

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

Oct 06 06 12:57p

Lake Suzy WUTP

9412550413

P.7

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 04/01/2006 To: 04/30/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
031010 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					5.7		#100		Monthly	Grab
031010 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						2.3	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					164		mg/L		Monthly	Grab
080082 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					148		mg/L		Monthly	Grab
000530 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/05/26

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

Oct 06 06 01:03P

Lake Suzy WTP

9412550413

P. 7

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow: 0.024
(TMSDF/Permitted Capacity)x100: 49%

Month / Year: April-05

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.031					7.5	7.5		1.3			
2	0.021					7.5	7.5		1.0			
3	0.023					7.5	7.5		1.2			
4	0.011					7.5	7.5		1.0			
5	0.035					7.5	7.5		1.2			
6	0.015					7.4	7.4		1.0			
7	0.030					7.5	7.5		1.3			
8	0.012					7.5	7.5		1.2			
9	0.020											
10	0.021					7.5	7.5		1.0			
11	0.038					7.6	7.6		1.2			
12	0.030					7.5	7.5		1.0			
13	0.024					7.5	7.5		0.8			
14	0.010					7.5	7.5		1.5			
15	0.032					7.5	7.5		1.2			
16	0.018					7.5	7.5		1.3			
17	0.022	164	148	2u	2.6	7.5	7.5	1	1.2		13:45	G
18	0.028					7.5	7.5		1.0			
19	0.017					7.5	7.5		1.5			
20	0.025					7.5	7.5		1.4			
21	0.020					7.5	7.5		1.6			
22	0.020					7.5	7.5		1.8			
23	0.020											
24	0.020											
25	0.020					7.5	7.5		1.7			
26	0.018					7.5	7.5		1.9			
27	0.021					7.5	7.5		2.0			
28	0.022					7.5	7.5		2.4			
29	0.023					7.5	7.5		2.2			
30	0.015					7.5	7.5		2.0			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

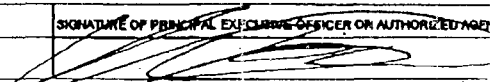
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 05/01/05 To: 05/31/05
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.017	0.023	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.9		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/06/24

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

Oct 06 06 12:58P

Lake Suzy WUTP

9412550413

P.9

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 05/01/2005 To: 05/31/2005

LIMIT: Final
CLASS SIZE: Minor

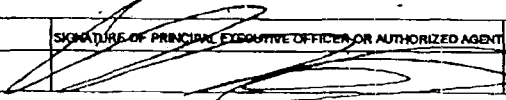
FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					NA		#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.7		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.8			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						1.2	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					228		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					124		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/06/24

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

 Three-month Average Daily Flow: 0.022
 (TMSDF/Permitted Capacity)x100: 43%

Month / Year: May-05

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017					7.5	7.5		2.1			
2	0.022					7.5	7.5		1.9			
3	0.017					7.5	7.5		2.0			
4	0.018					7.5	7.5		2.2			
5	0.014					7.5	7.5		2.1			
6	0.011					7.4	7.4		2.6			
7	0.017											
8	0.017											
9	0.016					7.5	7.5		2.9			
10	0.021					7.5	7.5		2.2			
11	0.014					7.5	7.5		2.1			
12	0.015					7.5	7.5		2.3			
13	0.015					7.6	7.6		2.0			
14	0.017					7.4	7.4		2.0			
15	0.016					7.4	7.4		2.1			
16	0.017					7.5	7.5		1.8			
17	0.017					7.5	7.5		2.0			
18	0.018					7.5	7.5		2.6			
19	0.017					7.5	7.5		2.2			
20	0.013					7.5	7.5		2.4			
21	0.015											
22	0.014					7.5	7.5		2.0			
23	0.027					7.5	7.5		2.3			
24	0.014					7.5	7.5		2.5			
25	0.015					7.5	7.5		2.2			
26	0.011	228	124	2u	2.4	7.6	7.6	< 1	2.0	1.2	8:05	G
27	0.016					7.6	7.6		1.9			
28	0.014					7.6	7.6		2.2			
29	0.015					7.6	7.6		2.0			
30	0.021											
31	0.021					7.5	7.5		2.0			

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

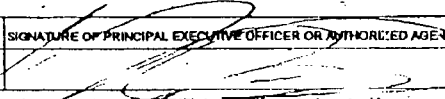
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 06/01/05 To: 05/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, In conduit or thru treatment plant	Sample Measurement	0.029	0.024	MGD						Continuous	Flow Meter
050060 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.2		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.6	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.0		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				8.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
We sell: Circloth		(863) 471-1400	06/07/05

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

Oct 06 06 12:59p

Lake Suzy WTP

9412550413

P.11

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

LIMIT: Final
CLASS SIZE: Minor


FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R031
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					5.7		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVO.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						3.0	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					101		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					118		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/07/26

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

Oct 06 06 01:05p

Lake Suzy WTP

9412550413

P. 11

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.023

Month / Year: June-05

(TMSDF/Permitted Capacity)x100:

45%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017					7.5	7.5		1.8			
2	0.024					7.5	7.5		1.5			
3	0.025					7.5	7.5		1.6			
4	0.036											
5	0.036											
6	0.036					7.5	7.5		1.2			
7	0.037					7.5	7.5		1.5			
8	0.035					7.5	7.5		1.4			
9	0.014					7.6	7.6		1.6			
10	0.047					7.6	7.6		1.8			
11	0.034					7.5	7.5		1.5			
12	0.040					7.5	7.5		1.3			
13	0.044					7.5	7.5		1.2			
14	0.026					7.5	7.5		1.5			
15	0.036					7.5	7.5		1.6			
16	0.029					7.4	7.4		1.5			
17	0.016					7.5	7.5		1.8			
18	0.022											
19	0.022											
20	0.021					7.5	7.5		1.5			
21	0.033					7.5	7.5		1.4			
22	0.012					7.5	7.5		1.3			
23	0.034					7.5	7.5		1.8			
24	0.026					7.5	7.5		1.9			
25	0.020					7.4	7.4		1.5			
26	0.025					7.5	7.5		1.7			
27	0.030					7.5	7.5		1.8			
28	0.020	101	118	2u	2.6	7.5	7.5	1<	1.6	3.0	10:05	G
29	0.030					7.4	7.4		1.8			
30	0.043					7.5	7.5		1.9			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

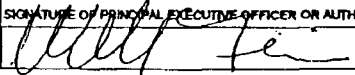
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 07/01/05 To: 07/31/05
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.024	0.025	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.2		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.2	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.9		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/08/23

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

Oct 06 06 01:09P

Lake Suzy WTP

9412550413

P.1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 07/01/2005 To: 07/31/2005

LIMIT: Final
CLASS SIZE: Minor

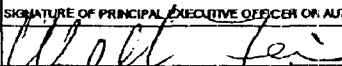
FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLI FORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLI FORM, FECAL	Sample Measurement					5.8		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						8.7	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					147		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					112		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/08/23

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: July-06

Three-month Average Daily Flow:

0.023

(TMSDF/Permitted Capacity)x100:

47%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.046					7.4	7.4		1.6			
2	0.025					7.3	7.3		1.2			
3	0.041					7.3	7.3		1.5			
4	0.033					7.4	7.4		1.3			
5	0.038					7.5	7.5		1.2			
6	0.044					7.5	7.5		1.5			
7	0.028					7.5	7.5		1.3			
8	0.022					7.5	7.5		1.5			
9	0.027											
10	0.027											
11	0.026					7.5	7.5		1.3			
12	0.020					7.5	7.5		1.5			
13	0.030					7.6	7.6		1.6			
14	0.018					7.5	7.5		2.0			
15	0.020					7.5	7.5		2.2			
16	0.019					7.5	7.5		1.8			
17	0.022					7.5	7.5		2.0			
18	0.021					7.5	7.5		1.2			
19	0.015					7.5	7.5		1.0			
20	0.030					7.5	7.5		1.2			
21	0.011					7.5	7.5		1.8			
22	0.020					7.6	7.6		2.0			
23	0.018											
24	0.018											
25	0.018					7.5	7.5		1.8			
26	0.024					7.6	7.6		1.6			
27	0.020	147	112	2u	1.2	7.6	7.6	1<	2.0	8.7	13:40	G
28	0.020					7.5	7.5		2.2			
29	0.020					7.5	7.5		2.1			
30	0.010					7.4	7.4		2.1			
31	0.019					7.4	7.4		1.8			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

24,200
Aug.
750

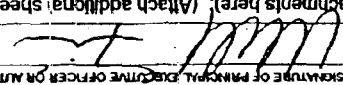
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc. MAILING ADDRESS: 6960 Professional Parkway E., Suite 400 Sarasota, Florida 34240
FACILITY: Leisure Lakes / Covered Bridge LOCATION: 101 Parkview Circle S. Lake Placid, FL 33852
COUNTY: Highlands
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 08/01/06 To: 08/31/05
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant	050050 1 0TH-01	Sample Measurement	0.019	MGD					Continuous	Flow Meter
		Permit Requirement	Report	Monthly	0.050	Ann. Avg.	MGD		Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	80082 1 EFA-01	Sample Measurement				20	20		Monthly	Grab
		Permit Requirement				30, Monthly	60, Single Sample		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	80082 Y EFA-01	Sample Measurement							Monthly	Grab
		Permit Requirement				20.0	Ann. Avg.		Monthly	Grab
TSS, EFFLUENT	000530 1 EFA-01	Sample Measurement				1.0			Monthly	Grab
		Permit Requirement				30, Monthly	60, Single Sample		Monthly	Grab
TSS, EFFLUENT	000530 Y EFA-01	Sample Measurement							Monthly	Grab
		Permit Requirement				Ann. Avg.	20.0		Monthly	Grab
PH	000400 1 EFA-01	Sample Measurement				7.4			Daily 5.wk	Grab
		Permit Requirement				a.d. minimum	a.s. (max)		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/D)
Wendell J. Faircloth		(863) 471-1400	05/09/26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 08/01/2005 To: 08/31/2005

LIMIT: Final
CLASS SIZE: Minor

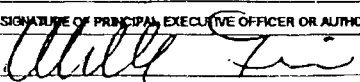
FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Store code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COUFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COUFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					5.6		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.3			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.5	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					112		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					86		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/09/28

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.024
48%

Month / Year: August-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025					7.5	7.5		1.8			
2	0.017					7.5	7.5		2.0			
3	0.012					7.5	7.5		2.1			
4	0.007					7.5	7.5		2.0			
5	0.035					7.5	7.5		1.9			
6	0.018											
7	0.018											
8	0.019					7.6	7.6		2.0			
9	0.020					7.5	7.5		1.8			
10	0.015					7.5	7.5		2.1			
11	0.027					7.5	7.5		2.3			
12	0.022					7.5	7.5		2.5			
13	0.016					7.4	7.4		2.1			
14	0.022					7.4	7.4		2.0			
15	0.014					7.5	7.5		2.2			
16	0.022					7.6	7.6		2.0			
17	0.023					7.6	7.6		2.3			
18	0.020	112	86	2u	1u	7.6	7.6	1<	2.4	0.5	G	10:55
19	0.020					7.6	7.6		2.1			
20	0.017											
21	0.017											
22	0.016					7.5	7.5		2.0			
23	0.015					7.5	7.5		2.2			
24	0.019					7.5	7.5		2.1			
25	0.017					7.5	7.5		1.8			
26	0.017					7.6	7.6		1.7			
27	0.015					7.5	7.5		1.4			
28	0.020					7.5	7.5		1.5			
29	0.022					7.5	7.5		1.3			
30	0.020					7.5	7.5		1.6			
31	0.021					7.5	7.5		1.8			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEP Form 62-620.810(10), Effective November 29, 1994

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

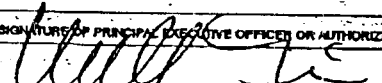
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 09/01/06 To: 09/30/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, in conduit or thru treatment plant	Sample Measurement	0.017	0.024	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					3.7	3.7	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.0	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.9		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.5		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0 minimum		8.5 (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	08/10/11

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

Oct 06 06 01:11p

Lake Suzy WTP

9412550413

P. 5

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: September-05

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.020
40%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.009					7.5	7.5		4.6			
2	0.020					7.5	7.5		4.8			
3	0.019											
4	0.018											
5	0.018					7.5	7.5		2.0			
6	0.020					7.6	7.6		2.1			
7	0.020					7.6	7.6		3.4			
8	0.015					7.6	7.6		3.1			
9	0.013					7.5	7.5		2.2			
10	0.016					7.5	7.5		2.4			
11	0.018					7.5	7.5		2.0			
12	0.017					7.6	7.6		1.8			
13	0.023					7.6	7.6		1.9			
14	0.019					7.5	7.5		2.0			
15	0.018	109	158	3.7	1u	7.5	7.5	1u	2.2	5.7	G	13:25
16	0.016					7.5	7.5		2.1			
17	0.015											
18	0.014					7.6	7.6		1.8			
19	0.021					7.5	7.5		2.0			
20	0.014					7.6	7.6		1.7			
21	0.019					7.6	7.6		1.9			
22	0.017											
23	0.018					7.6	7.6		2.0			
24	0.014					7.5	7.5		1.8			
25	0.017					7.5	7.5		2.1			
26	0.021					7.6	7.6		2.0			
27	0.014					7.5	7.5		1.8			
28	0.014					7.6	7.6		2.2			
29	0.018					7.6	7.6		2.1			
30	0.018					7.6	7.6		2.0			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

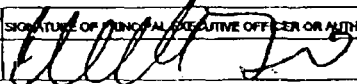
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 10/01/06 To: 10/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.023	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80062 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.2	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.0		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	n.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	n.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/11/25

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

Oct 06 06 01:12p

Lake Suzy WWT

9412550413

p. 7

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 10/01/2005 To: 10/31/2005

LIMIT: Final
CLASS SIZE: Minor

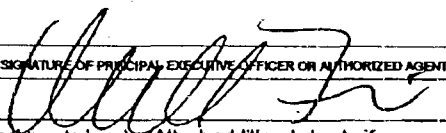
FACILITY: Lelsure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.1			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.2	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					289		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					246		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	08/11/28

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.019
38%

Month / Year: October-08

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.013											
2	0.013					7.6	7.6		2.0			
3	0.028					7.5	7.5		1.6			
4	0.016											
5	0.016					7.5	7.5		2.3			
6	0.019					7.6	7.6		2.4			
7	0.016					7.6	7.6		2.6			
8	0.015					7.6	7.6		2.4			
9	0.018					7.5	7.5		2.1			
10	0.021					7.4	7.4		1.8			
11	0.012					7.5	7.5		2.8			
12	0.026					7.5	7.5		2.4			
13	0.020					7.6	7.6		1.1			
14	0.018					7.6	7.6		1.9			
15	0.017											
16	0.018					7.5	7.5		2.0			
17	0.016					7.5	7.5		1.7			
18	0.024					7.6	7.6		2.1			
19	0.020					7.5	7.5		2.2			
20	0.019	289	246	2u	2.2	7.6	7.6	1u	2.3	0.2	G	14:15
21	0.017					7.6	7.6		2.1			
22	0.015					7.5	7.5		1.8			
23	0.021					7.4	7.6		2.0			
24	0.021					7.5	7.5		2.2			
25	0.034					7.5	7.5		1.6			
26	0.030											
27	0.030					7.6	7.6		1.9			
28	0.026					7.5	7.5		2.0			
29	0.032											
30	0.032											
31	0.033					7.5	7.5		1.9			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEP Form 62-620.910(10), Effective November 28, 1994

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

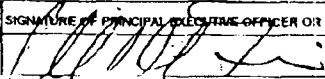
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 11/01/05 To: 11/30/05
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant		0.022	0.023	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY		Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)						2U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	10, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						2.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT						2.4	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT						1.9		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L		Monthly	Grab
pH					7.5		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE					6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	05/12/26

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

Oct 06 06 01:12P

Lake Suzy WWT

9412550413

P.9

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 11/01/2005 To:

LIMIT: Final
CLASS SIZE: Minor

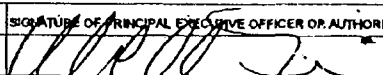
FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031816 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						2.4	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					251		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					106		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/12/26

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA01-388-001-DW3P

Three-month Average Daily Flow:

0.020

Month / Year: November-05

(TMSDF/Permitted Capacity)x100:

40%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.028					7.5	7.5		2.0			
2	0.028					7.5	7.5		2.1			
3	0.027					7.5	7.5		1.9			
4	0.025					7.6	7.6		2.0			
5	0.020					7.5	7.5		1.8			
6	0.019					7.5	7.5		1.8			
7	0.043					7.5	7.5		2.0			
8	0.017					7.6	7.6		1.8			
9	0.018					7.5	7.5		1.7			
10	0.023					7.6	7.6		1.9			
11	0.021					7.6	7.6		2.2			
12	0.022											
13	0.022											
14	0.023					7.5	7.5		1.9			
15	0.020					7.6	7.6		2.0			
16	0.020					7.5	7.5		1.9			
17	0.019					7.5	7.5		2.0			
18	0.023					7.5	7.5		1.7			
19	0.013					7.6	7.4		1.9			
20	0.021					7.6	7.6		1.9			
21	0.034					7.5	7.5		2.0			
22	0.015	251	106	2u	2.4	7.6	7.6	1u	1.8	2.4	15:00	G
23	0.019					7.6	7.6		1.2			
24	0.022											
25	0.023					7.5	7.5		1.1			
26	0.013					7.5	7.5		1.0			
27	0.024					7.6	7.6		1.9			
28	0.026					7.5	7.5		2.0			
29	0.031					7.6	7.6		2.1			
30	0.013					7.6	7.6		1.9			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E, Suite 400
Sarasota, Florida 34240

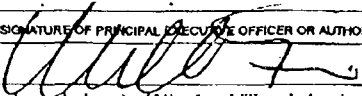
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 12/01/06 To: 12/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.022	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.0	3.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					7.0	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	08/01/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 12/01/2005 To: 12/31/2005

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031010 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.0		#/100		Monthly	Grab
031010 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						1.3	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					280		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					208		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.021
(TMSDF/Permitted Capacity)x100: 43%

Month / Year: December-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.021						7.6		1.9			
2	0.021						7.8		2.0			
3	0.015						7.6		2.2			
4	0.021						7.5		1.8			
5	0.030						7.5		1.9			
6	0.016											
7	0.016						7.6		1.8			
8	0.017						7.5		1.9			
9	0.031						7.6		1.8			
10	0.023											
11	0.023						7.5		2.0			
12	0.022						7.6		1.8			
13	0.021						7.6		2.3			
14	0.025						7.5		2.0			
15	0.020						7.6		1.9			
16	0.020						7.5		2.0			
17	0.016						7.6		2.2			
18	0.028						7.5		1.8			
19	0.024						7.6		1.6			
20	0.014						7.5		1.8			
21	0.026						7.5		2.0			
22	0.020	280	208	3.0	7.0		7.6	1u	1.7	1.3	9:45	G
23	0.018						7.5		1.9			
24	0.015						7.6		2.0			
25	0.027											
26	0.027						7.6		1.8			
27	0.020						7.5		1.7			
28	0.019						7.5		1.9			
29	0.023											
30	0.024						7.5		1.6			
31	0.015						7.5		1.4			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 01/01/06 To: 01/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.023	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					20	20		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3			Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	2.0		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3			Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.			Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/02/23

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

Oct 06 06 01:21P

Lake Suzy WTP

9412550413

P.1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 01/01/2008 To: 01/31/2008

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.5	mg/L		Monthly	Grab
	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 060002 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					209		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					672		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.022
44%

Month / Year: January-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.026						7.5		1.3			
2	0.014						7.5		1.2			
3	0.035						7.8		1.6			
4	0.025						7.7		1.8			
5	0.019						7.8		2.0			
6	0.017						7.5		2.2			
7	0.028											
8	0.027						7.4		2.0			
9	0.022						7.5		2.4			
10	0.019						7.4		1.8			
11	0.025											
12	0.025						7.5		1.8			
13	0.019						7.5		2.0			
14	0.018						7.5		1.8			
15	0.024						7.6		2.1			
16	0.031						7.6		1.8			
17	0.023						7.5		1.8			
18	0.027						7.5		2.0			
19	0.021	209	672	2u	1.2		7.8	1u	1.7	0.5	14:30	G
20	0.023						7.5		1.8			
21	0.022											
22	0.023						7.6		2.0			
23	0.025						7.5		1.8			
24	0.024						7.6		1.7			
25	0.020						7.5		1.6			
26	0.022						7.6		1.8			
27	0.025						7.5		2.0			
28	0.018						7.5		1.7			
29	0.024						7.5		1.5			
30	0.020						7.5		1.4			
31	0.020											

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 02/01/08 To: 02/28/08
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Store code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.028	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.8	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.4		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/03/27

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

Oct 06 06 01:22P

Lake Suzy WTP

9412550413

p.3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 02/01/2006 To: 02/28/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031816 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.6			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.2	mg/L		Monthly	Grab
	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					375		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					194		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.023
(TMSDF/Permitted Capacity)x100: 47%

Month / Year: February-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.050						7.5		3.2			
2	0.026						7.4		3.1			
3	0.018						7.5		3.0			
4	0.031											
5	0.032						7.4		3.1			
6	0.021						7.5		2.8			
7	0.023						7.5		3.1			
8	0.030						7.5		2.4			
9	0.024						7.6		1.9			
10	0.027						7.5		2.0			
11	0.027						7.4		1.8			
12	0.023						7.4		1.5			
13	0.031						7.5		1.8			
14	0.026						7.4		2.0			
15	0.025											
16	0.025						7.5		1.9			
17	0.026						7.5		1.7			
18	0.025											
19	0.024						7.6		1.8			
20	0.021						7.5		1.6			
21	0.018						7.5		1.5			
22	0.034	375	194	2u	1.6		7.5	1u	1.8	0.2	14:25	G
23	0.026											
24	0.026						7.6		1.6			
25	0.016						7.6		1.8			
26	0.023						7.5		1.5			
27	0.031						7.5		1.6			
28	0.028						7.6		1.5			
29												
30												
31												

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

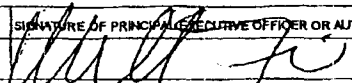
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 03/01/08 To: 03/28/08
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon., Site No.											
FLOW, in conduit or thru treatment plant	Sample Measurement	0.024	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.4	2.4	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					8.2	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.8		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.6	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				8.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	08/04/27

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 03/01/2006 To: 03/28/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Lelsure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				5	NA	5	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.04	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					395		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					188		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.024

Month / Year: March-06

49%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.027						7.5		2.0			
2	0.023						7.6		2.2			
3	0.016						7.5		2.0			
4	0.025											
5	0.025						7.6		2.0			
6	0.020						7.6		1.8			
7	0.030						7.6		1.7			
8	0.022											
9	0.023						7.6		1.4			
10	0.028						7.5		1.5			
11	0.013						7.4		1.3			
12	0.025						7.4		1.1			
13	0.030						7.5		1.4			
14	0.031						7.5		1.6			
15	0.020						7.6		1.8			
16	0.020						7.6		2.0			
17	0.028						7.5		1.9			
18	0.021											
19	0.021						7.5		2.0			
20	0.030						7.6		1.6			
21	0.023						7.6		1.5			
22	0.027	395	188	2.4	8.2		7.6	5	1.2	0.04	14:25	G
23	0.020											
24	0.020						7.6		1.5			
25	0.024						7.5		1.1			
26	0.024						7.6		1.3			
27	0.026						7.6		1.0			
28	0.036						7.5		1.2			
29	0.017						7.4		1.8			
30	0.024						7.6		2.0			
31	0.027						7.5		2.2			
Total	0.746											
Mo.Avg.	0.024	395	188	2.4	8.2		7.5	5	1.6	0.04		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 04/01/06 To: 04/30/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
FLOW, in conduit or thru treatment plant	Sample Measurement	0.021	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.4	2.4	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					5.4	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					3.0		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.1		7.8	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/05/06

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
Store code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1	NA	1	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.08	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					385		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					314		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.024
47%

Month / Year: April-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012											
2	0.012						7.5		2.6			
3	0.037						7.6		2.2			
4	0.022						7.6		1.8			
5	0.025											
6	0.024						7.5		1.3			
7	0.024						7.5		1.9			
8	0.017						7.5		1.7			
9	0.028						7.5		1.5			
10	0.020						7.5		1.2			
11	0.024						7.4		1.3			
12	0.022						7.3		1.9			
13	0.019						7.3		2.4			
14	0.017						7.3		2.9			
15	0.029						7.2		2.2			
16	0.016											
17	0.017						7.4		3.2			
18	0.024						7.6		4.1			
19	0.021	385	314	2.4	5.4		7.5	1	3.8	0.06	12:35	G
20	0.016						7.4		3.1			
21	0.021						7.3		2.8			
22	0.018						7.4		3.2			
23	0.021						7.5		3.4			
24	0.022						7.4		2.9			
25	0.023						7.4		3.1			
26	0.018											
27	0.018						7.3		2.8			
28	0.018						7.2		3.1			
29	0.022											
30	0.023						7.1		3.0			
Total	0.630											
Mo. Avg.	0.021	385	314	2.4	5.4		7.4	1	2.5	0.06		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

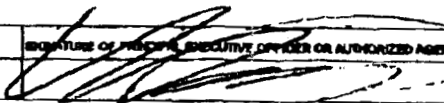
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 06/01/98 To: 06/30/98
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5226P05830 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, in conduit or thru treatment plant 000000 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.018	0.022	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann. Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 20C) 000002 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 20C) 000002 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000003 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000003 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.3		7.6	pH		Daily 5, wkt	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	pH		Daily 5, wkt	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Wendell L. Falcoth		(863) 471-1400	06/06/98

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6990 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014368-001-DW3P
MONITORING PERIOD—From: 05/01/2006 **To:** 06/30/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COUIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COUIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANNUAL AVG		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.3			mg/L		Daily 5.wk	Grab
030080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.10	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					455		mg/L		Monthly	Grab
080082 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					1200		mg/L		Monthly	Grab
000830 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA944388-001-DW3P

Month / Year: May-06

Three-month Average Daily Flow:

0.020

(TMSDF/Permitted Capacity)/100:

40%

Lalaine Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (9.0.) min.	pH (9.0.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50050	00520		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012						7.4		1.9			
2	0.012						7.3		2.2			
3	0.016						7.4		2.4			
4	0.011						7.6		2.2			
5	0.020						7.4		2.4			
6	0.018						7.4		2.1			
7	0.015						7.5		2.3			
8	0.018						7.4		2.4			
9	0.015						7.6		2.0			
10	0.017						7.5		1.8			
11	0.014						7.6		2.1			
12	0.012						7.4		2.2			
13	0.017											
14	0.017											
15	0.016						7.5		2.1			
16	0.015						7.4		1.8			
17	0.016						7.5		2.3			
18	0.013						7.5		2.1			
19	0.010						7.4		1.8			
20	0.019						7.4		1.7			
21	0.018						7.4		1.9			
22	0.015						7.5		1.6			
23	0.017						7.4		1.9			
24	0.015						7.3		2.2			
25	0.020	458	1200	2U	1U		7.4	1U	2.1	0.10	12:20	G
26	0.014						7.5		2.2			
27	0.014						7.6		1.8			
28	0.017											
29	0.018						7.5		1.3			
30	0.015						7.6		1.8			
31	0.018						7.5		2.4			
Total	0.484											
Mo. Avg.	0.016	458	1200	2U	1U		7.5	1U	2.1	0.10		

PLANT STAFFING:

Day Shift Operator

Class:

C

Certification No.: 8088

Name: Wendell L. Faircloth

Evening Shift Operator

Class:

Certification No.:

Name:

Night Shift Operator

Class:

Certification No.:

Name:

Lead Operator

Class:

Certification No.:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6900 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 06/01/88 To: 06/30/88
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 6228P03630 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Inland Pond / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
State code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLCW, In conduit or thru treatment plant	Sample Measurement	9.018	9.821	MGD						Continuous	Flow Meter
00080 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.081 Ann_Avg	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					20	20	mg/L		Monthly	Grab
00082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30 Monthly	80 Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
00082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.8	2.8	mg/L		Monthly	Grab
00080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30 Monthly	80 Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.8		mg/L		Monthly	Grab
00080 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.8	u.u.		Daily 5 wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				8.0 minimum		8.5 (max)	u.u.		Daily 5 wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Firm)	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Wendell L. Faircloth		(863) 471-1400	06/07/88

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER: FLA014388-001-DW3P
 MAILING ADDRESS: 6990 Professional Parkway E., Suite 400 MONITORING PERIOD-From: 06/01/2006 To: 06/30/2006
 Sarasota, Florida 34240
 FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33962
 COUNTY: Highlands
 CLASS SIZE: Final
 FACILITY ID: 6228P03930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Pore / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Location	Quantity or Loading			Quantity of Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	mp100		Monthly	Grab
001016 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report: (Average)	400 (50 Percentile)	100 (75th)	mp100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		mp100		Monthly	Grab
001016 1 EPA-01 ANNUAL GROSS VALUE	Permit Requirement					200	400/LYR	mp100		Monthly	Grab
Chlorine, Total Residual (as Chlorine)	Sample Measurement				1.6			mp/L		Daily 5x/6	Grab
000000 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement				D.S (pH)			mp/L		Daily 5x/6	Grab
AMMONIA, TOTAL (as N)	Sample Measurement						0.45	mp/L		Monthly	Grab
000000 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement						1.2 (pH)			Monthly	Grab
BOD, Comminutable (5 day 20 C)	Sample Measurement						181	mp/L		Monthly	Grab
000000 0 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement						REPORT MONTHLY	mp/L		Monthly	Grab
TDS, EFFLUENT	Sample Measurement						78	mp/L		Monthly	Grab
000000 0 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement						REPORT MONTHLY	mp/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014328-001-DWQP

Month / Year: June-08Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.018

36%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50080	00620		
Mon. Srs	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012						7.4		2.1			
2	0.011						7.5		2.6			
3	0.020						7.5		2.4			
4	0.016						7.5		2.3			
5	0.017						7.5		2.1			
6	0.015						7.5		1.9			
7	0.018						7.6		1.6			
8	0.015						7.5		2.1			
9	0.014						7.5		1.8			
10	0.016											
11	0.015											
12	0.015						7.5		1.8			
13	0.019						7.6		2.0			
14	0.015	101	78	2U	1.8		7.5	1U	2.4	0.43	13:30	G
15	0.016						7.4		3.2			
16	0.016						7.5		2.6			
17	0.015						7.5		2.7			
18	0.013						7.4		2.4			
19	0.021						7.4		2.2			
20	0.016											
21	0.017						7.5		1.9			
22	0.015						7.4		2.1			
23	0.018						7.5		2.8			
24	0.016											
25	0.019											
26	0.015						7.6		2.0			
27	0.016						7.5		1.9			
28	0.017						7.5		1.8			
29	0.016						7.6		2.0			
30	0.018						7.5		2.3			
Total	0.480											
Mo. Avg.	0.016	101	78	2U	1.8		7.5	1U	2.2	0.43		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6880 Professional Parkway E., Suite 400
Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 07/01/98 To: 07/31/98
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, in cfs at or thru treatment plant	Sample Measurement	0.816	0.920	MGD						Continuous	Flow Meter
000050 1 0TH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 20C)	Sample Measurement					2.0	2.0	mg/L		Monthly	Grab
000082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					3.0 Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 20C)	Sample Measurement					2.3		mg/L		Monthly	Grab
000082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.6	2.0	mg/L		Monthly	Grab
000030 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30 Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.9		mg/L		Monthly	Grab
000030 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.8	s.u.		Daily 5-wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				8.0 (minimum)		8.6 (max)	s.u.		Daily 5-wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/06/98

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 07/01/2008 To: 07/31/2008

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: 001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1	NA	1	#/100		Monthly	Grab
031819 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	400 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031819 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN. AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			mg/L		Daily S.wk	Grab
060090 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily S.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						8.99	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 20°C)	Sample Measurement					86		mg/L		Monthly	Grab
080082 0 NF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					318		mg/L		Monthly	Grab
000530 0 NF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DWSP

Month / Year: July-98

Three-month Average Daily Flow:
(TMDR/Permitted Capacity) x 100:

0.018
32%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (a.u.) min.	pH (a.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50060	80082	00530	80082	00530	00400	00400	74055	60080	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.011						7.5		2.1			
2	0.017						7.5		1.9			
3	0.010						7.6		1.6			
4	0.025						7.5		1.4			
5	0.011						7.6		1.8			
6	0.008						7.5		2.0			
7	0.022						7.6		2.4			
8	0.016											
9	0.017						7.5		2.1			
10	0.015						7.6		2.4			
11	0.025						7.5		1.9			
12	0.006						7.4		2.0			
13	0.006	65	116	2u	1.6		7.5	1	1.6	0.99	9:35	G
14	0.024						7.6		2.2			
15	0.015											
16	0.015											
17	0.015						7.5		2.1			
18	0.016						7.6		1.9			
19	0.014						7.6		2.3			
20	0.013						7.6		2.2			
21	0.022						7.5		1.9			
22	0.008						7.6		2.0			
23	0.017						7.6		2.2			
24	0.022						7.5		1.6			
25	0.016						7.6		2.1			
26	0.009						7.5		2.3			
27	0.019						7.5		2.2			
28	0.014						7.6		2.0			
29	0.014											
30	0.014											
31	0.015						7.5		2.1			
Total	0.473											
Mo. Avg.	0.015	65	116	2U	1.6		7.5	1	2.0	0.99		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9086 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

Unlimited Wet Weather Discharge Activated: ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 08/01/2006 To: 08/31/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL		Sample Measurement			1u	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement			1.4			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.61	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement				175		mg/L		Monthly	Grab
080062 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT		Sample Measurement				268		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 08/01/2006 To: 08/31/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
031610 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031610 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.61	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					175		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					268		mg/L		Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: August-08

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.016

32%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.018						7.5		1.5			
2	0.017						7.5		1.7			
3	0.018						7.6		2.0			
4	0.012						7.5		2.2			
5	0.019						7.5		2.0			
6	0.015						7.5		1.8			
7	0.019						7.6		2.1			
8	0.015						7.5		2.4			
9	0.008						7.6		2.1			
10	0.016						7.5		2.2			
11	0.018						7.8		1.6			
12	0.017											
13	0.017											
14	0.018						7.5		1.9			
15	0.020						7.6		1.6			
16	0.011	175	268	2u	2.4		7.5	1u	1.5	0.6	8:50	G
17	0.018						7.5		1.4			
18	0.017						7.6		1.9			
19	0.011						7.6		2.1			
20	0.019						7.5		1.8			
21	0.019						7.6		1.9			
22	0.013						7.6		2.2			
23	0.020						7.5		1.9			
24	0.013						7.5		2.1			
25	0.014						7.5		1.9			
26	0.015											
27	0.015											
28	0.016						7.6		1.6			
29	0.017						7.5		2.0			
30	0.020						7.6		2.1			
31	0.031						7.5		2.2			
Total	0.516											
Mo. Avg.	0.017	175	268	2U	2.4		7.5	1u	1.9	0.61		

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031810 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				0.9			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						9.07	mg/L		Monthly	Grab
	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					210		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					218		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Store code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
031810 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031810 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.9			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						9.07	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					210		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					218		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:	0.019
(TMSDF/Permitted Capacity)x100:	38%

Month / Year: September-06

(TMSDF/Permitted Capacity)x100: 38%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.6		1.8			
2	0.026						7.5		1.9			
3	0.029						7.5		1.7			
4	0.069						7.6		1.5			
5	0.035						7.6		1.6			
6	0.034						7.5		1.2			
7	0.037						7.5		1.2			
8	0.034						7.6		1.0			
9	0.030											
10	0.030											
11	0.030						7.6		1.1			
12	0.025						7.6		0.9			
13	0.030						7.5		1.2			
14	0.017						7.5		1.8			
15	0.023						7.6		2.0			
16	0.027						7.5		1.7			
17	0.024						7.5		1.5			
18	0.024						7.6		1.2			
19	0.015						7.5		1.9			
20	0.020						7.5		2.1			
21	0.020						7.5		1.8			
22	0.023	210	218	2u	2.2		7.6	1u	2.0	9.07	14:20	G
23	0.014											
24	0.014						7.5		2.2			
25	0.019						7.6		1.8			
26	0.018						7.6		2.0			
27	0.012						7.5		2.2			
28	0.022						7.6		1.8			
29	0.015						7.5		2.0			
30	0.017						7.6		2.1			
Total	0.758											
Mo. Avg.	0.025	210	218	2U	2.2		7.5	1u	1.7	9.07		

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.5			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.06	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					130		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					110		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storet code Mon. Site No.											
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.08	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					130		mg/L		Monthly	Grab
060082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					118		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: October-08

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.020

39%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.015						7.5		1.7			
2	0.010						7.6		1.5			
3	0.026						7.5		1.6			
4	0.015						7.6		1.8			
5	0.017						7.5		1.6			
6	0.010						7.8		1.8			
7	0.019											
8	0.019											
9	0.018						7.6		2.0			
10	0.011						7.6		1.6			
11	0.012						7.5		1.7			
12	0.018						7.5		2.0			
13	0.021						7.6		2.2			
14	0.009						7.5		1.9			
15	0.020						7.5		1.8			
16	0.017						7.5		2.1			
17	0.013											
18	0.014						7.5		1.8			
19	0.020	130	116	2u	1.2		7.5	1u	2.0	0.06	12:20	G
20	0.017						7.5		1.7			
21	0.020											
22	0.020											
23	0.020						7.5		1.6			
24	0.025						7.5		1.5			
25	0.020						7.6		2.0			
26	0.015						7.5		1.9			
27	0.019						7.5		2.0			
28	0.011						7.5		1.7			
29	0.020						7.6		1.8			
30	0.023						7.5		2.0			
31	0.011						7.5		1.6			
Total	0.525											
Mo.Avg.	0.017	130	116	2U	1.2		7.5	1u	1.8	0.06		

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 11/01/2006 To: 11/30/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S,
Lake Placid, FL 33852
COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL					1u	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL						1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE						200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					1.2			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)							0.02	mg/L		Monthly	Grab
000900 1 EFA-01 EFFLUENT GROSS VALUE							12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						248		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT						164		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 11/01/2006 To: 11/30/2006

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Store code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.02	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	Sample Measurement					248		mg/L		Monthly	Grab
080062 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					164		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART BPermitNumber: **FLA014388-001-DW3P**Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:0.020
41%Month / Year: **November-06****Leisure Lakes / Covered Bridge**

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		1.6			
2	0.015						7.5		1.8			
3	0.014						7.5		2.0			
4	0.021											
5	0.021											
6	0.020						7.6		1.7			
7	0.014						7.5		1.8			
8	0.021						7.5		1.6			
9	0.015						7.5		1.8			
10	0.023						7.5		1.6			
11	0.011						7.6		1.9			
12	0.019						7.5		1.7			
13	0.023						7.5		1.8			
14	0.008						7.5		2.0			
15	0.023						7.5		1.8			
16	0.013						7.5		2.0			
17	0.019						7.6		2.2			
18	0.020											
19	0.020											
20	0.021						7.5		1.9			
21	0.021	246	164	2.6	1.8		7.5	1u	2.0	0.02		
22	0.030						7.6		1.7			
23	0.009						7.6		1.6			
24	0.014						7.6		1.3			
25	0.025						7.5		1.5			
26	0.023						7.6		1.7			
27	0.028						7.6		1.2			
28	0.010						7.5		1.5			
29	0.030						7.5		2.8			
30	0.015						7.5		2.5			
Total	0.571											
Mo. Avg.	0.019	246	164	2.6	1.8		7.5	1u	1.8	0.02		

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9088</u>	Name: <u>Wendell L. Faircloth</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
Sarasota, Florida 34240

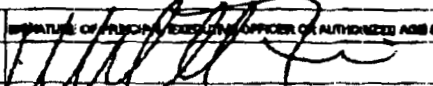
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 12/1/86 To: 12/31/86
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5226P05830 GROUP: Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Pore / Evap Ponds

FACILITY: Lelure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, in conduit or thru treatment plant 000000 1 CTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.820	0.030	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.080 Ann. Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 20° C) 00082 1 EPA-01 EFFLUENT GROSS VALUE	Sample Measurement					4.5	4.5	mg/L		Monthly	Grab
	Permit Requirement					30 Monthly	50 Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 20° C) 00082 Y EPA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000630 1 EPA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.5	2.0	mg/L		Monthly	Grab
	Permit Requirement					30 Monthly	60 Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000630 Y EPA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L		Monthly	Grab
pH 000400 1 EPA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	n.u.		Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	n.u.		Daily 5.wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(853) 471-1400	07/01/88

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6950 Professional Parkway E., Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD-From: 12/01/2006 To: 12/31/2006

LIMIT: Final
CLASS SIZE: Minor

FACILITY ID: 5228105830 GROUP: Domestic

FACILITY: Leisure Lakes / Covered Bridge

LOCATION: 101 Parkview Circle S.

Lake Placid, FL 33852

COUNTY: Highlands

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3C

TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.5		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			mg/L		Daily 5 wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5 wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.115	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						1.1 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 20 C)	Sample Measurement					82		mg/L		Monthly	Grab
080082 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					88		mg/L		Monthly	Grab
000630 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: December-06

Three-month Average Daily Flow:

0.019

(TMSDF/Permitted Capacity)x100:

37%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50080	00820		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.023						7.5		2.0			
2	0.012						7.5		2.1			
3	0.025						7.5		1.8			
4	0.025						7.5		2.1			
5	0.020						7.5		2.2			
6	0.025						7.6		1.8			
7	0.019						7.5		1.8			
8	0.016						7.5		1.9			
9	0.021						7.6		2.0			
10	0.020						7.5		1.8			
11	0.016						7.5		1.7			
12	0.031	62	86	4.6	3.0		7.5	1u	1.8	0.1	14:35	G
13	0.014						7.6		2.0			
14	0.020						7.5		2.1			
15	0.028						7.5		1.9			
16	0.015											
17	0.016						7.5		2.0			
18	0.019						7.6		1.8			
19	0.013						7.5		1.8			
20	0.018						7.5		2.1			
21	0.019						7.5		2.3			
22	0.014						7.5		2.0			
23	0.031						7.4		1.9			
24	0.020						7.5		2.1			
25	0.020											
26	0.020						7.5		1.5			
27	0.025						7.5		1.0			
28	0.027						7.5		1.5			
29	0.025						7.5		1.8			
30	0.012											
31	0.013						7.5		2.0			
Total	0.622											
Mo. Avg.	0.020	62	86	4.6	3.0		7.5	1u	1.9	0.05		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9085 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4B

Lake Josephine

MORs for Jan – May, 2005

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

page 4 for instructions.

General Information for the Month/Year of:

Public Water System (PWS) Information

PWS Name: Lake Josephine Water

PWS Identification Number: 6280162

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 536

Total Population Served at End of Month: 12,333

PWS Owner: AquaSource

Contact Person: Glen LaBreque

Contact Person's Title: Manager

Contact Person's Mailing Address: 6960 Professional Parkway E. Ste.400

City: Sarasota

State: FL

Zip Code: 34240

Contact Person's Telephone Number: 1-800-250-7532

Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address:

Water Treatment Plant Information

Plant Name: Lake Josephine Water

Plant Address: Canary Way

City: Sebring

Plant Telephone Number: 1-800-250-7532

State: FL

Zip Code: 33875

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

Plant Category (per subsection 62-699.310(4), F.A.C.): I

Plant Class (per subsection 62-699.310(4), F.A.C.): V

Name	Licenses @ All	Licenses Number	Daily/Shift/Weekend
Otto Krucker	C	7790	3
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

*** - As Needed**

ification by Lead/Chief Operator

esignated water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to the National Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant are prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

id Date

Otto Krucker

Printed or Typed Name _____

C - 7790

License Number

FEB 04 2016

Play it

Plant Name: LAKE JOSEPHINE WATER

Plant Name: LAKE
January 2005

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

[illegible]

FEB 04 2015

rm 62-555.900(3) Atlanta

Place it

Plant Name: LAKE JOSEPHINE WATER

Feb. 2005

<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide	<input type="checkbox"/> Ozone	<input type="checkbox"/> Combined Chlorine (Chloramines)
--	---	--------------------------------	--

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

[illegible]

Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

Plant

General Information for the Month/Year of:

March 2005

Public Water System (PWS) Information

PWS Name: Lake Josephine Water

PWS Identification Number: 6280162

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 536

Total Population Served at End of Month:	1233
---	------

PWS Owner: AquaSource

Contact Person: Glen LaBreque

Contact Person's Title: Manager

Contact Person's Mailing Address: 6960 Professional Parkway E. Ste: 400

City: Sarasota

State: FL

Zip Code: 34240.

Contact Person's Telephone Number: 1-800-250-7532

Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address:

Water Treatment Plant Information

Plant Name: Lake Josephine Water

Plant Address: Canary Way

City: Sebring

Plant Telephone Number: 1-800-250-7532

State: FL

Zip Code: 33875

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

Plant Category (per subsection 62-699.310(4), F.A.C.): I

Plant Class (per subsection 62-699.310(4), F.A.C.): V

Name	License Class	License Number	Divisions
Otto Krucker	C	7790	3
Daniel Holmes	C	4335	*
Chris Gilbert	C	13107	*
Darald Pugh	C	2261	*
* - As Needed			

*** - As Needed**

ification by Lead/Chief Operator

assigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to National Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant are prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and make them available for review upon request.

Otto Krucker

C - 7790

ed Date

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162

Plant Name: LAKE JOSEPHINE WATER

III. Daily Data for the Month/Year of: March 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Day of Week	Hours of Operation	Flow (gpm)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)
X		24	79400	3.4									1.4	
X			103600	3.5									1.4	
X			34800	3.3									1.4	
X			0	2.9									1.3	
X			0	3.1									1.4	
			222700											
X			222700	3.6									1.3	
X			91400	3.9									1.4	
X			109700	3.6									1.4	
X			106400	3.8									1.3	
X			98400	3.8									1.3	
X			47700	3.2									1.4	
			150											
X			150	3.2									1.4	
X			0	2.9									1.3	
X			0	2.6									1.3	
X			0	2.8									1.4	
X			0	2.4									1.3	
X			5000	2.5									1.1	
			107050											
X			107050	3.8									1.4	
X			0	3.5									1.3	
X			0	2.8									1.2	
X			0	3.0									1.4	
X			38400	3.2									1.1	
X			104400	2.9									1.4	
			29900											
X			29900	3.6									1.3	
X			25800	3.2									1.1	
X			47000	2.9									1.1	
X			41000	3.3									1.1	
			1652600											
			53310											
			222700											

to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

Plant

Apr 2003

General Information for the Month/Year of:

I. Public Water System (PWS) Information

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: AquaSource			
Contact Person: Glen LaBrequé		Contact Person's Title: Manager	
Contact Person's Mailing Address: 6960 Professional Parkway E. Ste: 400		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address:			

Water Treatment Plant Information

Plant Name: Lake Josephine Water		Plant Telephone Number: 1-800-250-7532	
Plant Address: Canary Way		City: Sebring	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33875	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-600.310(4), F.A.C.): V	

Plant Category (per subsection 62-699.310(4), F.A.C.): I			Plant Class (per subsection 62-699.310(4), F.A.C.): V	
LICENSE TYPE	NAME	PLANT CLASS	LICENSE NUMBER	DIVISION/DIVISOR
DAIRY/MEAT/POULTRY	Otto Krucker	C	7790	3
	Daniel Holmes	C	4335	*
	Chris Gilbert	C	13107	*
	Darald Pugh	C	2261	*
	* - As Needed			

ertification by Lead/Chief Operator

I, undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to American National Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant are prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten (10) years and make them available for review upon request.

Otto Krucker
Printed or Typed Name

C - 7790
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162

Plant Name: LAKE JOSEPHINE WATER

III. Daily Data for the Month/Year of: April 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Hour of Day	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24	46300	3.2				1.0
X			3.1				1.1
X		13300	3.2				1.2
X		8000	3.0				1.1
X		133300	3.1				1.3
X		74100	3.3				1.3
X		28200	3.5				1.0
X		74800	3.8				1.1
X							
X		22100	3.2				1.2
X		5200	3.2				1.0
X		137400	3.4				1.3
X		54800	3.3				1.3
X		102800	3.0				1.3
X		93100	3.3				1.2
X		143800					
X		143800	3.6				1.6
X		36800	3.8				1.3
X		69000	3.3				1.7
X		106500	3.5				1.7
X		113200	3.9				1.3
X		154300	3.1				1.1
X		0					
X		2900	3.2				1.3
X		59300	2.7				1.3
X		74300	3.3				1.1
X		41100	3.1				1.1
X		10600	2.6				1.1
X		69300	3.6				1.3
X		196500					
X		63300					
X		101400					

Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

WS Identification Number: 6280162

Plant Name: LAKE JOSEPHINE WATER

I. Daily Data for the Month/Year of: May 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Ultraviolet Radiation ☐ Other (Describe): ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	31000		
2	30000		
3	72000		
4	147000		
5	0		
6	500		
7	148600		
8	131700		
9	118800		
10	146200		
11	0		
12	78800		
13	50300		
14	0		
15	0		
16	69700		
17	0		
18	89100		
19	118100		
20	0		
21	15900		
22	0		
23	104200		
24	149500		
25	73000		
26	70800		
27	0		
28	27500		
29	26000		
30	169400		
31	54819		
32	149500		

the instructions for this report to determine which plants must provide this information.

JUN 07 2005

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4C

Sebring Lakes

MORs for Jan – June, 2005



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: January 2005

A. Public Water System (PWS) Information

PWS Name: <u>Sebring Lakes</u>		PWS Identification Number: <u>5284137</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>55</u>		Total Population Served at End of Month: <u>127</u>	
PWS Owner: <u>AquaSource</u>			
Contact Person: <u>Glen LaBrecque</u>		Contact Person's Title: <u>Manager</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E. Ste. 400</u>		City: <u>Sarasota</u>	State: <u>FL</u> Zip Code: <u>34240</u>
Contact Person's Telephone Number: <u>1-800-250-7532</u>		Contact Person's Fax Number: <u>941-907-7401</u>	
Contact Person's E-Mail Address:			

Water Treatment Plant Information

Plant Name: <u>Sebring Lakes</u>		Plant Telephone Number: <u>1-800-250-7532</u>	
Plant Address: <u>5313 Knight Avenue</u>		City: <u>Sebring</u>	State: <u>FL</u> Zip Code: <u>33875</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>280,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>C-1</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>	
Operator Name	License Number	Days/Shifts Worked	
<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>3</u>
<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
* - As Needed			

Certification by Lead/Chief Operator

I, undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to American National Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant are prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

FEB 04 2005

Otto Krucker
Printed or Typed Name

C-7790
License Number

PWS Identification Number: 5284137

Plant Name: SEBRING LAKES

III. Daily Data for the Month/Year of:

Means of Achieving Four-Log Virus Inactivation/Removal: *

Free Chlorine

☐ Chlorine Dioxide

	Ozone
--	--------------

☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)
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0.224
0.225

Chlorine Dioxide

[illegible]

FEB 04 2005

Refer to the instructions for this report to determine which plants must provide this information.

WS Identification Number: 5284137

Plant Name: SEBRING LAKES

III. Daily Data for the Month/Year of: Feb. 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

[illegible]

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137

Plant Name: SEBRING LAKES

III. Daily Data for the Month/Year of: March 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☐ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☐ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Month	Day	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24	74300	3.1		
X		380200	3.8		
X		207400	3.2		1.3
X		28400	3.2		1.3
X		22200	2.8		1.3
		21100			1.3
X		21100	3.1		
X		37000	3.2		1.3
X		12300	3.4		1.2
X		12400	3.4		1.3
X		24300	2.8		1.4
X		130400	3.2		1.3
		126700			1.4
X		126700	3.6		
X		22700	3.9		1.4
X		187800	3.8		1.3
X		100200	3.7		1.3
X		180300	3.8		1.3
X		126600	3.3		1.3
		39450			1.4
X		39450	3.1		
X		146000	3.9		1.4
X		209100	3.3		1.4
X		108900	3.2		1.4
X		86100	3.9		1.4
		288500	3.8		1.1
		34700			1.1
X		34700	3.6		
X		39800	3.3		1.3
X	V	123300	3.6		1.1
X		150800	3.8		1.1
		2358300			1.2
		108332			
		380300			

Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137

Plant Name: SEBRING LAKES

III. Daily Data for the Month/Year of: April 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day	Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24	93700	3.5			1.1	
X		151300	3.8			1.2	
		123400					
X		125400	3.2			1.2	
X		153300	3.8			1.2	
X		486200	3.9			1.3	
X		118200	3.3			1.3	
X		68500	3.1			1.1	
X		177100	3.6			1.1	
		108650					
X		108650	3.6			1.2	
X		104800	3.6			1.0	
X		57400	3.2			1.3	
X		7600	3.3			1.3	
X		9200	3.4			1.3	
X		8700	3.2			1.2	
		22556					
X		22556	3.3			1.1	
X		76800	3.4			1.2	
X		107800	3.8			1.2	
X		55100	3.9			1.1	
X		174500	3.8			1.3	
X		143300	3.3			1.1	
		88550					
X		88550	3.6			1.1	
X		71500	3.2			1.1	
X		87700	3.4			1.2	
X		63500	3.6			1.1	
X		50200	3.8			1.1	
X		68200	3.6			1.3	

2987300
99677
486200

Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

page 4 for instructions.

General Information for the Month/Year of: <u>May 2005</u>			
Public Water System (PWS) Information			
PWS Name: <u>Sebring Lakes</u>		PWS Identification Number: <u>5284137</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>65</u>		Total Population Served at End of Month: <u>102</u>	
PWS Owner: <u>AquaSource</u>			
Contact Person: <u>Glen LaBrecque</u>		Contact Person's Title: <u>Manager</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E. Ste. 400</u>		City: <u>Sarasota</u>	State: <u>FL</u> Zip Code: <u>34240</u>
Contact Person's Telephone Number: <u>1-800-250-7532</u>		Contact Person's Fax Number: <u>941-907-7401</u>	
Contact Person's E-Mail Address: _____			
Water Treatment Plant Information			
Plant Name: <u>Sebring Lakes</u>		Plant Telephone Number: <u>1-800-250-7532</u>	
Plant Address: <u>5313 Knight Avenue</u>		City: <u>Sebring</u>	State: <u>FL</u> Zip Code: <u>33875</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>280,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>C-1</u>			
Operator Name		License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>
<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>3</u>
<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
* - As Needed			

I, Otto Krucker, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to National Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant are prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates, if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and make them available for review upon request.

Date: JUN 07 2005 Printed or Typed Name: Otto Krucker License Number: C-7790

Type of Disinfectant Residual Maintained in Distribution System:	<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines)	<input type="checkbox"/> Chlorine Dioxide
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to the instructions for this report to determine which plants must provide this information.

Page 2

JUN 07 2005



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: **June-05**

A. Public Water System (PWS) Information


PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suite	City:	Sarasota
Contact Person's Telephone Number:	941/907-7400	State:	FL
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941/907-7401

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400	
Plant Address:	5313 Knight Ave	City:	Sebring	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000	Zip Code:	33875	
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 7-7-05
Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	43,000		3.8								1.6		
2	X	24 hrs	161,000		3.5								1.4		
3	X	24 hrs	159,000		3.7								1.4		
4	X	24 hrs	83,000		3.5								1.5		
5		24 hrs	153,500												
6	X	24 hrs	153,500		3.4								1.2		
7	X	24 hrs	186,000		3.7								1.3		
8	X	24 hrs	392,000		3								1.1		
9	X	24 hrs	340,000		3.1								1.3		
10	X	24 hrs	217,000		3.5								1.4		
11		24 hrs	150,000												
12	X	24 hrs	150,000		3.3								1.3		
13	X	24 hrs	138,000		3.3								1.4		
14	X	24 hrs	163,000		3.4								1.5		
15	X	24 hrs	153,000		3.8								1.2		
16	X	24 hrs	146,000		3.5								1.2		
17	X	24 hrs	171,000		3.3								1.1		
18		24 hrs	226,000												
19	X	24 hrs	226,000		3.5								2.1		
20	X	24 hrs	139,000		3.1								1.3		
21	X	24 hrs	87,000		3.5								1		
22	X	24 hrs	8,000		3.4								1		
23	X	24 hrs	7,000		3.2								1.3		
24	X	24 hrs	7,000		3.1								1.2		
25	X	24 hrs	7,000		1.7								0.5		
26		24 hrs	7,000												
27	X	24 hrs	8,000		3.4								1.2		
28	X	24 hrs	0		3.5								1.3		
29	X	24 hrs	45,000		3.8								2.5		
30	X	24 hrs	140,000		3.3								1.3		
31		24 hrs													
Total			3,866,000												
Average			128,867												
Maximum			392,000												

* Refer to the instructions for this report to determine which plants must provide this information.

AquaSource

WATER PLANT MAINTENANCE LOG

1343 N.E. 17th Road
Ocala, FL 34470
(352) 732-6027

PLANT NAME Selving Lakes
OPERATOR _____
CERT # C12040
MONTH _____

I.D. NUMBER 5284137
OPERATOR _____
CERT # _____
YEAR _____

Date	Meter Reading	Flow	Chlorine Residual			PSI	Air/H ₂ O	Time In	Time Out	Operator Initials	Repairs or Comments
			plant	remote	sample Site						
1	462650	43000	3.8	1.6		56		1045	1115	MTZ	
2	469862	161000	3.5	1.4		62		1050	1120		
3	465854	169000	3.7	1.4		58		1145	1215		
4	466692	83000	3.5	1.5		60		1245	1300		
5		153500									
6	469765	307000	3.4	1.2		79		1210	1240		
7	471032	186000	3.7	1.3		58		1250	1320		
8	475556	392000	3.0	1.0		60		1120	1150		
9	478957	340000	3.1	1.3		58		0920	1000		
10	481929	217000	3.5	1.4		64		0815	0845		
11		150000						1145	1215		
12	48996-2	308000	3.3	1.3		62		1145	1215		
13	486324	138000	3.3	1.1		60		1145	1215		
14	48782	163000	3.1	1.5		58		1140	120		
15	48992	153000	3.8	1.2		62		1210	1300		
16	490758	146000	3.5	1.2		60		1100	1130		
17	492468	171000	3.3	1.1		64		0815	0840		
18		110000									
19	49675-2	152000	3.5	2.1		58		1530	1600		
20	498189	139000	3.1	1.3		52		1320	1400		
21	499194	87000	3.5	1.0		62		1040	1110		
22	499257	080000	3.4	1.0		64		11000	1145		
23	499232	7000	3.2	1.3		58		1025	1345		
24	499180	7000	3.1	1.2		62		1230	1300		
25	497486	7000	1.7	0.5		60		1445	1810		
26	499566	7000				60		1145	1215		
27	499646	8000	3.4	1.2		60		1145	1215		
28	499646	0800	3.5	1.3		58		1110	1125		
29	500391	45000	3.8	2.5		62		0805	0805		
30	501799	140000	3.3	1.3		64		1420	1445		
31											

COMMENTS:

C12040 Ralt Pl

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

**SHORT
ENVIRONMENTAL LABORATORIES, INC.**

10405 U.S. HWY 27 • SEBRING, FL 33876-9502

PH: 1-863-655-4022 • FAX: 1-863-655-5820

HRS # E85458

Report Number: 49837 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test

☐ HPC

☐ Other: _____

Delivered by: R. Paver

Lab Receipt Date & Time: 6-16-05 @ 1325

Analysis Date & Time: 6/16/05 @ 1625

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

System Name: Sebring lakes LP

PWS I.D. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

System Address: 600 Kings Ave

City: Sebring Lakes

System or Owner's Phone #: _____

Fax #: _____

Collector: 1800250 7532

Collector's Phone # 941 850 3032

Type of Supply: (check only one)

☐ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System ☐ Bottled Water

☐ Private Well

☐ Swimming Pool

☐ Other _____

Reason for Sampling: (check only one)

☐ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other

Sample Collection Date: 6-16-05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH
	well 1	1/10	G	—	
	5518 Kings Ave	1/35	G	2.1	
	5308 Queens Ave	1/45	G	0.9	
	well 2	1/02			

Total Coliform Analysis Method:				
Fecal or E. coli Analysis Method:				mmo
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
	P	A		237439
	A			237440
	A			237441
	A			237442

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

²Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☐ A certified operator (# _____)

☐ Employed by a certified lab

☐ Supervised by a cert operator (# _____)

☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: 6-17-05 @ 1640 H.

Date State notified by lab of positive results: _____

Lab Signature: Janice Jester

Title: Project Manager

Name and Mailing Address of Person to Receive Report

Agua Utilities
8374 Market St. #419
Bradenton, FL 34202

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format - Effective 01/95, Revised 01/04]

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4D

Morningview

DMRs for May, 2005

A UA
Utilities Florida.

Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

Via DHL

June 24, 2005

Florida Department of Environmental Protection
Attn: Wanda Ward
Domestic Waste Section
Central District Office
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767


Re: Summit Chase – FLA010533
Kings Cove – FLA010590
Morningview – FLA010610
Valencia Terrace – FLA010599
Venetian Village – FLA010567

Ms. Ward,

Attached are the May 2005 Discharge Monitoring Reports for the facilities referenced above.

If you have any questions please contact me at 352/ 787-0980

Sincerely,


Candice M. McClure
Office Assistant

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010610

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Morningview WWTF
LOCATION: 1322 English Road
Leesburg, FL
COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
NO DISCHARGE FROM SITE: []

MONITORING PERIOD—From: 05/01/05 To: 05/31/05

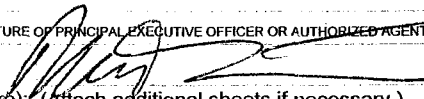
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y	Permit Measurement	0.020 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Mon.Site No EFF-1								
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
Mon.Site No EFF-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No EFA-1								
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No EFA-1								
Solids, Total Suspended	Sample Measurement			1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No EFA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

05/06/23

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From:

05/01/05

To:

05/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon.Site No EFA-1	Permit Measurement			0.5 (Min.)			mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3		7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon.Site No EFA-1	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1			#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No EFA-1	Permit Measurement			200 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U		1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No EFA-1	Permit Measurement			Report (Monthly)		800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L	0	Annually	Grab
PARM Code 00620 I Mon.Site No EFA-1	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			150			mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No INF-1	Permit Measurement			Report (Mo.Avg.)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170			mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No INF-1	Permit Measurement			Report (Mo.Avg.)			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: May-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.005								
2	0.005					7.5		2.2	
3	0.006					7.4		2.2	
4	0.005					7.3		2.2	
5	0.007					7.4		2.2	
6	0.004					7.4		2.2	
7	0.005							2.2	
8	0.005								
9	0.006					7.4		2.2	
10	0.005					7.5		2.2	
11	0.005					7.5		2.2	
12	0.007	2U	150	1.8	170	7.5	1U	2.2	
13	0.004					7.4		2.2	
14	0.003							2.2	
15	0.006								
16	0.006					7.6		2.2	
17	0.005					7.7		2.2	
18	0.005					7.7		2.2	
19	0.003					7.7		2.2	
20	0.006					7.7		2.2	
21	0.005							2.2	
22	0.004								
23	0.004					7.6		2.2	
24	0.006					7.8		2.2	
25	0.004					7.8		2.2	
26	0.005					7.7		2.2	
27	0.003					7.8		2.2	
28	0.004							2.2	
29	0.005								
30	0.005					7.7		2.2	
31	0.007					7.5		2.2	

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 7243	Name: John Worrell
Day Shift Operator	Class: C	Certification No.: 13614	Name: Adam Michaelson
Day Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: B	Certification No.: 7113	Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4E

Spring Lake

MORs for Jan - Dec, 2004

& Jan – Aug, 2005



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

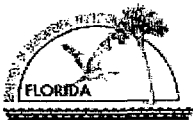
Daily Finished-Water Production for the Month/Year of : August 2005											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
Day of Month	Plant 1 Name Piney Woods Well 1	Plant 2 Name Spring Lake Manor Well 2	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	50,500	0									50,500
2	36,000	0									36,000
3	40,000	0									40,000
4	42,000	0									42,000
5	41,000	0									41,000
6	40,000	0									40,000
7	45,000	0									45,000
8	45,000	0									45,000
9	38,000	0									38,000
10	40,000	0									40,000
11	42,000	100									42,100
12	58,000	0									58,000
13	43,000	0									43,000
14	53,500	0									53,500
15	53,500	0									53,500
16	40,000	0									40,000
17	46,000	0									46,000
18	48,000	0									48,000
19	48,000	0									48,000
20	52,000	0									52,000
21	50,500	0									50,500
22	50,500	0									50,500
23	32,000	0									32,000
24	55,000	0									55,000
25	43,000	0									43,000
26	35,000	0									35,000
27	47,000	0									47,000
28	58,000	0									58,000
29	58,000	0									58,000
30	35,000	0									35,000
31	40,000	0									40,000
Total											1,405,600
Avg											45,342
Max											58,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : July 2005											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	46,000	0									46,000
2	43,500	0									43,500
3	43,500	0									43,500
4	56,000	0									56,000
5	49,000	0									49,000
6	46,000	0									46,000
7	49,000	300									49,300
8	50,000	0									50,000
9	37,500	0									37,500
10	37,500	0									37,500
11	44,000	0									44,000
12	43,000	0									43,000
13	35,000	0									35,000
14	42,000	0									42,000
15	37,000	0									37,000
16	31,000	0									31,000
17	61,500	0									61,500
18	61,500	0									61,500
19	55,000	0									55,000
20	57,000	0									57,000
21	57,000	0									57,000
22	62,000	0									62,000
23	56,000	0									56,000
24	56,000	0									56,000
25	44,000	0									44,000
26	27,000	700									27,700
27	71,000	0									71,000
28	36,000	0									36,000
29	50,000	0									50,000
30	28,000	0									28,000
31	50,500	0									50,500
Total											1,463,500
Avg											47,210
Max											71,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											June 2005
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,000	0									35,000
2	51,000	0									51,000
3	28,000	700									28,700
4	32,000	0									32,000
5	48,000	0									48,000
6	48,000	0									48,000
7	43,000	0									43,000
8	45,000	300									45,300
9	47,000	0									47,000
10	23,000	0									23,000
11	43,000	0									43,000
12	46,500	0									46,500
13	46,500	0									46,500
14	43,000	0									43,000
15	35,000	0									35,000
16	51,000	0									51,000
17	46,000	0									46,000
18	45,000	0									45,000
19	52,500	0									52,500
20	52,500	0									52,500
21	43,000	0									43,000
22	40,000	0									40,000
23	39,000	0									39,000
24	32,000	0									32,000
25	47,000	0									47,000
26	47,500	0									47,500
27	47,500	0									47,500
28	37,000	0									37,000
29	37,000	0									37,000
30	47,000	0									47,000
31	0	0									0
Total											1,279,000
Avg.											41,258
Max.											52,500



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2005											
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	94,000	0									94,000
2	43,000	0									43,000
3	44,000	0									44,000
4	45,000	0									45,000
5	29,000	0									29,000
6	38,000	500									38,500
7	30,000	0									30,000
8	52,000	0									52,000
9	52,000	0									52,000
10	45,000	0									45,000
11	47,000	0									47,000
12	46,000	0									46,000
13	37,000	0									37,000
14	47,000	0									47,000
15	62,500	0									62,500
16	62,500	0									62,500
17	49,000	0									49,000
18	48,000	0									48,000
19	42,000	0									42,000
20	72,000	0									72,000
21	45,000	0									45,000
22	61,500	0									61,500
23	61,500	0									61,500
24	38,000	0									38,000
25	68,000	0									68,000
26	57,000	0									57,000
27	75,000	0									75,000
28	62,000	0									62,000
29	62,000	0									62,000
30	80,000	0									80,000
31	70,000	0									70,000
Total											1,665,500
Avg.											53,726
Max.											94,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											April 2005
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	44,000	0									44,000
2	37,000	0									37,000
3	42,500	0									42,500
4	42,500	0									42,500
5	42,000	500									42,500
6	47,000	0									47,000
7	48,000	200									48,200
8	57,000	0									57,000
9	23,000	0									23,000
10	53,000	0									53,000
11	53,000	0									53,000
12	35,000	0									35,000
13	42,000	0									42,000
14	44,000	0									44,000
15	44,000	0									44,000
16	34,000	0									34,000
17	63,000	0									63,000
18	63,000	0									63,000
19	59,000	0									59,000
20	62,000	0									62,000
21	66,000	0									66,000
22	70,000	0									70,000
23	49,000	0									49,000
24	49,000	0									49,000
25	44,000	0									44,000
26	41,000	0									41,000
27	35,000	0									35,000
28	40,000	0									40,000
29	39,000	0									39,000
30	47,000	0									47,000
31	0	0									0
Total											1,415,700
Avg											45,668
Max											70,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

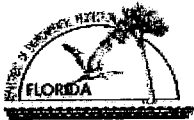
Daily Finished-Water Production for the Month/Year of: March 2005											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	31,000	0									31,000
2	45,000	0									45,000
3	31,000	0									31,000
4	39,000	400									39,400
5	43,000	0									43,000
6	41,500	0									41,500
7	41,500	0									41,500
8	42,000	0									42,000
9	48,000	0									48,000
10	35,000	0									35,000
11	36,000	0									36,000
12	31,000	0									31,000
13	56,000	0									56,000
14	56,000	0									56,000
15	42,000	0									42,000
16	46,000	0									46,000
17	38,000	0									38,000
18	25,000	0									25,000
19	33,000	0									33,000
20	43,500	0									43,500
21	43,500	0									43,500
22	37,000	0									37,000
23	42,000	0									42,000
24	37,000	0									37,000
25	30,000	0									30,000
26	31,000	0									31,000
27	43,000	0									43,000
28	43,000	0									43,000
29	41,000	0									41,000
30	52,000	0									52,000
31	46,000	0									46,000
Total											1,249,400
Avg											40,303
Max											56,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : February 2005										
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor										
Public Water System (PWS) Identification Number: 3351021										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
Piney Woods Well 1	Spring Lake Manor Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
432,000	201,600									633,600
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	29,000	0								29,000
2	47,000	0								47,000
3	39,000	0								39,000
4	34,000	0								34,000
5	38,000	0								38,000
6	38,000	0								38,000
7	37,000	0								37,000
8	34,000	0								34,000
9	36,000	0								36,000
10	44,000	0								44,000
11	39,000	300								39,300
12	35,000	0								35,000
13	32,500	0								32,500
14	32,500	0								32,500
15	77,000	0								77,000
16	38,000	0								38,000
17	63,000	0								63,000
18	35,000	0								35,000
19	41,000	0								41,000
20	56,000	0								56,000
21	56,000	0								56,000
22	47,000	0								47,000
23	50,000	0								50,000
24	41,000	0								41,000
25	49,000	0								49,000
26	27,000	0								27,000
27	50,000	0								50,000
28	50,000	0								50,000
29	0	0								0
30	0	0								0
31	0	0								0
Total										1,195,300
Avg										38,558
Max										77,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2005											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	42,500	0									42,500
2	42,500	0									42,500
3	40,000	0									40,000
4	45,000	0									45,000
5	42,000	0									42,000
6	42,000	0									42,000
7	38,000	0									38,000
8	57,000	0									57,000
9	40,500	0									40,500
10	40,500	0									40,500
11	41,000	0									41,000
12	35,000	0									35,000
13	43,000	500									43,500
14	36,000	0									36,000
15	25,000	0									25,000
16	43,000	0									43,000
17	43,000	0									43,000
18	38,000	0									38,000
19	34,000	0									34,000
20	33,000	0									33,000
21	49,000	0									49,000
22	39,000	0									39,000
23	39,000	0									39,000
24	48,000	0									48,000
25	33,000	0									33,000
26	30,000	0									30,000
27	43,000	0									43,000
28	37,000	0									37,000
29	31,000	0									31,000
30	51,000	0									51,000
31	51,000	0									51,000
Total											1,252,500
Avg											40,403
Max											57,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											December 2004
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	42,000	0									42,000
2	43,000	0									43,000
3	39,000	0									39,000
4	49,000	0									49,000
5	49,000	0									49,000
6	56,000	0									56,000
7	45,000	0									45,000
8	35,000	0									35,000
9	60,000	200									60,200
10	23,000	0									23,000
11	29,000	0									29,000
12	41,000	0									41,000
13	41,000	0									41,000
14	38,000	0									38,000
15	34,000	0									34,000
16	45,000	0									45,000
17	35,000	0									35,000
18	28,000	0									28,000
19	49,000	0									49,000
20	49,000	0									49,000
21	43,000	0									43,000
22	29,000	0									29,000
23	47,000	0									47,000
24	27,000	0									27,000
25	44,500	0									44,500
26	44,500	0									44,500
27	47,000	0									47,000
28	38,000	0									38,000
29	36,000	0									36,000
30	32,000	0									32,000
31	35,000	0									35,000
Total											1,253,200
Avg.											40,426
Max.											60,200



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : November 2004											
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	98,000	0									98,000
2	47,000	0									47,000
3	35,000	0									35,000
4	73,000	400									73,400
5	38,000	0									38,000
6	46,000	0									46,000
7	64,000	0									64,000
8	64,000	0									64,000
9	49,000	0									49,000
10	47,000	0									47,000
11	54,000	0									54,000
12	50,000	0									50,000
13	39,000	0									39,000
14	51,000	0									51,000
15	51,000	0									51,000
16	35,000	0									35,000
17	50,000	0									50,000
18	57,000	0									57,000
19	50,000	0									50,000
20	44,000	0									44,000
21	60,000	0									60,000
22	60,000	0									60,000
23	48,000	0									48,000
24	52,000	0									52,000
25	42,000	0									42,000
26	51,000	0									51,000
27	44,000	0									44,000
28	61,000	0									61,000
29	61,000	0									61,000
30	52,000	0									52,000
31	0	0									0
Total											1,573,400
Avg											50,755
Max											98,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											October 2004
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	34,000	0									34,000
2	33,000	0									33,000
3	50,000	0									50,000
4	50,000	0									50,000
5	43,000	0									43,000
6	44,000	0									44,000
7	46,000	0									46,000
8	60,000	900									60,900
9	54,000	0									54,000
10	64,500	0									64,500
11	64,500	0									64,500
12	45,000	0									45,000
13	51,000	0									51,000
14	50,000	0									50,000
15	45,000	0									45,000
16	41,000	0									41,000
17	60,000	0									60,000
18	60,000	0									60,000
19	45,000	0									45,000
20	35,000	0									35,000
21	35,000	0									35,000
22	34,000	0									34,000
23	40,000	0									40,000
24	49,000	0									49,000
25	49,000	0									49,000
26	43,000	0									43,000
27	38,000	0									38,000
28	51,000	0									51,000
29	37,000	0									37,000
30	37,000	0									37,000
31	37,000	0									37,000
Total											1,425,900
Avg.											45,997
Max.											64,500



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											September 2004
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	42,000	0									42,000
2	34,000	0									34,000
3	53,000	0									53,000
4	28,000	200									28,200
5	30,500	1,650									32,150
6	30,500	1,650									32,150
7	55,000	0									55,000
8	17,000	0									17,000
9	54,000	0									54,000
10	46,000	0									46,000
11	22,000	0									22,000
12	52,000	0									52,000
13	52,000	0									52,000
14	41,000	0									41,000
15	41,000	0									41,000
16	25,000	0									25,000
17	45,000	0									45,000
18	26,000	0									26,000
19	49,500	0									49,500
20	49,500	0									49,500
21	28,000	0									28,000
22	40,000	0									40,000
23	41,000	0									41,000
24	37,000	0									37,000
25	29,000	0									29,000
26	48,500	0									48,500
27	48,500	0									48,500
28	35,000	0									35,000
29	38,000	0									38,000
30	46,000	0									46,000
31	0	0									0
Total											1,187,500
Avg											38,306
Max											55,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for Instructions.

Daily Finished-Water Production for the Month/Year of : August 2004											
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	49,500	0									49,500
2	49,500	0									49,500
3	38,000	0									38,000
4	41,000	0									41,000
5	48,000	0									48,000
6	39,000	0									39,000
7	51,000	0									51,000
8	54,000	0									54,000
9	54,000	0									54,000
10	44,000	0									44,000
11	32,000	0									32,000
12	58,000	0									58,000
13	52,000	300									52,300
14	61,000	0									61,000
15	58,500	0									58,500
16	58,500	0									58,500
17	48,000	0									48,000
18	59,000	0									59,000
19	86,000	0									86,000
20	59,000	0									59,000
21	79,000	0									79,000
22	54,500	0									54,500
23	54,500	0									54,500
24	43,000	0									43,000
25	38,000	0									38,000
26	56,000	0									56,000
27	33,000	0									33,000
28	28,000	0									28,000
29	54,500	0									54,500
30	54,500	0									54,500
31	33,000	0									33,000
Total											1,568,300
Avg.											50,590
Max.											86,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : July 2004										
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor										
Public Water System (PWS) Identification Number: 3351021										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Piney Woods Well 1	Spring Lake Manor Well 2								
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									Total
	432,000	201,600								633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons									Total
1	63,000	0								63,000
2	40,000	0								40,000
3	51,000	0								51,000
4	43,500	0								43,500
5	43,500	0								43,500
6	69,000	0								69,000
7	48,000	0								48,000
8	54,000	0								54,000
9	57,000	200								57,200
10	44,000	0								44,000
11	68,000	0								68,000
12	68,000	0								68,000
13	52,000	0								52,000
14	61,000	0								61,000
15	89,000	0								89,000
16	59,000	0								59,000
17	39,000	0								39,000
18	64,000	0								64,000
19	64,000	0								64,000
20	37,000	0								37,000
21	48,000	0								48,000
22	77,000	0								77,000
23	41,000	0								41,000
24	60,000	0								60,000
25	57,000	0								57,000
26	57,000	0								57,000
27	46,000	0								46,000
28	45,000	0								45,000
29	56,000	0								56,000
30	47,000	0								47,000
31	33,000	0								33,000
Total										1,681,200
Avg.										54,232
Max.										89,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: June 2004											
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	83,000	0									83,000
2	61,000	0									61,000
3	87,000	0									87,000
4	30,000	0									30,000
5	49,000	0									49,000
6	61,500	0									61,500
7	61,500	0									61,500
8	32,000	0									32,000
9	70,000	14,100									84,100
10	73,000	0									73,000
11	47,000	0									47,000
12	46,000	0									46,000
13	58,500	0									58,500
14	58,500	0									58,500
15	35,000	0									35,000
16	43,000	0									43,000
17	62,000	0									62,000
18	53,000	0									53,000
19	43,000	0									43,000
20	57,000	0									57,000
21	57,000	0									57,000
22	38,000	0									38,000
23	31,000	0									31,000
24	53,000	0									53,000
25	65,000	0									65,000
26	33,000	0									33,000
27	55,500	0									55,500
28	55,500	0									55,500
29	45,000	0									45,000
30	47,000	0									47,000
31											
Total											1,605,100
Avg											53,503
Max											87,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2004											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	41,000	0									41,000
2	42,000	0									42,000
3	42,000	0									42,000
4	35,000	0									35,000
5	44,000	0									44,000
6	46,000	0									46,000
7	45,000	0									45,000
8	63,000	0									63,000
9	70,000	0									70,000
10	70,000	0									70,000
11	51,000	0									51,000
12	43,000	0									43,000
13	60,000	11,200									71,200
14	80,000	0									80,000
15	44,000	0									44,000
16	87,000	0									87,000
17	87,000	0									87,000
18	28,000	0									28,000
19	65,000	0									65,000
20	81,000	0									81,000
21	75,000	0									75,000
22	58,000	0									58,000
23	99,000	0									99,000
24	99,000	0									99,000
25	66,000	0									66,000
26	81,000	0									81,000
27	80,000	0									80,000
28	90,000	0									90,000
29	70,000	0									70,000
30	101,000	0									101,000
31	101,000	0									101,000
Total											2,055,200
Avg											66,297
Max											101,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : April 2004											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	54,000	0									54,000
2	82,000	0									82,000
3	33,000	0									33,000
4	84,000	0									84,000
5	84,000	0									84,000
6	36,000	12,500									48,500
7	56,000	300									56,300
8	66,000	0									66,000
9	44,000	0									44,000
10	52,000	0									52,000
11	70,000	0									70,000
12	70,000	0									70,000
13	46,000	0									46,000
14	42,000	0									42,000
15	50,000	0									50,000
16	57,000	0									57,000
17	65,500	0									65,500
18	65,500	0									65,500
19	68,000	0									68,000
20	69,000	0									69,000
21	61,000	0									61,000
22	82,000	0									82,000
23	59,000	0									59,000
24	66,000	0									66,000
25	89,000	0									89,000
26	89,000	0									89,000
27	53,000	0									53,000
28	65,000	0									65,000
29	68,000	0									68,000
30	68,000	0									68,000
31											
Total											1,906,800
Avg.											63,560
Max.											89,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2004											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	42,333	0									42,333
2	0	53,100									53,100
3	41,000	0									41,000
4	36,000	0									36,000
5	44,000	0									44,000
6	46,000	0									46,000
7	57,000	0									57,000
8	57,000	0									57,000
9	42,000	0									42,000
10	43,000	0									43,000
11	50,000	0									50,000
12	48,000	0									48,000
13	50,000	0									50,000
14	70,500	0									70,500
15	70,500	0									70,500
16	33,000	0									33,000
17	44,000	0									44,000
18	37,000	0									37,000
19	52,000	0									52,000
20	41,000	0									41,000
21	67,500	0									67,500
22	67,500	0									67,500
23	72,000	0									72,000
24	40,000	0									40,000
25	64,000	0									64,000
26	39,000	0									39,000
27	50,000	0									50,000
28	68,500	0									68,500
29	68,500	0									68,500
30	64,000	0									64,000
31	50,000	0									50,000
Total											1,608,433
Avg											51,885
Max											72,000



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : February 2004											
Community Water System (CWS) Name: Piney Woods/Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	38,500	0									38,500
2	38,500	0									38,500
3	35,000	0									35,000
4	0	25,400									25,400
5	44,000	0									44,000
6	35,000	0									35,000
7	36,000	0									36,000
8	36,000	0									36,000
9	43,000	0									43,000
10	34,000	0									34,000
11	39,000	0									39,000
12	41,000	0									41,000
13	36,000	0									36,000
14	27,000	0									27,000
15	40,000	0									40,000
16	40,000	0									40,000
17	29,000	0									29,000
18	39,000	0									39,000
19	35,000	0									35,000
20	37,000	0									37,000
21	44,000	0									44,000
22	46,500	0									46,500
23	46,500	0									46,500
24	33,000	0									33,000
25	32,000	0									32,000
26	41,000	0									41,000
27	27,000	0									27,000
28	36,000	0									36,000
29	63,500	0									63,500
30											
31											
Total											1,097,900
Avg											37,859
Max											63,500



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2004											
Community Water System (CWS) Name: Piney Woods\Spring Lake Manor											
Public Water System (PWS) Identification Number: 3351021											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	59,000	0									59,000
2	48,000	0									48,000
3	37,000	0									37,000
4	64,500	0									64,500
5	64,500	0									64,500
6	38,000	0									38,000
7	42,000	0									42,000
8	38,000	0									38,000
9	52,000	0									52,000
10	30,000	0									30,000
11	47,000	0									47,000
12	47,000	0									47,000
13	35,000	0									35,000
14	35,000	1,500									36,500
15	49,000	0									49,000
16	44,000	0									44,000
17	37,000	0									37,000
18	50,000	0									50,000
19	50,000	0									50,000
20	35,000	0									35,000
21	38,000	0									38,000
22	36,000	0									36,000
23	35,000	0									35,000
24	31,000	0									31,000
25	50,000	0									50,000
26	50,000	0									50,000
27	31,000	0									31,000
28	30,000	0									30,000
29	42,000	0									42,000
30	40,000	0									40,000
31	27,000	0									27,000
Total											1,313,500
Avg											42,371
Max											64,500

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4F

Skycrest

MOR October, 2004

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

October CN

I. General Information for the Month/Year of:

August, 2004

A. Public Water System (PWS) Information

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 118		Total Population Served at End of Month: 298	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sky Crest		Plant Telephone Number: 407-598-4100	
Plant Address: 36815 Skycrest Blvd.		City: Fruitland	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-8-04
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3351205 Plant Name: Sky Crest

III. Daily Data for the Month/Year of: August, 2004

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	18,000		1.6								1.3		
2		24.0	26,667												
3		24.0	26,667												
4	X	24.0	26,667		1.2								0.9		
5	X	24.0	23,000		1.1								0.7		
6	X	24.0	20,000		1.7								1.3		
7	X	24.0	23,200		1.5								1.2		
8	X	24.0	16,000		1.4								1.0		
9		24.0	24,000												
10		24.0	24,000												
11	X	24.0	24,000		1.5								1.2		
12	X	24.0	20,000		1.1								0.9		
13	X	24.0	22,000		0.9								0.6		
14	X	24.0	20,000		1.0								0.6		
15	X	24.0	23,000		1.0								0.6		
16		24.0	22,000												
17		24.0	22,000												
18	X	24.0	22,000		1.5								1.2		
19	X	24.0	15,000		1.0								0.8		
20	X	24.0	29,000		1.5								1.1		
21	X	24.0	17,400		0.8								0.5		
22	X	24.0	23,600		1.0								0.8		
23	X	24.0	22,400												
24		24.0	17,300												
25	X	24.0	17,300		1.0								0.7		
26	X	24.0	22,300		1.3								0.9		
27	X	24.0	23,600		1.2								0.9		
28	X	24.0	18,000		1.1								0.7		
29	X	24.0	15,800		1.1								0.8		
30		24.0	20,000												
31		24.0	20,000												
Total			664,900												
Average			21,448												
Maximum			29,000												

* Refer to the instructions for this report to determine which plants must provide this information.

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 4G

Village Water

DMRs – 2005 & 2006

CANDICE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.043
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 56% Capacity
 WAFR NO: 15196
 dmr c date 1/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 01/01/2006 To: 01/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.052				0		
PARM Code 50050 - Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd				Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.033				0		
PARM Code 50050 - I Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1		0		
PARM Code 80082 - Y MON Site No. EFA-01	Permit Requirement			20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 - I Site No. EFA-01	MON Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.5		0		
PARM Code 00530 - Y Mon Site No. EFA-01	Permit Requirement			20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/02/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		3.9	3.9	0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	8.0	0		
PARM Code 00400 Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 Max	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.7		0		
PARM Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.7		0		
PARM Code 50060 - 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			9.6	0		
PARM Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		400		0		
PARM Code 80082 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		140		0		
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
LIMIT: Final GROUP: Domestic
CLASS SIZE: N/A
Three Month Average Daily Flow: 0 Capacity
Monitoring Group Number: R002(spray Field) WAFR NO: 38752
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c Date 1/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement				0		
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement				0		
PARM Code 50050 1 Mon Site No INF-01	Permit Requirement	REPORT (Mo Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.1		0		
PARM Code 80082 Y MON Site No EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 I Site No EFA-01	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		6.5		0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/02/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
						Ex.		
Solids, Total Suspended	Sample Measurement		3.9	3.9		0		
PARM Code 00530 1 Mon Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement		7.5	8.0		0		
PARM Code 00400 1 Mon Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.7			0		
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0		0		
PARM Code 74055 1 Mon Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.7			0		
PARM Code 50060 1 Mon Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		400			0		
ParM Code 80082 G Mon Site No. INF 01	Permit Requirement		Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement		140			0		
PARM Code 00630 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L		Annual	Grab

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407072]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407072001 Sample ID: Effluent grab						Sampled: 01/03/06 10:25 Received: 01/03/06 13:03 Matrix: Water Results reported on Wet Weight Basis				
Nitrate as N		9.6	mg/L	0.060	EPA 300.0	IC6621		01/4/06 18:49	RS	E96080
Total Suspended Solids		3.9	mg/L	1.1	SM2540 D	WCSH6491		01/3/06 14:03	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6493		01/4/06 10:30	MAB	E84418
Fecal Coliform		1.0	CFU/100mL	1.0	SM9222 D	WCSH6492		01/3/06 13:31	MAB	E84418
Laboratory ID: 2407072002 Sample ID: Influent grab						Sampled: 01/03/06 10:35 Received: 01/03/06 13:03 Matrix: Water Results reported on Wet Weight Basis				
Total Suspended Solids		140	mg/L	25	SM2540 D	WCSH6491		01/3/06 14:03	MAB	E84418
CBOD5		400	mg/L	2.0	SM5210 B	WCSH6493		01/4/06 10:30	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

AQUA UTILITIES FLORIDA
WASTEWATER TREATMENT PLANT DAILY OPERATIONS SUMMARY

PLANT NAME: Village Water
MONTH: January-06

Pump #1 = hours run X 137 gpm, Pump #2 = Hours run X 172gpm.

Pump Trailer = hours run X 875 gpm.

PUMP WATER MONITORING DATA								PUMP WATER MONITORING DATA																	
PUMP CLOCK # 1								PUMP CLOCK # 2			TOTAL		#1	#2	#3	INFLUENT		EFFLUENT				FECAL		NITRATE	
DAY	READING	HOURS	FLOW	READING	HOURS	FLOW	FLOW	AERATION	AERATION	AERATION	CBOD ₅	TSS	pH	CL ₂	CBOD ₄	TSS	#	Sym	#	Sym	#	Sym			
PREV	1191.3			1206.8			MGD	30 MIN	30 MIN	30 MIN				RES	#	Sym	#	Sym	#	Sym	#	Sym			
1		0.0	0		1.9	19,608	0.020																		
2	1191.3	0.0	0	1210.6	1.9	19,608	0.020						8.0	3.5											
3	1191.3	0.0	0	1214.4	3.8	39,216	0.039				400	140	7.9	3.3	2.0		3.9		1		9.6				
4	1191.3	0.0	0	1220.7	6.3	65,016	0.065						7.6	1.8											
5	1195.3	4.0	32,880	1220.7	0.0	0	0.033						7.8	2.5											
6	1199.6	4.3	35,346	1220.7	0.0	0	0.035						7.6	2.0											
7	1202.1	2.5	20,550	1220.7	0.0	0	0.021						7.7	3.2											
8		3.8	30,825		0.0	0	0.031																		
9	1209.6	3.8	30,825	1220.7	0.0	0	0.031						7.6	0.7											
10	1212.1	2.5	20,550	1220.7	0.0	0	0.021						7.6	2.1											
11	1218.8	6.7	55,074	1220.7	0.0	0	0.055						7.5	2.5											
12	1222.1	3.3	27,126	1220.7	0.0	0	0.027						7.6	2.3											
13	1228.2	6.1	50,142	1220.7	0.0	0	0.050						7.6	3.5											
14	1228.2	0.0	0	1223.8	3.1	31,992	0.032						7.6	2.8											
15		0.0	0		2.8	28,380	0.028																		
16	1228.2	0.0	0	1229.3	2.8	28,380	0.028						7.5	0.8											
17	1228.2	0.0	0	1231.9	2.6	26,832	0.027						7.6	3.0											
18	1228.2	0.0	0	1237.0	5.1	52,632	0.053						7.6	2.5											
19	1228.2	0.0	0	1239.8	2.8	28,896	0.029						7.8	3.5											
20	1228.2	0.0	0	1244.9	5.1	52,632	0.053						7.6	2.2											
21	1231.2	3.0	24,660	1244.9	0.0	0	0.025						7.7	2.5											
22		3.1	25,893		0.0	0	0.026																		
23	1237.5	3.1	25,893	1244.9	0.0	0	0.026						7.6	1.2											
24	1240.4	2.9	23,838	1244.9	0.0	0	0.024						7.6	2.0											
25	1245.9	5.5	45,210	1244.9	0.0	0	0.045						7.5	1.4											
26	1249.4	3.5	28,770	1244.9	0.0	0	0.029						7.6	1.8											
27	1255.6	6.2	50,964	1244.9	0.0	0	0.051						7.5	1.2											
28	1259.0	3.4	27,948	1244.9	0.0	0	0.028						7.6	3.8											
29		3.1	25,893		0.0	0	0.026																		
30	1265.3	3.1	25,893	1244.9	0.0	0	0.026						7.6	2.8											
31	1265.3	0.0	0	1248.1	3.2	30,720	0.031						7.8	3.5											
Tot		74	608,280		41	423,912	1.032				400	140	199	62	2	0	4	0	1	U	10				
Avg		2	19,622		1	13,675	0.033				400	140	8	2	2	#DIV/0!	4	####	1	U	10				

(R002)				SLUDGE				AIR		RAIN				Op	
Pump Trailer				WASTED	Supernate	HAULED		TEMP	FALL			TIME		INI	
Reading	Hours	Flow	Min.	GALS	GALS			F							
0.0															
0.0	0.0	0	25						0.0	730	EC				
0.0	0.0	0							0.0	730	EC				
0.0	0.0	0	20						0.0	530	SF				
0.0	0.0	0							0.0	550	EC				
0.0	0.0	0							0.0	300	SF				
0.0	0.0	0	20						0.0	800	EC				
0.0	0.0	0													
0.0	0.0	0	10						0.0	200	SF				
0.0	0.0	0	20						0.0	600	EC				
0.0	0.0	0		2,000					0.0	100	SF				
0.0	0.0	0	20						0.0	630	EC				
0.0	0.0	0		1,500					0.0	1200	SF				
0.0	0.0	0	20						0.0	800	EC				
0.0	0.0	0													
0.0	0.0	0	10		1,000				0.0	200	SF				
0.0	0.0	0			1,000				0.0	700	EC				
0.0	0.0	0			2,000				0.0	1215	SF				
0.0	0.0	0	20			4000			0.0	720	EC				
0.0	0.0	0	10						0.0	300	SF				
0.0	0.0	0				4000			0.0	730	EC				
0.0	0.0	0													
0.0	0.0	0							0.0	210	SF				
0.0	0.0	0							0.0	700	EC				
0.0	0.0	0	20						0.2	1130	SF				
0.0	0.0	0	40						0.0	700	EC				
0.0	0.0	0		2,000					0.0	1200	SF				
0.0	0.0	0	20						0.0	700	EC				
0.0	0.0	0	20												
0.0	0.0	0	20						0.2	1130	SF				
0.0	0.0	0	10	2,000					0.0	700	EC				
0.0	0.0	0	315	10,500	8,000	0		0	0						
0.0	0.0	0	19	1,750	4,000	#DIV/0!		0	0						

Leesburg

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.038 50%
Monitoring Group Number R001(Perc/Evap Ponds) WAFR NO: 15196
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr date 3/07/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
☐ Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.052							0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd						Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement		0.045						0		
PARM Code 50050 I Mon Site No. INF-01	Permit Requirement		REPORT (Mo Avg.)	mgd						5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.1				0		
PARM Code 80082 Y MON Site No. EFA-01	Permit Requirement				20.0 (An Avg.)			MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0		0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.0				0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An Avg.)			MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
								Ex.	Analysis	
Solids, Total Suspended	Sample Measurement			9.8		9.8		0		
PARM Code 00530-1 Mon Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			7.5		7.9		0		
PARM Code 00400 Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3				0		
PARM Code 74055-Y Mon Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll An Avg.
Coliform, Fecal	Sample Measurement			1.0		1		0		
PARM Code 74055-1 Mon Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1				0		
PARM Code 50060-1 Mon Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement					3.1		0		
PARM Code 08520-1 Mon Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			310				0		
PARM Code 80082-G Mon Site No. INF-01	Permit Requirement			Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement			80				0		
PARM Code 00530-G Mon Site No. INF-01	Permit Requirement			Annual (February)			MG/L		Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: % OF CAPACITY
Monitoring Group Number: R002(spray Field) WAFR NO: 38752
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr date 3/8/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement					0		
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd				Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement					0		
PARM Code 50050 1 Mon Site No INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1		0		
PARM Code 80082 Y MON Site No EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 I Site No EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0		0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
								Ex.		
Solids, Total Suspended	Sample Measurement			9.8		9.8		0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)		60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.5		7.9		0		
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3				0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll-An. Avg.
Coliform, Fecal	Sample Measurement			1.0		1		0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1				0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days / Week	Grab
	Sample Measurement							0		
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			310				0		
ParM Code 80082 G Mon. Site No. INF 01	Permit Requirement			Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement			80				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: February-06

Three-month Average Daily Flow: 0.038

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.040					7.6		1.8		
2	0.032					7.8		4.5		
3	0.039					7.8		3.5		
4	0.103					7.8		4.2		
5	0.049									
6	0.049					7.6		2.5		
7	0.041					7.6		2.4		
8	0.071					7.5		3.5		
9	0.032					7.6		3.0		
10	0.045					7.7		3.1		
11	0.048					7.8		4.0		
12	0.023									
13	0.023					7.8		3.2		
14	0.042	2.0	310.0	9.8	80.0	7.7	1.0	3.0	3.1	9.8
15	0.049					7.8		4.2		
16	0.032					7.6		2.0		
17	0.039					7.6		2.4		
18	0.032					7.6		3.0		
19	0.028									
20	0.028					7.7		2.9		
21	0.058					7.7		3.0		
22	0.044					7.6		1.0		
23	0.041					7.9		4.0		
24	0.079					7.7		3.5		
25	0.040					7.8		3.0		
26	0.059									
27	0.059					7.6		1.2		
28	0.035					7.7		1.0		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>c</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

Limited Wet Weather Discharge Activated: ☐: ☐: Not Applicable: ☒ If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2407114]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407114001 Sample ID: Effluent grab					Sampled: 02/14/06 10:17 Received: 02/14/06 12:55 Matrix: Water Results reported on Wet Weight Basis					
Total Suspended Solids		9.8	mg/L	2.0	SM2540 D	WCSH6520		02/14/06 13:44	MAB	E84418
CBOD5		2.0	mg/L	2.0	SM5210 B	WCSH6521		02/15/06 9:53	MAB	E84418
Laboratory ID: 2407114002 Sample ID: Influent grab					Sampled: 02/14/06 10:30 Received: 02/14/06 12:55 Matrix: Water Results reported on Wet Weight Basis					
Total Suspended Solids		80	mg/L	25	SM2540 D	WCSH6520		02/14/06 13:44	MAB	E84418
CBOD5		310	mg/L	2.0	SM5210 B	WCSH6521		02/15/06 9:53	MAB	E84418
Laboratory ID: 2407114003 Sample ID: Effluent grab					Sampled: 02/14/06 10:35 Received: 02/14/06 12:55 Matrix: Water Results reported on Wet Weight Basis					
Nitrate as N		3.1	mg/L	0.060	EPA 300.0	IC6686		02/15/06 14:19	RS	E96080
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6519		02/14/06 13:20	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.038 50%
Monitoring Group Number R001(Perc/Evap Ponds) WAFR NO: 15196
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c ate 4-10-06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 03/01/2006 To: 03/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.052				0		
PARM Code 50050 - Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd				Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.050				0		
PARM Code 50050 - I Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0		
PARM Code 80082 - Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4		0		
PARM Code 80082 - I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0		0		
PARM Code 00530 - Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Solids, Total Suspended	Sample Measurement		5.9	5.9	0	Ex. Analysis	
PARM Code 00530 1 Mon Site No EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.9		0	
PARM Code 00400 Site No EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3			0	
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll-Avg
Coliform, Fecal	Sample Measurement		1.0	1		0	
PARM Code 74055 1 Mon Site No EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0			0	
PARM Code 50060 1 Mon Site No EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			2.9		0	
PARM Code 08520 1 Mon Site No EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0	
PARM Code 80082 G Mon Site No INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!			0	
PARM Code 00530 G Mon Site No INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow:
Monitoring Group Number R002(spray Field)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:
REPORT: Monthly
GROUP: Domestic
% OF CAPACITY
WAFR NO: 38752
dmr date 3/8/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 03/01/2006 To: 03/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement					0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement					0		
PARM Code 50050 1 Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	3.4	0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0		0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			5.9		5.9		0		
PARM Code 00530 Mon. Site No. EFA-01	1 Permit Requirement			30 (Mo. Avg.)		60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.4		7.9		0		
PARM Code 00400 Mon. Site No. EFA-01	1 Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3				0		
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement			200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement			1.0		1		0		
PARM Code 74055 Mon. Site No. EFA-01	1 Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1				0		
PARM Code 50060 Mon. Site No. EFA-01	1 Permit Requirement			0.5 (Min.)			MG/L		5 Days / Week	Grab
	Sample Measurement							0		
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!				0		
PARM Code 80082 Mon. Site No. INF-01	G Permit Requirement			Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement			#DIV/0!				0		
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement			Annual (February)			MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-06

Three-month Average Daily Flow: 0.043

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.066					7.5		0.9		
2	0.032					7.6		2.2		
3	0.061					7.7		2.0		
4	0.038					7.8		3.3		
5	0.044									
6	0.044					7.9		2.4		
7	0.053					7.8		3.0		
8	0.066					7.7		3.2		
9	0.036					7.6		3.0		
10	0.037					7.8		2.5		
11	0.042					7.7		3.0		
12	0.036									
13	0.036					7.5		2.5		
14	0.071	3.4		5.9		7.6	1.0	3.8	2.9	5.9
15	0.043					7.4		4.5		
16	0.053					7.6		3.6		
17	0.057					7.6		3.0		
18	0.048					7.7		4.0		
19	0.044									
20	0.044					7.6		3.9		
21	0.036					7.8		3.0		
22	0.051					7.8		4.2		
23	0.055					7.8		5.0		
24	0.079					7.7		5.0		
25	0.038					7.7		4.2		
26	0.023									
27	0.023					7.7		4.0		
28	0.045					7.7		3.5		
29	0.055					7.7		4.1		
30	0.080					7.8		4.5		
31	0.114					7.8		4.3		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u>Robert Paver</u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: ☐: ☐: Not Applicable: ☒ If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-06

Three-month Average Daily Flow: 0.043
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14		3.4		5.9			1.0		2.9	
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30										
31										

Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Chief Day Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: ☐ Yes ☒ No: Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

Candice

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

PERMIT NUMBER: FLA013087
REPORT: Monthly
GROUP: Domestic

CLASS SIZE: N/A
LIMIT: Final

Three Month Average Daily Flow: 56 % OF CAPACITY
Monitoring Group Number R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: ILLC
NO DISCHARGE FROM SITE: dmr c ate 5/16/06

COUNTRY: Polk MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. of Analysis	Frequency	Sample Type
Flow	Sample		0.050		0		
Flow	Permit Requirement		0.075	mgd		Report Monthly	Calculated Roll An Avg
Flow	Sample		0.032		0		
Flow	Permit Requirement		REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample		3.4		0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement		20.0	(An. Avg.)		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample		8.2		0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement		30.0	(Mo. Avg.)	60.0 (Max.)	Monthly	Grab
Solids, Total Suspended	Sample		4.7		0		
Solids, Total Suspended	Permit Requirement		20.0	(An. Avg.)		Report Monthly	Calculated Roll An Avg

1. Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/05/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR: 15196

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Facility Name: Village Water WWTP

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample		5.1		0		
	Measurement		30				
	Permit Requirement		(Mo. Avg.)				Grab
pH	Sample		7.7		0		
	Measurement		7.9				
	Permit Requirement		(Min.)				Grab
Coliform, Fecal	Sample		1.3		0		
	Measurement		200				
	Permit Requirement		(An. Avg.)				Calculated Roll An Avg
Coliform, Fecal	Sample		1.0		0		
	Measurement		800				
	Permit Requirement		(Mo. GeoMean)				Grab
Total Residual Chlorine (for Disinfection)	Sample		2		0		
	Measurement		0.5				
	Permit Requirement		(Min.)				Grab
Nitrate	Sample		6.3		0		
	Measurement		12.0				
	Permit Requirement		(Max.)				Grab
BOD, Carbonaceous 5 day, 20C	Sample				0		
	Measurement						
	Permit Requirement						Grab
TSS	Sample				0		
	Measurement						
	Permit Requirement						Grab
	Annual						Annual
	Annual						Annual

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.042
Monitoring Group Number: R002(spray Field)
PLANTSIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:
REPORT: Monthly
GROUP: Domestic
% OF CAPACITY 42%
WAFR NO: 38752
dmr c ate 5/16/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

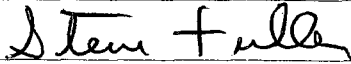
COUNTY: Polk

MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement					0	Analysis	
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement					0		
PARM Code 50050 I Mon Site No INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4		0		
PARM Code 80082 Y MON Site No EFA-01	Permit Requirement			20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.2	8.2	0		
PARM Code 80082 I Site No EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.7		0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement			20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/05/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				5.1		5.1		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement				30 (Mo. Avg.)		60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement				7.7		7.9		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement				1.3				0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll-An Avg.
Coliform, Fecal	Sample Measurement				1.0		1		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement				Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2				0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days / Week	Grab
	Sample Measurement								0		
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement				#DIV/0!				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year: April-06

Three-month Average Daily Flow: 0.042
(TMAF/Permitted Capacity)x100: 01/00/1900

Village water/WTP (R001)

Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
Flow (MGD)										
CBOD5 (mg/L)										
CBOD5 (mg/L)										
TSS (mg/L)										
TSS (mg/L)										
pH (Std. Units)										
Fecal Coliform (#/100ml)										
TRC (For Disinfect.) (mg/L)										
Nitrate (mg/L)										
TSS (mg/L)										

1	0.014					7.8		3.0		
2	0.021									
3	0.021					7.8		2.5		
4	0.039					7.8		2.8		
5	0.035					7.7		2.9		
6	0.026					7.8		2.8		
7	0.041					7.8		5.0		
8	0.032					7.8		3.0		
9	0.026									
10	0.026					7.8		2.7		
11	0.046	8.2	5.1			7.8	1.0	4.0	6.3	5.1
12	0.081					7.8		3.7		
13	0.050					7.8		2.8		
14	0.036					7.8		3.0		
15	0.041							3.5		
16	0.027					7.8				
17	0.027					7.8		3.2		
18	0.033					7.8		2.8		
19	0.035					7.7		2.6		
20	0.010					7.7		3.0		
21	0.030					7.7		2.8		
22	0.049					7.7		3.4		
23	0.020									
24	0.020					7.7		3.0		
25	0.042					7.9		2.6		
26	0.049					7.9		3.0		
27	0.020					7.9		2.3		
28	0.035					7.8		3.0		
29	0.033					7.8		2.8		
30										

PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: ☒ Evaporation / Percolation Ponds ☐ Limited Wet Weather Discharge Activated: ☐ ☐ Not Applicable: ☒ ☐ if yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P
Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: April-06

Three-month Average Daily Flow: 0.042

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

Conduct

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow:
Monitoring Group Number R001(Perc/Evap Ponds)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:
REPORT: Monthly
GROUP: Domestic
% OF CAPACITY
WAFR NO: 15196
dmr date 1/01

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.047				0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An.Avg.
Flow	Sample Measurement	0.027				0		
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0	0		
PARM Code 80082 1 MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.1		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/06/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		10.0	10.0	0		
PARM Code 00530 1 Mon Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.8		0		
PARM Code 50060 1 Mon Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			0.24	0		
PARM Code 08520 1 Mon Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
LIMIT: Final GROUP: Domestic
CLASS SIZE: N/A
Three Month Average Daily Flow: APACITY
Monitoring Group Number R002(spray Field) WAFR NO: 38752
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c ate 6/13/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement				0		
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.00.			0		
PARM Code 50050 1 Mon Site No INF-01	Permit Requirement	REPORT (Mo Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.3		0		
PARM Code 80082 Y MON Site No. EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0	3.0	0		
PARM Code 80082 1 MON Site No. EFA-01	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.1		0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/06/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR: 38752

Monitoring Group NO.: R002

PERMIT NUMBER: FLA013087

Facility Name: Village Water WWTP

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample	10.0	10.0		0		
PARM Code 00530 1	Permit Requirement	30	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample	7.8	7.9		0		
PARM Code 00400 1	Permit Requirement	6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample	1.3			0		
PARM Code 74055 Y	Permit Requirement	200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll/Avg
Coliform, Fecal	Sample	1.0	1.0		0		
PARM Code 74055 1	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample	2.8			0		
PARM Code 50060 1	Permit Requirement	0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			MG/L		Annual	Grab
TSS	Sample				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-06

Three-month Average Daily Flow: 0.036
(TMADF/Permitted Capacity)x100: 01/00/1900

Village waterWTP (R001)

Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
50050	80082	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01

1	0.020	7.8			3.2		
2	0.006	7.9			3.3		
3	0.031	7.8			3.1		
4	0.042	7.8			3.0		
5	0.034	7.8			3.5		
6	0.019	7.9			4.0		
7	0.020						
8	0.020	7.8			4.1		
9	0.033	7.8	1.0	4.0	0.24	10.0	
10	0.041	7.8			3.5		
11	0.036	7.8			4.0		
12	0.032	7.8			3.5		
13	0.031	7.9			4.5		
14	0.015						
15	0.015	7.9			4.0		
16	0.033	7.8			4.2		
17	0.039	7.8			3.3		
18	0.017	7.9			3.8		
19	0.038	7.8			4.0		
20	0.018	7.9			4.5		
21	0.023						
22	0.023	7.9			4.3		
23	0.025	7.9			3.0		
24	0.036	7.8			3.1		
25	0.032	7.8			2.8		
26	0.041	7.8			3.4		
27	0.018	7.8			3.0		
28	0.020						
29	0.020	7.8			3.1		
30	0.021	7.9			4.1		
31	0.043				3.5		

PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	13244	Name:	EDDIE C.
Day Shift Operator	Class:	C	Certification No.:		Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

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

Limited Wet Weather Discharge Activated: ☒ Yes ☐ No Not Applicable: ☒ Yes ☐ No
* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-06

Three-month Average Daily Flow: 0.0.

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
9		3.0		10.0			1.0		0.24	10.0
10										
11										
12										
13										
14										
15										
16										
17										
18										
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21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie C.</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: _____	Name: <u>Robert Paver</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: ☐ Yes ☒ No: Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2407203]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407203001						Sampled: 05/09/06 10:25 Received: 05/09/06 13:00				
Sample ID: Effluent grab						Matrix: Water Results reported on Wet Weight Basis				
Nitrate as N		0.24	mg/L	0.020	EPA 353.2	CALC5223		05/17/06 14:54	DH	E96080
Nitrate/Nitrite as N	Q	0.27	mg/L	0.020	EPA 353.2	AUTO14678		05/15/06 20:03	DM	E96080
Nitrite as N		0.028	mg/L	0.020	EPA 353.2	AUTO14669		05/10/06 19:39	DM	E96080
Total Suspended Solids		10	mg/L	1.2	SM2540 D	WCSH6576		05/9/06 13:23	MAB	E84418
CBOD5		3.0	mg/L	2.0	SM5210 B	WCSH6575		05/10/06 10:12	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6580		05/9/06 13:40	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

Can file

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA013087
REPORT: Monthly
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.033
Monitoring Group Number: R301 (Perc/Evap Ponds)
WAFR NO: 15196
44% Capacity
dmr c ate 7/12/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

COUNTRY: Polk

MONITORING PERIOD--From: 06/01/2006

To: 06/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Ex.	Analysis
							Frequency of Sample Type

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR: 15196

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Facility Name: Village Water WWTP

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. of Frequency	Sample Type
Solids, Total Suspended	Sample	8.8	8.8	0	Ex.	Analysis
PARM Code 00530 1	Permit Requirement	30	60.0 (Max)	0		Grab
pH	Sample	7.8	8.1	0		
PARM Code 00400	Permit Requirement	6.0	8.5 (Min.)			Grab
Coliform, Fecal	Sample	1.1		0		
PARM Code 74055 Y	Permit Requirement	200				Calculated
Coliform, Fecal	Sample	1.0	1	0		Roll An Avg
PARM Code 74055 1	Permit Requirement	Report	800 (Max.)			Monthly
Total Residual Chlorine (for Disinfection)	Sample	2		0		Grab
PARM Code 50060 1	Permit Requirement	0.5				5 Days/Week
Nitrate	Sample		0.1	0		
PARM Code 08620 1	Permit Requirement		12.0 (Max)			Monthly
BOD, Carbonaceous 5 day, 20C	Sample			0		
PARM Code 80082 G	Permit Requirement					Annual
TSS	Sample					Annual
PARM Code 00530 G	Permit Requirement					Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA013087 REPORT: Monthly LIMIT: Final GROUP: Domestic

PERMITTEE NAME: Aqua Utilities Florida MAILING ADDRESS: 6960 Professional Parkway East Sarasota, FL 34240

FACILITY: Village Water WWTP LOCATION: 4411 Main Ave. Eaton Park, FL 33801

Three Month Average Daily Flow: 0.034 CLASS SIZE: N/A % OF CAPACITY 8% WAFR NO. 38752

Monitoring Group Number R002(spray Field) PLANT SIZE/TREATMENT TYPE: ILLC dmr date 1/01

NO DISCHARGE FROM SITE:

COUNTY: Polk MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

Parameter	Units	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow		Sample				0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll-Avg
Flow		Sample				0		
PARM Code 50050 1 Mon Site No. INF-01	Permit Requirement	no flow				0	5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample					0		
PARM Code 80082 Y MON Site No. EFA-01	Permit Requirement	20.0 (An Avg)					Report Monthly	Calculated Roll-Avg
BOD, Carbonaceous 5 day, 20C	Sample					0		
PARM Code 80082 1 MON Site No. EFA-01	Permit Requirement	2.2 (Mo. Avg)				60.0 (Max)	Monthly	Grab
Solids, Total Suspended	Sample					0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement	5.5 (An Avg)					Report Monthly	Calculated Roll-Avg

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

I certify under penalty of law that 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)
	<i>Steve Fuller</i>	813-267-2074	06/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality of Concentration	Units	No.	Frequency of	Sample Type
Solids, Total Suspended	Sample Measurement				Ex.	Analysis	
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement	8.8	30 (Mo. Avg.)	60.0 (Max.)	0	Monthly	Grab
pH	Sample Measurement	7.8	6.0 (Min.)	8.1	0		
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement			8.5 (Min.)		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement	1.1			0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement	200 (An. Avg.)				Report Monthly	Calculated Rol. An. Avg.
Coliform, Fecal	Sample Measurement	1.0		1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement			800 (Max.)		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	2			0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement	0.5 (Min.)				5 Days/Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement					Annual (February)	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-06

Three-month Average Daily Flow: 0.033
(TMADF/Permitted Capacity)x100: 01/00/1900

Village water WTP (R001)

Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
50050	80082	80082	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01

1	0.024	7.8				4.0		
2	0.032	7.8				3.5		
3	0.032	7.8				3.0		
4	0.019							
5	0.019	7.8				2.9		
6	0.033	2.2	8.8	7.9	1.0	4.5	0.1	8.8
7	0.033			7.9		4.2		
8	0.037	7.8				3.8		
9	0.054	7.8				3.0		
10	0.018	7.8				3.2		
11	0.028							
12	0.028	7.8				4.0		
13	0.098	7.8				3.0		
14	0.081	7.8				3.2		
15	0.058	7.9				2.5		
16	0.047	7.9				3.0		
17	0.039	7.9				2.5		
18	0.028							
19	0.028	7.9				2.4		
20	0.056	8.0				3.9		
21	0.028	7.9				3.5		
22	0.044	7.9				2.5		
23	0.056	8.1				2.1		
24	0.019	7.9				2.5		
25	0.046							
26	0.046	7.8				3.0		
27	0.068	7.8				3.5		
28	0.038	7.8				3.0		
29	0.065	7.8				3.2		
30	0.056					3.5		

PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:	C	Certification No.:		Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: ☒ Evaporation / Percolation Ponds ☐ Limited Wet Weather Discharge Activated: ☐ ☒ Not Applicable: ☐ ☒ If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-06

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow	2.2		8.8			1.0		0.1	8.8
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: _____	Name: <u>Robert Paver</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407216]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407216001						Sampled: 06/06/06 10:40		Received: 06/06/06 12:44		
Sample ID: Effluent grab						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.060 U	mg/L	0.060	EPA 300.0	IC6820		06/7/06 20:16	JL	E96080
Total Suspended Solids		8.8	mg/L	2.4	SM2540 D	WCSH6588		06/6/06 15:58	MAB	E84418
CBOD5		2.2	mg/L	2.0	SM5210 B	WCSH6589		06/7/06 9:30	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6590		06/6/06 13:12	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418



CANDICE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.040 53 % capacity
 Monitoring Group Number: R001(Perc/Evap Ponds) WAFR NO: 15196
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr c ate 8/15/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.045				0		
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.051				0		
PARM Code 50050 I Mon.Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.8		0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i> B8937	813-267-2074	06/08/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R00:

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		4.9	4.9	0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.9	8.0	0		
PARM Code 00400 - Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50060 - 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			2.3	0		
PARM Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
LIMIT: Final GROUP: Domestic
CLASS SIZE: N/A
Three Month Average Daily Flow: none
Monitoring Group Number: R002(spray Field) WAFR NO: 38752
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c ate 8/15/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	none						0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd						Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	none						0		
PARM Code 50050 1 Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd						5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9				0		
PARM Code 80082 Y MON Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		2.1		0		
PARM Code 80082 1 MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.8				0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg.

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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.

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Steve Fuller Operator III	<i>Steve Fuller B 8937</i>	813-267-2074	06/08/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		4.9		0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.9	8.0	0		
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G Mon. Site No. INF 01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-06

Three-month Average Daily Flow: 0.040

(TMADF/Permitted Capacity)x100: 53%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.034					7.8		3.5		
2	0.034									
3	0.034					7.8		3.0		
4	0.043					7.8		3.1		
5	0.072	2.1		4.9		7.8	1.0	3.4	2.3	4.9
6	0.052					7.9		3.5		
7	0.064					7.8		3.3		
8	0.083					8.0		2.5		
9	0.059									
10	0.059					8.0		3.8		
11	0.086					8.0		4.0		
12	0.067					8.0		3.5		
13	0.066					7.9		3.3		
14	0.065					7.9		3.0		
15	0.055					8.0		3.1		
16	0.043									
17	0.043					7.9		4.0		
18	0.048					8.0		2.8		
19	0.055					7.9		2.5		
20	0.042					7.9		3.0		
21	0.057					7.9		2.0		
22	0.043					7.9		2.8		
23	0.039									
24	0.039					8.0		2.9		
25	0.038					7.9		3.0		
26	0.058					7.9		2.7		
27	0.041					8.0		3.8		
28	0.072					8.0		3.1		
29	0.028					7.9		3.0		
30	0.028									
31	0.028					7.9		2.8		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>8946</u>	Name: <u>Robert Paver</u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: ☐ ☒ Not Applicable: ☒ If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-06

Three-month Average Daily Flow: none

(TMADF/Permitted Capacity)x100: no flow

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	None									
2	None									
3	None									
4	None									
5	None									
6	None									
7	None									
8	None									
9	None									
10	None									
11	None									
12	None									
13	None									
14	None									
15	None									
16	None									
17	None									
18	None									
19	None									
20	None									
21	None									
22	None									
23	None									
24	None									
25	None									
26	None									
27	None									
28	None									
29	None									
30	None									
31	None									

PLANT STAFFING:

Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller
Day Shift Operator	Class: C	Certification No.: 8946	Name: Robert Paver
Day Shift Operator	Class: C	Certification No.: 13244	Name: Eddie Christmas
Day Shift Operator	Class:	Certification No.:	Name:
Chief Day Operator	Class:	Certification No.:	Name:

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

Limited Wet Weather Discharge Activated: ☐: ☐o: Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407240]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407240001					Sampled: 07/05/06 10:25 Received: 07/05/06 13:00					
Sample ID: Effluent grab					Matrix: Water Results reported on Wet Weight Basis					
Nitrate as N		2.3	mg/L	0.060	EPA 300.0	IC6846		07/6/06 16:19	JL	E96080
Total Suspended Solids		4.9	mg/L	1.2	SM2540 D	WCSH6606		07/5/06 13:45	MAB	E84418
CBOD5		2.1	mg/L	2.0	SM5210 B	WCSH6607		07/6/06 10:51	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6608		07/5/06 13:35	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.050 75% of capacity
Monitoring Group Number R001 (Perc/Evap Ponds) WAFR NO: 15196
PLANT SIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c ate 9/23/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

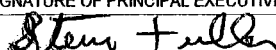
COUNTY: Polk

MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.044				0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.057				0		
PARM Code 50050 I Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON: Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.7		0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg.

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Steve Fuller Operator III		813-267-2074	06/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.6		0		
PARM Code 00530-1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9	0		
PARM Code 00400 Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055-Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055-1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50060-1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			4.6	0		
Param Code 08520-1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
Param Code 80082-G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530-G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

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PERMIT NUMBER: FLA013087 REPORT: Monthly
LIMIT: Final GROUP: Domestic
CLASS SIZE: N/A
Three Month Average Daily Flow: no flow APACITY
Monitoring Group Number R002(spray Field) WAFR NO: 38752
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE: dmr c ate 9/23/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 08/01/2006 To: 08/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement				0		
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement				0		
PARM Code 50050 1 Mon Site No inf-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
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BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1	2.1	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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Steve Fuller Operator III		813-267-2074	06/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
					Ex.		
Solids, Total Suspended	Sample Measurement		2.6		0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9		0	
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0			0	
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1		0	
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0			0	
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement					0	
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0	
Parrr Code 80082 G Mon. Site No. INF 01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!			0	
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year: August-06

Three-month Average Daily Flow: 0.050
(TMADF/Permitted Capacity)x100: 75%

Village waterWTP (R001)

Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Code	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
Mon.Site									

1	0.050	2.1	2.6	7.9	1.0	3.0	4.6	2.6
2	0.060			7.9		2.7		
3	0.038			7.8		3.1		
4	0.076			7.8		2.7		
5	0.033			7.8		3.0		
6	0.058							
7	0.058			7.8		2.9		
8	0.047			7.8		2.7		
9	0.074			7.8		2.0		
10	0.036			7.8		2.5		
11	0.072			7.8		2.7		
12	0.024			7.8		3.2		
13	0.040							
14	0.040			7.8		3.4		
15	0.033			7.8		4.0		
16	0.068			7.9		3.9		
17	0.051			7.9		3.5		
18	0.086			7.9		3.0		
19	0.066			7.8		3.5		
20	0.049							
21	0.049			7.8		3.2		
22	0.058			7.8		3.0		
23	0.093			7.8		3.3		
24	0.046			7.7		4.0		
25	0.092			7.7		3.8		
26	0.059			7.8		3.5		
27	0.041							
28	0.041			7.8		3.2		
29	0.073			7.6		2.0		
30	0.065			7.7		2.5		
31	0.086			7.8		2.0		

PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	8946	Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: ☐ Evaporation / Percolation Ponds ☒ Limited Wet Weather Discharge Activated: ☐ ☒ Not Applicable: ☒ If yes, cumulative days of wet weather discharge:

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

DEF FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-06

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
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PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	8946	Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

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

Limited Wet Weather Discharge Activated: ☐ o: Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2407262]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407262001					Sampled: 08/01/06 9:50		Received: 08/01/06 13:20			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		4.6	mg/L	0.060	EPA 300.0	IC6890		08/2/06 13:41	JL	E96080
Total Suspended Solids		2.6	mg/L	1.2	SM2540 D	WCSH6628		08/1/06 13:56	MAB	E84418
CBOD5		2.1	mg/L	2.0	SM5210 B	WCSH6629		08/2/06 10:21	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6627		08/1/06 13:52	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Candice

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 0.057
Monitoring Group Number: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:
REPORT: Monthly
GROUP: Domestic
75% Capacity
WAFR NO: 15196
dmr date 10/12/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
☐ Eaton Park, FL 33801

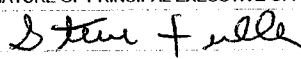
COUNTY: Polk

MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.046			0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.064			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 1 Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO: R001

WAFR: 15196

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			3.2		3.2		0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement			30 (Mo.Avg.)		60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.8		7.9		0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1				0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement			2.0		2		0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			2.0				0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement			0.5 (Min.)			MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement					4.0		0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!				0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement			#DIV/0!				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Annual (February)			MG/L		Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: none
Monitoring Group Number: R002(spray Field)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic
% OF CAPACITY
WAFR NO: 38752
dmr d ate 10/12/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 09/01/2006 To: 09/30/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement					0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement					0		
PARM Code 50050 1 Mon.Site No.Inf-01	Permit Requirement		REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.7		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended				3.2	3.2		0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement			30 (Mo.Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.8	7.9		0		
PARM Code 00400 1 Mon. Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1			0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll-An.Avg.
Coliform, Fecal	Sample Measurement			2.0	2		0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement			Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			2.0			0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement						0		
	Permit Requirement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: Sep-06

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

0.057
75%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Collform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.080					7.8		2.7		
2	0.037					7.8		2.5		
3	0.038									
4	0.038					7.8		2.8		
5	0.053					7.9		2.5		
6	0.058					7.9		2.3		
7	0.040					7.8		3.5		
8	0.067					7.8		3.1		
9	0.033					7.8		3.6		
10	0.039									
11	0.039					7.8		3.1		
12	0.045					7.8		3.5		
13	0.068					7.8		3.2		
14	0.043	2.0		3.2		7.9	2.0	2.0	4.0	3.2
15	0.086					7.9		2.4		
16	0.040					7.8		3.0		
17	0.045									
18	0.045					7.8		2.5		
19	0.061					7.8		2.0		
20	0.158					7.8		2.2		
21	0.056					7.8		2.5		
22	0.115					7.8		2.1		
23	0.056					7.8		4.0		
24	0.067									
25	0.067					7.8		3.7		
26	0.068					7.8		3.5		
27	0.132					7.8		3.1		
28	0.093					7.8		2.8		
29	0.088					7.8		2.3		
30	0.057					7.8		2.5		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: September-06

Three-month Average Daily Flow: none
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
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PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2407307]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407307001					Sampled: 09/14/06 9:30		Received: 09/14/06 11:25			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		4.0	mg/L	0.060	EPA 300.0	IC6948		09/15/06 13:04	JL	E96080
Total Suspended Solids		3.2	mg/L	1.0	SM2540 D	WCSH6659		09/14/06 12:04	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6667		09/14/06 12:28	MAB	E84418
Fecal Coliform		2.0	CFU/100mL	1.0	SM9222 D	WCSH6666		09/14/06 11:49	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/21/06

Page 3 of 4

DEP CANDICE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: 80% capacity
Monitoring Group Number: R001(Perc/Evap Ponds)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:
REPORT: Monthly
GROUP: Domestic
WAFR NO: 15196
dmr date 10/31/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 10/01/2006 To: 10/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.046				0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.056				0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.7		0		
PARM Code 09530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.5	1.5	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	7.8	0		
PARM Code 00400 Mon. Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			7.0	0		
Parm Code 08520 1 Mon SiteNo. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
Parm Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: capacity none
Monitoring Group Number: R002(spray Field)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:
WAFR NO: 38752
dmr d ate 10/31/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement	none			0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	none			0		
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.5	1.5	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	7.8	0		
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-06

Three-month Average Daily Flow: 0.059
(TMADF/Permitted Capacity)x100: 80%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.058									
2	0.058					7.7		2.1		
3	0.070					7.7		2.5		
4	0.071					7.7		2.3		
5	0.045					7.7		2.8		
6	0.068					7.7		2.6		
7	0.052					7.7		2.8		
8	0.055									
9	0.055					7.7		2.7		
10	0.054	2.0		1.5		7.7	1.0	2.8	7.0	1.5
11	0.067					7.8		2.9		
12	0.050					7.8		3.1		
13	0.066					7.8		3.0		
14	0.047					7.8		2.8		
15	0.046									
16	0.046					7.8		2.4		
17	0.046					7.8		3.0		
18	0.068					7.8		2.7		
19	0.058					7.8		1.7		
20	0.074					7.8		2.0		
21	0.040									
22	0.040					7.8		2.8		
23	0.055					7.8		2.0		
24	0.051					7.7		2.2		
25	0.067					7.5		1.0		
26	0.063					7.5		2.2		
27	0.060					7.6		2.2		
28	0.069					7.7		2.8		
29	0.045									
30	0.045					7.7		2.2		
31	0.054					7.8		2.2		

PLANT STAFFING:

Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller
Day Shift Operator	Class: C	Certification No.: 13832	Name: Jerry Hahn
Day Shift Operator	Class:	Certification No.:	Name:
Day Shift Operator	Class:	Certification No.:	Name:
Chief Day Operator	Class:	Certification No.:	Name:

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-06

No Flow

Three-month Average Daily Flow: none
(TMADF/Permitted Capacity)x100: 0%

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
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PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2407340]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407340001					Sampled: 10/10/06 10:45		Received: 10/10/06 13:35			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		7.0	mg/L	0.060	EPA 300.0	IC6975		10/11/06 19:24	JL	E96080
Total Suspended Solids		1.5	mg/L	1.0	SM2540 D	WCSH6685		10/10/06 13:54	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6686		10/11/06 10:06	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6688		10/10/06 13:49	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/17/06

Page 3 of 4

CANDICE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow:
 Monitoring Group Number
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 69% OF CAPACITY
 WAFR NO: 15196
 DMR Date 11/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801



COUNTY: Polk

MONITORING PERIOD--From: 11/01/2006 To: 11/30/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044				0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.037				0		
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.4		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/12/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.5	1.5		0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement			30 (Mo.Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.4	7.8		0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1			0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement			1.0	1		0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement			Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1			0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement			0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement				7.2		0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement				12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A
Three Month Average Daily Flow: No Flow
Monitoring Group Number: R002(spray Field)
PLANTSIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic
% OF CAPACITY
WAFR NO: 38752
DMR Date 11/06

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave.
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 11/01/2006 To: 11/30/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	no flow				0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow				0		
PARM Code 50050 1 Mon.Site No.inf-01	Permit Requirement	REPORT (Mo.Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.4		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/12/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.5	1.5	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement			30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement			7.4	7.8	0		
PARM Code 00400 1 Mon. Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement			1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement			Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!		0		
Parm Code 80082 G Mon.Site No. INF-01	Permit Requirement			Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement			#DIV/0!		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-06

Three-month Average Daily Flow: 0.052
(TMADF/Permitted Capacity)x100: 69%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.067					7.6		2.2		
2	0.048					7.8		1.8		
3	0.055					7.7		1.9		
4	0.042					7.7		5.0		
5	0.027									
6	0.027					7.8		3.5		
7	0.048	2.0		1.5		7.7	1.0	2.2	7.2	1.5
8	0.033					7.6		2.2		
9	0.040					7.5		2.2		
10	0.044					7.4		2.2		
11	0.025					7.6		5.5		
12	0.025									
13	0.025					7.6		2.2		
14	0.033					7.5		2.2		
15	0.044					7.6		2.2		
16	0.054					7.5		1.0		
17	0.055					7.5		2.1		
18	0.027					7.6		5.5		
19	0.028									
20	0.028					7.5		2.2		
21	0.031					7.6		2.2		
22	0.037					7.6		2.2		
23	0.031					7.5		2.2		
24	0.019					7.6		2.2		
25	0.024					7.5		5.0		
26	0.025									
27	0.025					7.7		2.2		
28	0.038					7.6		2.2		
29	0.035					7.8		2.2		
30	0.058					7.5		2.0		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Chief Day Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-06

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
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3										
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PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407373]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407373001					Sampled: 11/07/06 11:00		Received: 11/07/06 12:54			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		7.2	mg/L	0.060	EPA 300.0	IC7007		11/8/06 19:20	JL	E96080
Total Suspended Solids		1.5	mg/L	1.0	SM2540 D	WCSH6705		11/7/06 13:31	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6706		11/8/06 10:26	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6704		11/7/06 13:16	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/14/06

Page 3 of 4

PATRICK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.041
 Monitoring Group Number: R001(Perc/Evap Ponds)
 PLANTSIZETREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 55% capacity
 WAFR NO: 15196
 dmr date 1/23/07

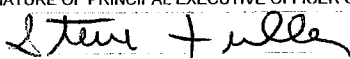
FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD-From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement	0.044			0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.029			0		
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly Grab
Solids, Total Suspended	Sample Measurement			4.9	0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	07/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.7	1.7	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	7.7	0		
PARM Code 00400 Mon. Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5(max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			5.0	0		
Parm Code 08520 1 Mon SiteNo. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
Parm Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, FL 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	CAPACITY:	
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, FL 33801	PLANT SIZE/TREATMENT TYPE	III C		
		NO DISCHARGE FROM SITE:		dmr date	1/23/07

COUNTY: Polk **MONITORING PERIOD--From:** 12/01/2006 **To:** 12/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement	none			0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	none			0		
PARM Code 50050 1 Mon.Site No.Inf-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.9		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	07/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO. R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.7	1.7	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement			7.7	0		
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-06

Three-month Average Daily Flow: 0.041

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.044					7.6		2.1		
2	0.030					7.6		4.8		
3	0.026									
4	0.026					7.7		2.2		
5	0.044	2.0		1.7		7.6	1.0	2.2	5.0	1.7
6	0.041					7.6		2.2		
7	0.040					7.6		2.2		
8	0.045					7.7		2.2		
9	0.023					7.6		5.5		
10	0.026									
11	0.026					7.6		2.2		
12	0.040					7.7		2.2		
13	0.040					7.6		2.2		
14	0.035					7.7		1.5		
15	0.030					7.7		2.0		
16	0.016					7.6		5.0		
17	0.017									
18	0.017					7.6		2.1		
19	0.023					7.6		2.2		
20	0.031					7.7		2.2		
21	0.028					7.7		2.2		
22	0.029					7.6		2.2		
23	0.025									
24	0.025					7.6		4.8		
25	0.016					7.7		2.2		
26	0.046					7.6		2.2		
27	0.025					7.6		2.2		
28	0.031					7.6		2.2		
29	0.038					7.5		2.2		
30	0.022					7.5		5.3		
31										

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-06

Three-month Average Daily Flow: none

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
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4										
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PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407390]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407390001					Sampled: 12/05/06 10:05		Received: 12/05/06 13:16			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		5.0	mg/L	0.060	EPA 300.0	IC7039		12/6/06 14:01	JL	E96080
Total Suspended Solids		1.7	mg/L	1.1	SM2540 D	WCSH6724		12/5/06 13:51	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6725		12/6/06 10:10	MAB	E84418
Fecal Coliform		1.0	CFU/100mL	1.0	SM9222 D	WCSH6723		12/5/06 13:41	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below Statement of Estimated Uncertainty available upon request.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.035 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 2/3/05

COUNTY: Polk

MONITORING PERIOD From: 1/1/05 To: 1/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.054		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon Site No: INE-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.042	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon Site No: INE-01 Y	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon Site No: EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		2.9	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon Site No: EFA-01 Y	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon Site No: EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez Senior Facility Operator		863-858-2504	

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			15		15	mg/l	0	Monthly	Grab
PARM Code 00530 Mon Site No. EFA-01 I	Permit Measurement			30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement			6.8		7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EFA-01 I	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			54.2			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code 74055 Mon Site No. EFA-01 Y	Permit Measurement			200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement			620		620	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No. EFA-01 I	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No. EFA-01 I	Permit Measurement			0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement					5	mg/l	0	Monthly	Grab
PARM Code 00620 Mon Site No. EFA-01 I	Permit Measurement					12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			163.3			mg/l	0	Annual	Grab
PARM Code 80082 Mon Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement			486.0			mg/l	0	Annual	Grab
PARM Code 00530 Mon Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year: 1/05

Three-month Average Daily Flow: 0.035
(TMADF/Permitted Capacity)x100: 46%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	.026					7.4		1.2	
2									
3	.047					7.5		1.3	
4	.039	2.9		15.0		7.4	620	1.6	5.0
5	.046					7.4		1.4	
6	.047					7.3		1.5	
7	.049					7.5		1.9	
8	.031					7.3		1.8	
9									
10	.079					7.3		1.5	
11	.032					7.4		1.8	
12	.047					7.4		1.6	
13	.047					7.6		1.5	
14	.079					7.3		1.1	
15	.070					7.4		2.0	
16									
17	.081					7.5		1.5	
18	.059					7.6		1.6	
19	.036					7.5		1.2	
20	.052					7.3		1.3	
21	.042					7.3		1.7	
22	.037					7.2		1.8	
23									
24	.080					7.4		1.6	
25	.057					7.4		1.4	
26	.045					7.4		1.5	
27	.042					7.3		1.6	
28	.044					7.3		1.5	
29	.027					7.2		1.8	
30									
31	.065					7.5		1.9	

Plant Staffing:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class B
Class _____
Class _____
Class A

Certificate No. 8937
Certificate No. _____
Certificate No. _____
Certificate No. 9139

Name: Steve Fuller
Name: _____
Name: _____
Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
Eaton Park, FL

Three Month Average Daily Flow: 0.040 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 3/3/05

COUNTY: Polk

MONITORING PERIOD From: 2/1/05 To: 2/28/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon.Site.No.: INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.046	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon.Site.No.: INF-01 1	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon.Site.No.: BFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon.Site.No.: BFA-01 1	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.8			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon.Site.No.: BFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez Senior Facility Operator		863-858-2504	

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

DEP FILE NO.: FLA013087-002-DW3P

WATER	15196	WATER	15196
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2

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year: 2/05

Three-month Average Daily Flow: 0.040
(TMADF/Permitted Capacity)x100: 53%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.037	2.0	400.0	16.0	140.0	7.3	5.0	1.6	9.1
2	0.049					7.1		1.7	
3	0.057					7.1		1.9	
4	0.033					7.3		1.9	
5	0.036					7.1		1.8	
6									
7	0.043					7.2		1.7	
8	0.027					7.3		1.6	
9	0.055					7.5		1.1	
10	0.038					7.6		1.3	
11	0.057					7.3		1.5	
12	0.022					7.2		1.9	
13									
14	0.047					7.0		2.2	
15	0.043					6.8		2.0	
16	0.035					7.0		2.0	
17	0.071					7.1		2.2	
18	0.029					7.3		2.0	
19	0.065					7.3		1.8	
20									
21	0.091					7.2		0.8	
22	0.084					7.3		1.0	
23	0.043					7.4		0.8	
24	0.041					7.3		0.9	
25	0.070					7.4		0.9	
26	0.070					7.3		1.6	
27									
28	0.131					7.1		1.3	

Plan Staffing:

Day Shift Operator	Class <u>B</u>	Certificate No. <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Night Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Lead Operator	Class <u>A</u>	Certificate No. <u>9139</u>	Name: <u>David Rodriguez</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
Eaton Park, FL

Three Month Average Daily Flow: 0.055 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 05/05/05

COUNTY: Polk


MONITORING PERIOD

From: 4/1/05 To: 7/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.049		MGD					0	Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.058	MGD					0	5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				15.0	15.0		mg/l	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
David Rodriguez, Senior Facility Operator		863-858-2504	05/05/05

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				21.0		21.0	mg/l	0	Monthly	Grab
PARM CODE: 00580 MON SITE NO: BFA-01	Permit Measurement				30.0 (Max)		30.0 (Max)	mg/l		Monthly	Grab
pH	Sample Measurement				7.0		7.6	s.u.	0	5 Days/Week	Grab
PARM CODE: 00400 MON SITE NO: BFA-01	Permit Measurement				8.0 (Min)		8.5 (Max)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				54.6			#/100ml	0	Report Monthly	Calc.Roll.An. Avg.
PARM CODE: 00505 MON SITE NO: BFA-01	Permit Measurement				300 (Max)			#/100ml		Report Monthly	Calc.Roll.An. Avg.
Coliform, Fecal	Sample Measurement				2.0		2.0	#/100ml	0	Monthly	Grab
PARM CODE: 74055 MON SITE NO: BFA-01	Permit Measurement				300 (Max)		300 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/l	0	5 Days/Week	Grab
PARM CODE: 50060 MON SITE NO: BFA-01	Permit Measurement				0.5 (Min)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						5.5	mg/l	0	Monthly	Grab
PARM CODE: 00620 MON SITE NO: BFA-01	Permit Measurement						12.0 (Max)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0	Annual	Grab
PARM CODE: 80082 MON SITE NO: BFA-01	Permit Measurement				Annual (Maximum)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				140.0			mg/l	0	Annual	Grab
PARM CODE: 00505 MON SITE NO: BFA-01	Permit Measurement				Annual (Maximum)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

Permit Number: FLA013087
 Month/Year: 4/05

Three-month Average Daily Flow: 0.058
 (TMADF/Permitted Capacity)x100: 73%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.050					7.3		1.5	
2	0.010					7.4		2.5	
3									
4	0.066					7.6		0.6	
5	0.057	15.0		21.0		7.0	2.0	0.6	5.5
6	0.072					7.1		0.8	
7	0.054					7.2		0.8	
8	0.063					7.3		0.6	
9									
10	0.117					7.4		0.8	
11	0.044					7.3		1.3	
12	0.058					7.2		1.2	
13	0.065					7.3		1.5	
14	0.064					7.2		0.5	
15	0.077					7.3		0.9	
16									
17	0.099					7.3		1.0	
18	0.054					7.2		0.8	
19	0.084					7.3		1.2	
20	0.072					7.4		0.7	
21	0.082					7.3		0.6	
22	0.050					7.5		3.0	
23	0.068					7.4		2.5	
24									
25	0.129					7.3		2.0	
26	0.069					7.4		3.5	
27	0.119					7.3		2.0	
28	0.084					7.2		1.8	
29	0.060					7.5		1.7	
30									

Plan Staffing:

Day Shift Operator	Class <u>B</u>	Certificate No. <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Night Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Lead Operator	Class <u>A</u>	Certificate No. <u>9139</u>	Name: <u>David Rodriguez</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) percolation evaporation ponds
 Limited Wet Weather Discharge Activated: Yes No x Not Applicable If yes, cumulative days of wet weather discharge:

*Attach additional sheets necessary to list all certified operators necessary for required operations.

FWS04 00008 CALL SUNSHINE 03/05/07 15:31:42ET 064710325-000 GRID
Ticket : 064710325 Rev:000 Taken: 03/05/07 15:05ET

State: FL Cnty: LAKE GeoPlace: ASTATULA
CallerPlace: ASTATULA
Subdivision: ASTATULA Lot: 12

Address : 25645
Street : EISENHOWER ST
Cross 1 : GEORGIA AVE
Within 1/4 mile: Y

Locat: ENTIRE PROPERTY TWO OR MORE SOIL BORINGS WITH A HAND-POWERED 3-INCH
BUCKET AUGER IN THE AREA WHERE THE PROPERTY OWNER PROPOSES TO INSTALL A SEPTIC
SYSTEM DRAINFIELD. SEE PINK FLAGS

Remarks : 19 SOUTH TO 561 T/L GO TO GEORGIA AVE., T/R GO TO EISENHOWER ST., T/L
GO TO FOURTH LOT ON RIGHT., #25645

TRS202629

*** LOOKUP BY MANUAL ***

Grids : 2843D8144D

Work date: 03/07/07 Time: 23:59ET Hrs notc: 056 Category: 3 Duration: 02 HRS
Due Date : 03/07/07 Time: 23:59ET Exp Date : 04/04/07 Time: 23:59ET
Work type: AUGER BORINGS FOR SOIL SAMPLING IN PREPARATION TO INSTALL A SEPTIC SY
Ug/Oh/Both: U Machinery: N Depth: 72 IN Permits: Y T 0118-07
Done for : PELT, KIRK

Company : LAKE COUNTY HEALTH DEPARTMENT Type: CONT
Co addr : 315 W MAIN ST
City : TAVARES State: FL Zip: 32778
Caller : CAROLE WALDEN Phone: 352-253-6130
Contact : CAROLE WALDEN Phone: 352-253-6130
BestTime: 8-5
Fax : 352-253-6133

Submitted: 03/05/07 15:05ET Oper: CAW Chan: WEB
Mbrs : FCI410 FPC322 FWS681 FWS683 SEC545 UTI297 LS1104 FWS04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.050 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 4/6/05

COUNTY: Polk

MONITORING PERIOD From: 3/1/05 To: 3/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.058		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon Site No: INF-01 Y	Permit Measurement	0.075 (An Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.050	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon Site No: INF-01 I	Permit Measurement		Report (Mo Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon Site No: EPA-01 Y	Permit Measurement				20.0 (An Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.2		5.2	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon Site No: EPA-01 I	Permit Measurement				30.0 (Mo Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.1			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon Site No: EPA-01 Y	Permit Measurement				20.0 (An Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez Senior Facility Operator		863-858-2504	

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

DEP FILE NO.: FLA013087-002-DW3P

2

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: 3/05

Three-month Average Daily Flow: 0.050
 (TMADF/Permitted Capacity)x100: 67%
 Village Water WWP (R001)

Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01
1	0.070	5.2	400.0	5.6	140.0	7.2	1.0	2.6
2	0.125					7.4		2.8
3	0.055					7.3		2.2
4	0.049					7.4		2.0
5	0.049					7.5		2.0
6								
7	0.069					7.6		2.0
8	0.071					7.2		0.4
9	0.059					7.4		1.5
10	0.077					7.3		0.5
11	0.051					7.2		0.7
12								
13	0.085					7.3		0.9
14	0.038					7.2		0.6
15	0.068					7.3		0.9
16	0.067					7.2		0.6
17	0.136					6.9		0.6
18	0.070					7.0		2.8
19								
20	0.102					7.2		3.5
21	0.047					7.3		3.0
22	0.084					7.1		2.0
23	0.064					7.3		1.8
24	0.079					7.0		1.8
25	0.056					7.3		1.6
26								
27	0.090					7.5		1.5
28	0.036					7.6		1.2
29	0.056					7.3		1.9
30	0.036					7.6		0.6
31	0.049					7.5		1.8

Plan Staffing:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class B
 Class A

Certificate No. 8937
 Certificate No. 9139

Name: Steve Fuller
 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: _____
 Limited Wet Weather Discharge Activated: Yes _____ No x Not Applicable _____
 Attach additional sheets necessary to list all certified operators necessary for required operations.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087

LIMIT: Final

CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

Three Month Average Daily Flow: 0.055 % of Capacity

73%
 WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave
 Eaton Park, FL

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE:

DMR DATE: 5/5/05

COUNTY: Polk

MONITORING PERIOD

From: 4/1/05

To: 4/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.049		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon.Site No: INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.058	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon.Site No: INF-01 1	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon.Site No: EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				15.0		15.0	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon.Site No: EFA-01 1	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon.Site No: EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez Senior Facility Operator		863-858-2504	

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				21.0		21.0	mg/l	0	Monthly	Grab
PARM Code. 00530 Mon. Site No. EFA-01 1	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement				7.0		7.6	s.u.	0	5 Days/Week	Grab
PARM Code. 00400 Mon. Site No. EFA-01 1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				54.6			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code. 74055 Mon. Site No. EFA-01 Y	Permit Measurement				200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement				2.0		2.0	#/100ml	0	Monthly	Grab
PARM Code. 74055 Mon. Site No. EFA-01 1	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/l	0	5 Days/Week	Grab
PARM Code. 50060 Mon. Site No. EFA-01 1	Permit Measurement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						5.5	mg/l	0	Monthly	Grab
PARM Code. 00620 Mon. Site No. EFA-01 1	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0	Annual	Grab
PARM Code 80082 Mon. Site No. INF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				140.0			mg/l	0	Annual	Grab
PARM Code 00530 Mon. Site No. INF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 4/05

Three-month Average Daily Flow: 0.058

(TMADF/Permitted Capacity)x100: 73%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.050					7.3		1.5	
2	0.010					7.4		2.5	
3									
4	0.066					7.6		0.6	
5	0.057	15.0		21.0		7.0	2.0	0.6	5.5
6	0.072					7.1		0.8	
7	0.054					7.2		0.8	
8	0.063					7.3		0.6	
9									
10	0.117					7.4		0.8	
11	0.044					7.3		1.3	
12	0.058					7.2		1.2	
13	0.065					7.3		1.5	
14	0.064					7.2		0.5	
15	0.077					7.3		0.9	
16									
17	0.099					7.3		1.0	
18	0.054					7.2		0.8	
19	0.084					7.3		1.2	
20	0.072					7.4		0.7	
21	0.082					7.3		0.6	
22	0.050					7.5		3.0	
23	0.068					7.4		2.5	
24									
25	0.129					7.3		2.0	
26	0.069					7.4		3.5	
27	0.119					7.3		2.0	
28	0.084					7.2		1.8	
29	0.060					7.5		1.7	
30									
31									

Plan Staffing:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 56% of Capacity

WAFR SITE NO.: 38752

MONITORING GROUP NUMBER: R002 (Spray Field)
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

DMR DATE:

COUNTY: Polk

MONITORING PERIOD

From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement			MGD						Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon.Site No. INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement			MGD						5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon.Site No. INF-01 I	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Monthly	Grab
PARM Code: 80082 Mon.Site No. EFA-01 I	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R002

WAFR: 38752

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						mg/l		Monthly	Grab
PARM Code: 00530 Mon.Site No. EFA-01 1	Permit Measurement			30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement						s.u.		5 Days/Week	Grab
PARM Code: 00400 Mon.Site No. EFA-01 1	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement						#/100ml		Report Monthly	Calc.Roll.An. Avg.
PARM Code: 74055 Mon.Site No. EFA-01 Y	Permit Measurement			200 (An.Avg.)			#/100ml		Report Monthly	Calc.Roll.An. Avg.
Coliform, Fecal	Sample Measurement						#/100ml		Monthly	Grab
PARM Code: 74055 Mon.Site No. EFA-01 1	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						mg/l		5 Days/Week	Grab
PARM Code: 50060 Mon.Site No. EFA-01 1	Permit Measurement			0.5 (Min.)			mg/l		5 Days/Week	Grab
	Sample Measurement									
	Permit Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/l		Annual	Grab
PARM Code 80082 Mon.Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement						mg/l		Annual	Grab
PARM Code 00530 Mon.Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
	Sample Measurement									
	Permit Measurement									

Permit Number: FLA013087

Three-month Average Daily Flow:
(TMADFP/Permitted Capacity)x100:

Village Water WTP (R002)

Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform (#/100ml)	TRC (For Disinfect) (mg/L)
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Code	50050	80082	80082	00530	00530	00400	74055	50060	Mon Site
------	-------	-------	-------	-------	-------	-------	-------	-------	----------

1									
2									
3									
4									
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23									
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25									
26									
27									
28									
29									
30									
31									

Plan Staffing:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class
Class
Class
Class

Certificate No.
Certificate No.
Certificate No.
Certificate No.

Name:
Name:
Name:
Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

DAILY SAMPLE RESULTS - PART B

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.060 % of Capacity:
 MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

DMR DATE: 6/1/05

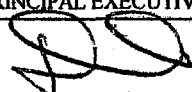
COUNTY: Polk

MONITORING PERIOD From: 5/1/05 To: 5/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.054		MGD					0	Report Monthly	Calc.Roll.An Avg
PARM Code: 50050 Mon Site No: INR-01	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An Avg
Flow	Sample Measurement		0.062	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon Site No: INR-01	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc.Roll.An Avg
PARM Code: 80082 Mon Site No: EBA-02	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6		3.6	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon Site No: EBA-02	Permit Measurement				10.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.8			mg/l	0	Report Monthly	Calc.Roll.An Avg
PARM Code: 00530 Mon Site No: EBA-02	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
David Rodriguez, Senior Facility Operator		863-858-2504	2005/06/01

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.8		4.8	mg/l	0	Monthly	Grab
PARM Code: 00500 Mon Site No: BPA-01-11-1	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement				7.0		7.6	s.u.	0	5 Days/Week	Grab
PARM Code: 00400 Mon Site No: BPA-01-11-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				54.5			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code: 74055 Mon Site No: BPA-01-11-1	Permit Measurement				200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement				1.0		1.0	#/100ml	0	Monthly	Grab
PARM Code: 74055 Mon Site No: BPA-01-11-1	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/l	0	5 Days/Week	Grab
PARM Code: 50060 Mon Site No: BPA-01-11-1	Permit Measurement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						2.9	mg/l	0	Monthly	Grab
PARM Code: 00620 Mon Site No: BPA-01-11-1	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0	Annual	Grab
PARM Code: 80082 Mon Site No: BPA-01-11-1	Permit Measurement				Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				140.0			mg/l	0	Annual	Grab
PARM Code: 00500 Mon Site No: BPA-01-11-1	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year: 5/05

Three-month Average Daily Flow: 0.060
(TMADF/Permitted Capacity)x100: 80%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.126					7.3		1.6	
2	0.072					7.2		1.8	
3	0.063	3.6		4.8		7.3	1.0U	2.5	2.9
4	0.077					7.4		1.8	
5	0.069					7.4		2.2	
6	0.070					7.5		2.5	
7									
8	0.100					7.6		1.3	
9	0.051					7.3		2.0	
10	0.077					7.1		1.5	
11	0.060					7.2		1.0	
12	0.101					7.4		1.1	
13	0.065					7.5		1.3	
14									
15	0.158					7.3		1.1	
16	0.062					7.4		1.2	
17	0.080					7.3		0.9	
18	0.070					7.4		1.0	
19	0.088					7.1		1.3	
20	0.065					7.1		1.6	
21									
22	0.128					7.3		1.8	
23	0.066					7.2		2.2	
24	0.054					7.2		1.8	
25	0.035					7.3		1.8	
26	0.048					7.2		1.0	
27	0.035					7.0		2.0	
28									
29	0.061					7.1		1.5	
30	0.020					7.3		2.0	
31	0.035					7.2		1.4	

Plan Staffing:

Day Shift Operator	Class <u>B</u>	Certificate No. <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Night Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Lead Operator	Class <u>A</u>	Certificate No. <u>9139</u>	Name: <u>David Rodriguez</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) percolation ponds

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
Eaton Park, FL

Three Month Average Daily Flow: 0.060 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIRC
NO DISCHARGE FROM SITE:

DMR DATE: 7/5/05


COUNTY: Polk

MONITORING PERIOD From: 6/1/05 To: 6/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.055		MGD					0	Report Monthly	Calc.Roll.An. Avg
PERM Code: 00030 MON SITE NO: 15196-01	Permit Measurement	0.073 (Anl Avg)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.060	MGD					0	5 Days/Week	Elapsed Time Meters
PERM Code: 00030 MON SITE NO: 15196-01	Permit Measurement		Report (Mo Avg)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PERM Code: 00082 MON SITE NO: 15196-01	Permit Measurement				20.0 (Anl Avg)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6	3.6		mg/l	0	Monthly	Grab
PERM Code: 00082 MON SITE NO: 15196-01	Permit Measurement				30.0 (Mo Avg)	60.0 (Max)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.7			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PERM Code: 00030 MON SITE NO: 15196-01	Permit Measurement				20.0 (Anl Avg)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
David Rodriguez Senior Facility Operator		(863)858-2504	05/07/05

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			4.1	mg/l	0	Monthly	Grab
PARM Code: 00530 Mon Site No: EPA-01	Permit Measurement			30.0 (Max)	mg/l		Monthly	Grab
pH	Sample Measurement			7.0	s.u.	0	5 Days/Week	Grab
PARM Code: 00400 Mon Site No: EPA-01	Permit Measurement			6.0 (Min)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			54.7	#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code: 74055 Mon Site No: EPA-01	Permit Measurement			200 (Max)	#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement			3.0	#/100ml	0	Monthly	Grab
PARM Code: 74055 Mon Site No: EPA-01	Permit Measurement			Report (Mo. Qtr. Mean)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6	mg/l	0	5 Days/Week	Grab
PARM Code: 50060 Mon Site No: EPA-01	Permit Measurement			0.5 (Min)	mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement				mg/l	0	Monthly	Grab
PARM Code: 00620 Mon Site No: EPA-01	Permit Measurement				12.0 (Max)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			400.0	mg/l	0	Annual	Grab
PARM Code: 80082 Mon Site No: EPA-01	Permit Measurement			Annual (February)	mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement			140.0	mg/l	0	Annual	Grab
PARM Code: 00530 Mon Site No: EPA-01	Permit Measurement			Annual (February)	mg/l		Annual	Grab
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 6/05

Three-month Average Daily Flow: 0.060

(TMADF/Permitted Capacity)x100: 80%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.054					7.4		1.5	
2	0.060					7.3		1.0	
3	0.065					7.3		0.9	
4									
5	0.115					7.4		1.0	
6	0.043					7.5		0.8	
7	0.068	3.6		4.1		7.6	3.0	1.2	2.8
8	0.040					7.3		1.2	
9	0.046					7.5		1.0	
10	0.065					7.4		0.8	
11	0.053					7.6		0.8	
12									
13	0.113					7.3		1.0	
14	0.057					7.4		0.8	
15	0.075					7.3		1.1	
16	0.050					7.4		0.6	
17	0.065					7.3		2.0	
18									
19	0.098					7.4		2.0	
20	0.045					7.2		2.5	
21	0.095					7.0		3.0	
22	0.054					7.1		2.2	
23	0.120					7.2		2.2	
24	0.065					7.3		2.0	
25									
26	0.116					7.2		1.8	
27	0.029					7.3		2.0	
28	0.048					7.2		1.8	
29	0.070					7.3		1.8	
30	0.080					7.2		1.4	

Plan Staffing:

Day Shift Operator

Class B

Certificate No. 8937

Name: Steve Fuller

Evening Shift Operator

Class

Certificate No.

Name:

Night Shift Operator

Class

Certificate No.

Name:

Lead Operator

Class A

Certificate No. 9139

Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) percolation ponds

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

Aqua America Utilities			Village WWTP								
543.4			551.6								
Month / Year :			JUNE 05			80301	250.0				
DATE	LIFT STATION PUMP #1	HR	LIFT STATION PUMP #2	HR	FL. SW / WWTP Electrical	Chlorine Volume	Cl2 usage	#1 / #2 / #3 Settle-ometer	Waste	Cl2 resid.	OPER
1	543.4	0	557.2	5.6	0.054 80577	245.0	5.0		10MINS #132	1.5	DAVID R. A-9139
2	543.4	0	563.5	6.3	0.060 80870	240.0	5.0	80/80/85		1.0	SLF B8937
3	543.4	0	570.3	6.8	0.065 81180	230.0	10.0		10MINS ALL	0.9	SLF
4											
5	543.4	0	582.2	18.9	0.115 81777	205.0	25.0		(SUPERVISOR)	1.0	DAVID R. A-9139
6	543.4	0	586.7	4.5	0.043 82021	200.0	5.0	67/70/72	10MINS ALL	0.8T	DAVID R. A-9139
7	543.4	0	593.8	7.1	0.068 82347	190.0 (REPLACE SAMPLE)	10.0		10MINS ALL	1.2	DAVID R. A-9139
8	543.4	0	598.0	4.2	0.040 82588	180.0	10.0	70/70/80	10MINS ALL	1.2	DAVID R. A-9139
9	543.4	0	602.8	4.8	0.046 82848	170.0	10.0	(FARMIE) (ALB 6 OUT PUMP 10MINS ALL)	1.0	DAVID R. A-9139	
10	543.4	0	609.6	6.8	0.065 83201	160.0	10.0	RAINING	5MINS ALL	0.8	SLF B8937
11	543.4	0	615.1	5.5	0.053 83540	145.0	15.0		(SUPERVISOR)	0.8	DAVID R. A-9139
12											
13	543.4	0	626.8	11.7	0.113 84224	125.0	20.0	72/75/75	15MINS #3	1.0	DAVID R. A-9139
14	543.4 (pump out)	0	632.8	6.0	0.057 84517	120.0 (REPLACE SAMPLE)	5.0	75/70/75	10MINS ALL	0.8	SLF
15	552.6	9.2	632.8	0	0.075 84864	110.0	18.0		10MINS ALL	1.1	DAVID R. A-9139
16	558.8	6.2	632.8	0	0.050 85104	100.0/300.0	10.0	(DAMS DELIVERY)	10MINS ALL	0.5T	DAVID R. A-9139
17	566.9	8.1	632.8	0	0.065 85407	290.0	10.0	75/75/70	10MINS ALL	2.0	SLF B8937
18											
19	579.0	12.1	632.8	0	0.098 86012	275.0	15.0		(SUPERVISOR)	2.0	DAVID R. A-9139
20	584.6	5.6	632.8	0	0.045 86237	265.0	10.0	70/75/70	15MINS #132	2.5	DAVID R. A-9139
21	596.4	11.8	632.8	0	0.093 86507	260.0/300.0 (H2O)	5.0	(PUMPING #1 PAS)	20MINS #152	3.0	DAVID R. A-9139
22	603.1	6.7	632.8	0	0.054 86865	245.0	5.0	55/75/75	10MINS #152	2.2	SLF B8937
23	617.4	14.3	633.6	0.8	0.120 87300	285.0	10.0		(SUPERVISOR)	2.2T	SLF B8937
24	625.4	8.0	633.6	0	0.065 87556	280.0/300.0 (H2O)	5.0	(PUMPING #1 PAS)	10MINS #152	2.0	DAVID R. A-9139
25											
26	640.0	14.6	633.6	0	0.116 88239	290.0	10.0	(PUMPING #1 PAS)	10MINS #152	1.8	DAVID R. A-9139
27	643.6	3.6	633.6	0	0.029 88454	285.0	5.0		WASTE #132	2.0	DAVID R. A-9139
28	649.6 (pump out)	6.0	633.6	0	0.048 88772	275.0	10.0	50/75/75	WASTE #132	1.8	SLF
29	649.6	0	640.9	7.3	0.070 89116	265.0	10.0		WASTE #132	1.8	DAVID R. A-9139
30	649.6	0	649.3	8.4	0.080 89480	255.0	10.0		WASTE #132	1.4	SLF B8937
31											

1 Pump
out

*
USF
NTR
TRON
FLA
6/20
-6/20

2 in
end

RAIN
1.3"
0.6"
0.3"
1.3"
0.2"
0.4"
0.4"
0.7"
0.8"
0.4"
0.4"
0.4"
0.4"
0.5"
0.4"
0.2"
0.2"
0.2"
0.5"
0.8"
0.8"
0.7"

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: June 13, 2005

To: Carolyn McFalls
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

[2406861]

Received: 6/07/05 13:00

Dear Carolyn McFalls;

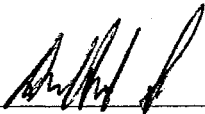
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2406861]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2406861001					Sampled: 06/07/05 9:30		Received: 06/07/05 13:00			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		2.8	mg/L	0.060	EPA 300.0	IC6351		06/8/05 16:38	JL	E96080
Total Suspended Solids		4.1	mg/L	1.1	SM2540 D	WCSH6341		06/7/05 13:33	MAB	E84418
CBOD5		3.6	mg/L	2.0	SM5210 B	WCSH6342		06/8/05 10:00	MAB	E84418
Fecal Coliform		3.0	CFU/100mL	1.0	SM9222 D	WCSH6343		06/7/05 13:16	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below: Statement of Estimated Uncertainty available upon request.



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN

PRESS HARD

COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

☒ FDOH # E96080

☐ FDOH # E85370

5600 U.S. 1 North

307 Coolidge Avenue

Fort Pierce, FL 34946

Lehigh Acres, FL 339

☐ FDOH # E82417

☐ FDOH # E83509

☒ FDOH # E8441

5390 First Coast Hwy., Suite 1

255 Enterprise Rd., Suite 1

2514 Osawaw Blvd.

Fernandina Beach, FL 32034

Deltona, FL 32725

Spring Hill, FL 3460

Company: AQUA UTILITIES

e-mail: DRRODRIGUEZ@AQUA

Address: 415 WEST DAUGHTERY RD.

AMERICA.COM

LANE LAND, FL. Zip: 33809

Method of

FedEx

Shipment:

COURIER

Phone: 863-858-2504

Fax: 863-853-4937

Client Contact: DANIEL RODRIGUEZ

Project Name: VILLAGE WATER WWTF

Sampled By: DANIEL RODRIGUEZ

☒ Standard Laboratory
Turn Around Time

Or

Rush in Business Days
Requires Laboratory Approval

For Lab Use Only

Temperature

Custody Seals

pH

Checked

Intact

Checked

☒ N

☐ N

☐ N

LAB # 2406861

PRESERVATIVE

U U U ST

ANALYSES REQUESTED

A B D C

Preservation Key

H=Hydrochloric Acid

P=Phosphoric

N=Nitric Acid

ST=Sodium

S=Sulfuric Acid

Thiosulfat

SH=Sodium Hydroxide

U=Unpreserve

COMMENTS

240

NO3 => F.P.

* Cl2 RESIDUAL MEASURE

USING BPA APPROVED

Cl2 POCKET COLORIMET

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	CBOD	TSS	NO3	FECAL										
	DATE	TIME																		
	6/7/05	930AM	G	WW	1	EFFLUENT	X													
	6/7/05	930AM	G	WW	1	"		X												
	6/7/05	930AM	G	WW	1	"			X											
	6/7/05	935AM	G	WW	1	" Cl2 1.1				X										

* Sample Type: G=Grab C=Composite O=Other

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY DANIEL RODRIGUEZ

DATE/TIME 6/7/05

RELINQUISHED BY P. L. L.

DATE/TIME 6-7-05 1:00PM

RELINQUISHED BY W. Donomette

DATE/TIME 6/7/05 to Fed Ex

RECEIVED BY P. L. L.

DATE/TIME 6-7-05 1:30 AM

RECEIVED BY W. Donomette

DATE/TIME 6/7/05 1300

RECEIVED FOR HBEL CUSTODY BY C. J. M.

DATE/TIME 6/8/05 1045

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.061 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:

DMR DATE: 8/4/05


COUNTY: Polk

MONITORING PERIOD From: 7/1/05 To: 7/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.057		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon Site No: INR-01	Permit Measurement	0.075 (All Ave)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.061	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon Site No: INR-01	Permit Measurement		Report (Mo Ave)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon Site No: EPA-01	Permit Measurement				20.0 (All Ave)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.4		5.4	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon Site No: EPA-01	Permit Measurement				30.0 (Mo Ave)		60.0 (Max)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.8			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon Site No: EPA-01	Permit Measurement				30.0 (All Ave)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
David Rodriguez Senior Facility Operator		(863)858-2504	05/08/04

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.1		2.1	mg/l	0	Monthly	Grab
PARM Code 00530 Mon Site No. EPA-01	Permit Measurement				30.0 (Min)		60.0 (Max)	mg/l		Monthly	Grab
pH	Sample Measurement				6.9		7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-01	Permit Measurement				6.0 (Min)		8.5 (Max)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				54.6			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code 74055 Mon Site No. EPA-01	Permit Measurement				200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement				1.0U		1.0U	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No. EPA-01	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No. EPA-01	Permit Measurement				0.5 (Min)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						10.0	mg/l	0	Monthly	Grab
PARM Code 00620 Mon Site No. EPA-01	Permit Measurement						12.0 (Max)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code 80082 Mon Site No. INF-01	Permit Measurement				Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code 00530 Mon Site No. INF-01	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 7/05

Three-month Average Daily Flow: 0.061

(TMADF/Permitted Capacity)x100: 81%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.092					7.4		1.2	
2									
3	0.110					7.2		1.5	
4	0.079					7.2		0.6	
5	0.048	5.4		2.1		7.3	1.0U	0.9	10.0
6	0.065					7.0		1.0	
7	0.057					7.2		1.4	
8	0.045					7.1		1.0	
9									
10	0.122					7.0		1.2	
11	0.084					7.1		1.1	
12	0.048					6.9		0.6	
13	0.077					7.0		1.0	
14	0.059					7.1		1.2	
15	0.067					7.1		1.0	
16	0.053					7.3		1.0	
17									
18	0.091					7.4		1.6	
19	0.068					7.5		0.9	
20	0.035					7.3		1.0	
21	0.064					7.0		1.8	
22	0.046					6.9		1.7	
23	0.042					7.0		1.8	
24									
25	0.142					7.1		1.6	
26	0.078					7.3		2.6	
27	0.056					7.4		1.8	
28	0.068					7.5		0.9	
29	0.065					7.6		1.0	
30									
31	0.133					7.0		1.0	

Plan Staffing:

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

Type of Effluent Disposal or Reclaimed Water Reuse: (2) rapid perc ponds

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

Aqua America Utilities				Village WWTP							
6/4/16 Month/Year:				8/4/80							
DATE	LIFT STATION PUMP #1	HR	LIFT STATION PUMP #2	HR	L.S. / Electrical	Chlorine Volume	C12 usage	#1 / #2 / #3 Settle-ometer	Waste resid.	OPER	P#
1	649.6	Ø	658.9	9.6	Ø.092 87829	245.0	10.0	55/70/70	1.2	515 88431	7.4
2											1.0
3	649.6	Ø	670.4	11.5	Ø.110 90451	280.0	15.0		1.5	Double A-9139	7.2
4	650.9	1.3	677.6	7.2	Ø.079 90795	238.0	2.0	(Superior 56 water 56 water 56 water 56)	1.0	515 88431	7.2
5	650.9	Ø	683.6	5.0	Ø.048 91118	220.0	8.0		0.9	515 88431	7.3
6	650.9	Ø	689.4	6.8	Ø.065 91435	215.0	5.0		1.0	Double A-9139	7.0
7	650.9	Ø	695.3	5.9	Ø.057 91758	265.0	10.0	50/55/60	1.4	515 88431	7.2
8	650.9 (Superior 56 water 56)	Ø	700.0	4.7	Ø.045 92023	195.0	10.0	Superior 56 water 56	1.0	515 88431	7.8
9											
10	664.5	14.4	700.0	Ø	Ø.122 92718	165.0	30.0	(Superior 56 water 56)	1.2	Double A-9139	7.0
11	674.9	10.4	700.0	Ø	Ø.084 93068	158.0	18.0		1.1	Double A-9139	7.1
12	680.9	6.0	700.0	Ø	Ø.048 93225	150.0 (Superior 56 water 56)	5.0		Ø.6	Double A-9139	6.9
13	690.4	7.5	700.0	Ø	Ø.077 93637	140.0	10.0	(Superior 56 water 56)	1.0	Double A-9139	7.0
14	691.7	7.3	700.0	Ø	Ø.089 93911	135.0/300	5.0	Superior 56 water 56	1.3	515 88431	7.1
15	706.0	8.3	700.0	Ø	Ø.067 94285	890.0	10.0	70-70	1.0	515 88431	7.1
16	712.6	6.6	700.0	Ø	Ø.053 94491	280.0	10.0		1.0	Double A-9139	7.3
17											
18	723.9	11.3	700.0	Ø	Ø.091 95101	270.0	10.0		1.6	Double A-9139	7.4
19	732.3	8.4	700.0	Ø	Ø.068 95349	266.0	10.0		1.0	Double A-9139	7.5
20	736.6	4.3	700.0	Ø	Ø.035 95653	256.0	10.0	Superior 56 water 56	1.0	Double A-9139	7.3
21	736.9 (#7)	0.3	706.5	6.5	Ø.064 95987	245.0	5.0	Superior 56 water 56	1.8	Double A-9139	7.0
22	736.9	Ø	711.3	4.8	Ø.046 96241	240.0	5.0	Superior 56 water 56	1.7	Double A-9139	6.9
23	736.9	Ø	718.7	4.4	Ø.042 96531	235.0	5.0	Superior 56 water 56	1.8	Double A-9139	7.0
24											
25	739.0	2.1	728.8	13.1	Ø.142 97770	220.0 (Superior 56 water 56)	15.0	64/60/70	1.6	Double A-9139	7.1
26	739.0	Ø	737.0	8.2	Ø.078 97512	200.0/300.0	20.0	Superior 56 water 56	2.6	Double A-9139	7.3
27	739.0	Ø	748.9	5.9	Ø.056 97775	290.0 (Superior 56 water 56)	10.0/15.0	Superior 56 water 56	1.8	Double A-9139	7.4
28	739.0	Ø	750.0	7.1	Ø.068 98085	280.0 (Superior 56 water 56)	10.0	Superior 56 water 56	0.9	Double A-9139	7.5
29	739.0	Ø	756.8	6.8	Ø.065 98356	275.0	5.0	Superior 56 water 56	1.0	Double A-9139	7.6
30											
31	739.0	Ø	770.7	13.9	Ø.133 99063	260.0	15.0	Superior 56 water 56	1.0	Double A-9139	7.0

1 Pump
1 Lead

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: July 11, 2005

To: Carolyn McFalls
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

[2406891]

Received: 7/05/05 12:30

Dear Carolyn McFalls;

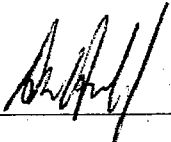
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2406891]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2406891001						Sampled: 07/05/05 9:50		Received: 07/05/05 12:30		
Sample ID: Effluent grab						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		10	mg/L	0.060	EPA 300.0	IC6384		07/6/05 12:52	JL	E96080
Total Suspended Solids		2.1	mg/L	1.1	SM2540 D	WCSH6361		07/6/05 10:23	MAB	E84418
CBOD5	V	5.4	mg/L	2.0	SM5210 B	WCSH6360		07/6/05 10:28	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6358		07/5/05 12:53	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

V Indicates that the analyte was detected in both the sample and associated Method Blank.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.060 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 8/31/05


COUNTY: Polk

MONITORING PERIOD From: 8/1/05 To: 8/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.055	MGD			0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 50050 Mon Site No: INF-01 Y	Permit Measurement	0.075 (An Avg.)	mgd				Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement	0.060	MGD			0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050 Mon Site No: INF-01	Permit Measurement	Report (Mo Avg.)	mgd				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.3		0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 80082 Mon Site No: EPA-01 Y	Permit Measurement			20.0 (An Avg.)			Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0U	2.0U	0	Monthly	Grab
PARM Code: 80082 Mon Site No: EPA-01	Permit Measurement			30.0 (Mo Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.7		0	Report Monthly	Calc.Roll.An. Avg
PARM Code: 00530 Mon Site No: EPA-01 Y	Permit Measurement			20.0 (An Avg.)			Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez, Senior Facility Operator		(863)858-2504	05/08/31

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code: 00530 Mon Site No: BFAA-01	Permit Measurement		3.3	30.0 (Max)		mg/l	0	Monthly	Grab
pH	Sample Measurement		7.1	6.0 (Min)		s.u.	0	5 Days/Week	Grab
PARM Code: 00400 Mon Site No: BFAA-01	Permit Measurement		6.0 (Min)	8.5 (Max)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		54.5	200 (Max)		#/100ml	0	Report Monthly	Calc. Roll. An. Ave.
PARM Code: 74055 Mon Site No: BFAA-01	Permit Measurement		200 (Max)			#/100ml		Report Monthly	Calc. Roll. An. Ave.
Coliform, Fecal	Sample Measurement		1.0U			#/100ml	0	Monthly	Grab
PARM Code: 74055 Mon Site No: BFAA-01	Permit Measurement		Report (Mo. Geo. Mean)	800 (Max)		#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.8	0.5 (Min)		mg/l	0	5 Days/Week	Grab
PARM Code: 50060 Mon Site No: BFAA-01	Permit Measurement		0.5 (Min)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement					mg/l	0	Monthly	Grab
PARM Code: 00620 Mon Site No: BFAA-01	Permit Measurement					mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					mg/l	0	Annual	Grab
PARM Code: 80082 Mon Site No: INF-01	Permit Measurement					mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement					mg/l	0	Annual	Grab
PARM Code: 00530 Mon Site No: INF-01	Permit Measurement					mg/l		Annual	Grab
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 8/05

Three-month Average Daily Flow: 0.060

(TMADF/Permitted Capacity)x100: 80%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.055					7.3		0.7	
2	0.070	2.0U		3.3		7.2	1.0U	0.8	0.29
3	0.055					7.5		0.8	
4	0.099					7.3		1.0	
5	0.056					7.4		1.0	
6	0.046					7.3		1.2	
7									
8	0.076					7.4		1.5	
9	0.113					7.3		1.0	
10	0.050					7.5		0.7	
11	0.059					7.4		0.7	
12	0.076					7.6		0.7	
13									
14	0.103					7.3		1.5	
15	0.064					7.4		1.2	
16	0.061					7.5		1.3	
17	0.087					7.4		1.0	
18	0.062					7.4		1.2	
19	0.049					7.5		1.1	
20	0.061					7.6		1.2	
21									
22	0.073					7.3		1.6	
23	0.070					7.1		1.8	
24	0.045					7.2		1.3	
25	0.061					7.2		1.0	
26	0.067					7.3		1.4	
27									
28	0.092					7.3		1.5	
29	0.046					7.4		1.5	
30	0.065					7.5		1.2	
31	0.089					7.4		1.1	

Plan Staffing:

 Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

 Class B
 Class _____
 Class _____
 Class A

 Certificate No. 8937
 Certificate No. _____
 Certificate No. _____
 Certificate No. 9139

 Name: Steve Fuller
 Name: _____
 Name: _____
 Name: David Rodriguez

 Type of Effluent Disposal or Reclaimed Water Reuse: (2) rapid filtration perc ponds

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

9801

739.0

770.7

9700.3

26.0

Aqua America Utilities										Village WWTP									
Month / Year :																			
LIFT STATION																			
DATE	PUMP #1	HR	LIFT STATION PUMP #2	HR	Flow / Electrical	Volume	Chlorine	C12 usage	#1 / #2 / #3	Waste	C12 resid.	OPER							
1	739.0	0	776.4	5.7	0.055 942.9	250.0	10.0	10.0	10.0	10.0	1.5	David Paul A-9139	7.3	0.24					
2	739.0	0	783.6	7.3	0.070 995.8	240.0	10.0	10.0	10.0	10.0	0.8	David Paul A-9139	7.2	0.24					
3	739.0	0	789.3	5.7	0.055 949.3	230.0	10.0	10.0	10.0	10.0	0.8	David Paul A-9139	7.5	0.24					
4	739.0	0	799.6	10.3	0.099 1201.7	220.0	10.0	10.0	52/57/60	10.0	1.0	David Paul A-9139	7.3	0.24					
5	739.0	0	805.4	5.8	0.056 604.4	240.0	10.0	10.0	55/60/60	10.0	1.0	David Paul A-9139	7.4	0.24					
6	739.0	0	810.2	4.8	0.046 607.7	250.0	5.0	5.0	Supernate	1.2	1.2	David Paul A-9139	7.3	0.24					
7	739.0	0	818.1	7.9	0.076 1033.7	180.0/220.0	25.0	25.0	Supernate	1.5	1.5	David Paul A-9139	7.4	0.34					
8	739.0	0	825.9	11.8	0.113 1163.3	212.0	8.0	8.0	Supernate	1.0	1.0	David Paul A-9139	7.3	0.24					
9	739.0	0	831.1	5.2	0.050 1192.8	202.0	10.0	10.0	Supernate	0.7	0.7	David Paul A-9139	7.5	0.54					
10	739.0	0	837.3	6.2	0.059 1223.3	190.0	12.0	12.0	Supernate	0.7	0.7	David Paul A-9139	7.4	0.54					
11	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
12	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
13	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
14	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
15	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
16	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
17	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
18	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
19	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
20	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
21	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
22	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
23	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
24	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
25	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
26	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
27	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
28	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
29	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
30	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					
31	739.0	0	844.3	7.0	0.076 1259.9	175.0	15.0	15.0	Supernate	0.7	0.7	David Paul A-9139	7.6	0.54					

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: August 9, 2005

To: Carolyn McFalls
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

[2406920]

Received: 8/02/05 12:15

Dear Carolyn McFalls;

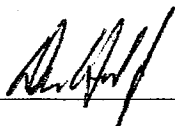
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2406920]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2406920001						Sampled: 08/02/05 10:15 Received: 08/02/05 12:15				
Sample ID: Effluent grab						Matrix: Water Results reported on Wet Weight Basis				
Nitrate as N		0.29	mg/L	0.060	EPA 300.0	IC6432		08/3/05 14:56	JL	E96080
Total Suspended Solids		3.3	mg/L	1.1	SM2540 D	WCSH6376		08/2/05 13:32	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6380		08/3/05 10:30	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6379		08/2/05 12:55	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
Eaton Park, FL

Three Month Average Daily Flow: 0.056 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

DMR DATE: 10/8/05

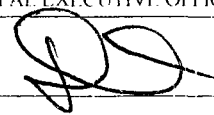
COUNTY: Polk

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.053		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 50050 Mon.Site No. INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.049	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code. 50050 Mon.Site No. INF-01 1	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD. Carbonaceous 5 day. 20C	Sample Measurement				4.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 80082 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD. Carbonaceous 5 day. 20C	Sample Measurement				2.0U		2.0U	mg/l	0	Monthly	Grab
PARM Code. 80082 Mon.Site No. EFA-01 1	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids. Total Suspended	Sample Measurement				8.7			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 00530 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez, Senior Facility Operator		(863)858-2504	2005/10/08

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.9		2.9	mg/l	0	Monthly	Grab
PARM Code. 00530 Mon. Site No. EFA-01 1	Permit Measurement			30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement			7.0		7.5	s.u.	0	5 Days/Week	Grab
PARM Code. 00400 Mon. Site No. EFA-01 1	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			54.3			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code. 74055 Mon. Site No. EFA-01 Y	Permit Measurement			200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement			1.0U		1.0U	#/100ml	0	Monthly	Grab
PARM Code. 74055 Mon. Site No. EFA-01 1	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/l	0	5 Days/Week	Grab
PARM Code. 50060 Mon. Site No. EFA-01 1	Permit Measurement			0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement					4.2	mg/l	0	Monthly	Grab
PARM Code. 00620 Mon. Site No. EFA-01 1	Permit Measurement					12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			mg/l	0	Annual	Grab
PARM Code 80082 Mon. Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement			MNR			mg/l	0	Annual	Grab
PARM Code 00530 Mon. Site No. INF-01 G	Permit Measurement			Annual (February)			mg/l		Annual	Grab
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 9/05

Three-month Average Daily Flow: 0.056

(TMADF/Permitted Capacity)x100: 74%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.080					7.4		2.0	
2	0.072					7.3		2.2	
3	0.076					7.3		2.5	
4									
5	0.057					7.4		2.2	
6	0.047					7.2		1.8	
7	0.056					7.3		1.0	
8	0.063					7.4		1.0	
9	0.067					7.5		1.2	
10									
11	0.064					7.5		1.0	
12	0.024					7.3		1.2	
13	0.041	2.0U		2.9		7.4	1.0U	1.4	4.2
14	0.063					7.5		1.2	
15	0.046					7.3		1.5	
16	0.037					7.2		1.6	
17									
18	0.068					7.3		1.3	
19	0.020					7.1		1.5	
20	0.065					7.0		1.6	
21	0.053					7.0		2.5	
22	0.058					7.2		1.2	
23	0.053					7.3		1.5	
24									
25	0.092					7.2		1.5	
26	0.030					7.4		1.3	
27	0.075					7.5		1.4	
28	0.051					7.4		1.1	
29	0.063					7.3		1.2	
30	0.035					7.4		1.0	

Plan Staffing:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: September 12, 2005

To: Carolyn McFalls
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

[2406961]

Received: 9/06/05 12:35

Dear Carolyn McFalls;

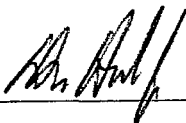
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # F96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # F83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5500 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2406961]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2406961001						Sampled: 09/06/05 10:20 Received: 09/06/05 12:35				
Sample ID: Effluent grab						Matrix: Water Results reported on Wet Weight Basis				
Nitrate as N		4.2	mg/L	0.060	EPA 300.0	IC6475		09/7/05 13:07	RS	E96080
Total Suspended Solids		2.9	mg/L	1.1	SM2540 D	WCSH6406		09/6/05 13:28	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6407		09/7/05 9:40	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6405		09/6/05 12:55	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

831.4

881.8

08653

735.0

Aqua America Utilities				Village WWTP				65/60/60				1.1			
Month / Year :				L.S. / WWTP				Chlorine Volume				C12 usage			
DATE	LIFT STATION PUMP #1	HR	LIFT STATION PUMP #2	HR	Electrical	Volume	C12	#1 / #2 / #3	Waste	C12 resid.	OPER				
1	831.4	0	890.2	8.4	0.080	18932	230/300	15.0	15.0	2.0	5 CL	24	0.6		
2	831.4	0	897.8	7.6	0.072	09229	295.0	5.0	15.0	2.2	DMOP-A-9139	23	0.6		
3	832.0	10.6	905.2	7.4	0.076	09553	285.0	10.0	10.0	2.5	DMOP-A-9139	23	0.6		
4															
5	832.0	0	912.3	7.1	0.057	10077	265.0	20.0	20.0	2.2	DMOP-A-9139	24	0.6		
6	832.0	0	917.2	4.9	0.047	10675	250.0	15.0	15.0	1.8	DMOP-A-9139	22	0.6		
7	832.0	0	923.1	5.9	0.056	10721	310.0	10.0	10.0	1.0	DMOP-A-9139	23	0.6		
8	832.0	0	924.7	6.6	0.063	10229	295.0	15.0	15.0	1.0	DMOP-A-9139	24	0.6		
9	832.0	0	936.7	7.0	0.067	11363	285.0	10.0	10.0	1.2	DMOP-A-9139	25	0.6		
10															
11	832.0	0	943.4	6.7	0.064	12083	260.0	25.0	25.0	1.0	DMOP-A-9139	25	0.6		
12	832.0	0	945.9	2.5	0.024	112291	255.0	5.0	5.0	1.2	DMOP-A-9139	23	0.6		
13	832.0	0	950.2	4.3	0.041	12511	245.0	10.0	10.0	1.4	DMOP-A-9139	24	0.6		
14	832.0	0	956.8	6.6	0.063	12443	240.0	5.0	5.0	1.2	DMOP-A-9139	23	0.6		
15	832.0	0	961.6	4.8	0.046	12726	235.0	5.0	5.0	1.5	DMOP-A-9139	23	0.6		
16	832.0	0	965.5	3.9	0.037	13487	310.0	10.0	10.0	1.6	DMOP-A-9139	22	0.6		
17															
18	840.3	8.3	965.7	0.2	0.68	14100	290.0	20.0	20.0	1.3	DMOP-A-9139	23	0.6		
19	842.8	2.5	965.7	0	0.020	14221	280.0	10.0	10.0	1.5	DMOP-A-9139	21	0.6		
20	850.9	8.4	965.7	0	0.063	14601	270.0	10.0	10.0	1.6	DMOP-A-9139	20	0.6		
21	857.5	6.6	965.7	0	0.053	14892	240.0	30.0	30.0	1.5	DMOP-A-9139	20	0.6		
22	864.6	7.1	965.7	0.1	0.058	15189	235.0	5.0	5.0	1.3	DMOP-A-9139	22	0.6		
23	868.0	6.5	965.7	0	0.053	15472	225.0	10.0	10.0	1.5	DMOP-A-9139	23	0.6		
24															
25	882.4	11.4	965.8	0	0.092	16129	195.0	30.0	30.0	1.5	DMOP-A-9139	22	0.6		
26	885.8	3.7	965.8	0	0.030	16369	185.0	10.0	10.0	1.3	DMOP-A-9139	24	0.6		
27	895.4	9.3	965.8	0	0.075	16657	175.0	10.0	10.0	1.4	DMOP-A-9139	25	0.6		
28	901.7	6.3	965.8	0	0.061	17048	170.0	5.0	5.0	1.1	DMOP-A-9139	24	0.6		
29	908.7	7.0	966.5	0.7	0.063	17268	150.0	5.0	5.0	1.2	DMOP-A-9139	23	0.6		
30	908.7	0	970.2	3.7	0.035	17406	145.0	10.0	10.0	1.0	DMOP-A-9139	24	0.6		
31															

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
MAILING ADDRESS: AquaSource Utility, Inc
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA013087
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
LOCATION: 4411 Main Ave
Eaton Park, FL

Three Month Average Daily Flow: 0.054 % of Capacity
MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
PLANT SIZE/TREATMENT TYPE: IIIC
NO DISCHARGE FROM SITE:

DMR DATE: 11/2/05


COUNTY: Polk

MONITORING PERIOD From: 10/1/05 To: 10/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.051		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 50050 Mon.Site No. INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.052	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code. 50050 Mon.Site No. INF-01 I	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 80082 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0	mg/l	0	Monthly	Grab
PARM Code. 80082 Mon.Site No. EFA-01 I	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.1			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 00530 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
David Rodriguez, Senior Facility Operator		(863)858-2504	05/11/02

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

DEP FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.4		1.4	mg/l	0	Monthly	Grab
PARM Code: 00530 Mon. Site No. EFA-01 I	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement				6.7		7.5	s.u.	0	5 Days/Week	Grab
PARM Code: 00400 Mon. Site No. EFA-01 I	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				53			#/100ml	0	Report Monthly	Calc. Roll. An. Avg.
PARM Code: 74055 Mon. Site No. EFA-01 Y	Permit Measurement				200 (An. Avg.)			#/100ml		Report Monthly	Calc. Roll. An. Avg.
Coliform, Fecal	Sample Measurement				1.0U		1.0U	#/100ml	0	Monthly	Grab
PARM Code: 74055 Mon. Site No. EFA-01 I	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.2 *			mg/l	1	5 Days/Week	Grab
PARM Code: 50060 Mon. Site No. EFA-01 I	Permit Measurement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						5.6	mg/l	0	Monthly	Grab
PARM Code: 00620 Mon. Site No. EFA-01 I	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code: 80082 Mon. Site No. INF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code: 00530 Mon. Site No. INF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013087**
 Month/Year: **10/05**

Three-month Average Daily Flow: **0.054**
 (TMADF/Permitted Capacity) x 100: **71%**

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	FFA-01	EFA-01
1	0.054					7.1		0.9	
2									
3	0.048					7.2		1.1	
4	0.053	2.0U		1.4		7.0	1.0U	0.9	5.6
5	0.063					7.1		1.0	
6	0.053					7.2		2.0	
7	0.062					7.3		1.6	
8	0.056					7.4		1.0	
9									
10	0.083					7.5		1.1	
11	0.057					7.4		1.0	
12	0.049					7.1		0.8	
13	0.056					7.3		0.8	
14	0.054					7.1		0.9	
15									
16	0.095					7.0		0.9	
17	0.019					7.1		0.9	
18	0.063					7.0		0.6	
19	0.032					6.8		0.2 ^ 1.1	
20	0.053					6.9		0.6	
21	0.048					7.0		1.8	
22	0.064					6.9		1.9	
23									
24	0.182					6.7		0.9	
25	0.065					6.9		1.0	
26	0.068					6.9		1.0	
27	0.065					7.0		0.9	
28	0.053					7.1		2.0	
29	0.058					7.0		1.8	
30									
31	0.073					7.0		1.6	

Plan Staffing:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

Aqua America Utilities				Village WWTP									
Prev	908.7	970.2	1706	145.0									
Month / Year :	970.2	1706	145.0										
LIFT STATION	PUMP #1	HR	LIFT STATION	PUMP #2	HR	FL. / Electrical	WWTP	Chlorine Volume	C12 usage	#1 / #2 / #3	Waste	C12 resid.	OPER
DATE	PUMP #1	HR	PUMP #2	HR	FL. / Electrical	WWTP	Chlorine Volume	C12 usage	#1 / #2 / #3	Waste	C12 resid. <th>OPER</th>	OPER	
1	908.7	0	975.8	5.6	0.054	17753	135.0	10.0			0.9	DAVE-A-9139	
2	908.7	0	980.8	5.0	0.048	18055	110.0	25.0			1.1	DAVE-A-9139	
3	908.7	0	986.3	5.3	0.053	18232	100.0	10.0			0.9	DAVE-A-9139	
4	908.7	0	992.9	6.6	0.063	18621	90.0	10.0			1.0	DAVE-A-9139	
5	908.7	0	998.4	5.5	0.053	18723	80.0	10.0			2.0	DAVE-A-9139	
6	908.7	0	1004.9	6.5	0.062	18949	70.0 / 120.0	10.0			1.6	DAVE-A-9139	
7	908.7	0	1010.8	5.9	0.056	19307	150.0	5.0			1.0	DAVE-A-9139	
8	908.7	0	1019.5	8.7	0.083	19572	98.0	10.0			1.1	DAVE-A-9139	
9	908.7	0	1025.5	6.0	0.057	19787	90.0	8.0			1.0	DAVE-A-9139	
10	908.7	0	1030.6	5.1	0.049	19978	80.0	10.0			0.8	DAVE-A-9139	
11	908.7	0	1036.5	5.9	0.056	20184	70.0 (400)	10.0			0.8	DAVE-A-9139	
12	908.7	0	1037.7	1.2	0.054	20371	60.0 / 100.0	10.0			0.9	DAVE-A-9139	
13	908.7	0	1037.7	0.095	20808	80.0	20.0	10.0			0.9	DAVE-A-9139	
14	908.7	0	1037.7	0.019	20821	75.0	5.0	10.0			0.9	DAVE-A-9139	
15	908.7	0	1037.7	0.063	20028	65.0 / 80.0	10.0	10.0			0.6	DAVE-A-9139	
16	908.7	0	1037.7	0.052	21492	75.0	5.0	10.0			0.6	DAVE-A-9139	
17	908.7	0	1037.7	0.053	21388	65.0 / 330.0	10.0	10.0			1.8	DAVE-A-9139	
18	908.7	0	1037.7	0.048	21608	320.0	10.0	10.0			1.9	DAVE-A-9139	
19	908.7	0	1037.7	0.064	21830	310.0	10.0	10.0			0.9	DAVE-A-9139	
20	908.7	0	1037.7	0.182	22058	270.0	10.0	10.0			1.0	DAVE-A-9139	
21	908.7	0	1037.7	0.06	22379	260.0	10.0	10.0			1.0	DAVE-A-9139	
22	908.7	0	1037.7	0.06	22611	250.0	10.0	10.0			1.0	DAVE-A-9139	
23	908.7	0	1037.7	0.06	22715	240.0	10.0	10.0			1.0	DAVE-A-9139	
24	908.7	0	1037.7	0.053	22882	340.0	10.0	10.0			1.8	DAVE-A-9139	
25	908.7	0	1037.7	0.058	23059	230.0	10.0	10.0			1.8	DAVE-A-9139	
26	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	
27	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	
28	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	
29	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	
30	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	
31	908.7	0	1037.7	0.077	23198	200.0	10.0	10.0			1.6	DAVE-A-9139	

(0.68) 10/26

9

7.0 7.1 7.2 7.3 7.4 7.5 7.6 7.7 7.8 7.9 8.0 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 9.0 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 9.9 10.0 10.1 10.2 10.3 10.4 10.5 10.6 10.7 10.8 10.9 11.0 11.1 11.2 11.3 11.4 11.5 11.6 11.7 11.8 11.9 12.0 12.1 12.2 12.3 12.4 12.5 12.6 12.7 12.8 12.9 13.0 13.1 13.2 13.3 13.4 13.5 13.6 13.7 13.8 13.9 14.0 14.1 14.2 14.3 14.4 14.5 14.6 14.7 14.8 14.9 15.0 15.1 15.2 15.3 15.4 15.5 15.6 15.7 15.8 15.9 16.0 16.1 16.2 16.3 16.4 16.5 16.6 16.7 16.8 16.9 17.0 17.1 17.2 17.3 17.4 17.5 17.6 17.7 17.8 17.9 18.0 18.1 18.2 18.3 18.4 18.5 18.6 18.7 18.8 18.9 19.0 19.1 19.2 19.3 19.4 19.5 19.6 19.7 19.8 19.9 20.0 20.1 20.2 20.3 20.4 20.5 20.6 20.7 20.8 20.9 21.0 21.1 21.2 21.3 21.4 21.5 21.6 21.7 21.8 21.9 22.0 22.1 22.2 22.3 22.4 22.5 22.6 22.7 22.8 22.9 23.0 23.1 23.2 23.3 23.4 23.5 23.6 23.7 23.8 23.9 24.0 24.1 24.2 24.3 24.4 24.5 24.6 24.7 24.8 24.9 25.0 25.1 25.2 25.3 25.4 25.5 25.6 25.7 25.8 25.9 26.0 26.1 26.2 26.3 26.4 26.5 26.6 26.7 26.8 26.9 27.0 27.1 27.2 27.3 27.4 27.5 27.6 27.7 27.8 27.9 28.0 28.1 28.2 28.3 28.4 28.5 28.6 28.7 28.8 28.9 29.0 29.1 29.2 29.3 29.4 29.5 29.6 29.7 29.8 29.9 30.0 30.1 30.2 30.3 30.4 30.5 30.6 30.7 30.8 30.9 31.0 31.1 31.2 31.3 31.4 31.5 31.6 31.7 31.8 31.9 32.0 32.1 32.2 32.3 32.4 32.5 32.6 32.7 32.8 32.9 33.0 33.1 33.2 33.3 33.4 33.5 33.6 33.7 33.8 33.9 34.0 34.1 34.2 34.3 34.4 34.5 34.6 34.7 34.8 34.9 35.0 35.1 35.2 35.3 35.4 35.5 35.6 35.7 35.8 35.9 36.0 36.1 36.2 36.3 36.4 36.5 36.6 36.7 36.8 36.9 37.0 37.1 37.2 37.3 37.4 37.5 37.6 37.7 37.8 37.9 38.0 38.1 38.2 38.3 38.4 38.5 38.6 38.7 38.8 38.9 39.0 39.1 39.2 39.3 39.4 39.5 39.6 39.7 39.8 39.9 40.0 40.1 40.2 40.3 40.4 40.5 40.6 40.7 40.8 40.9 41.0 41.1 41.2 41.3 41.4 41.5 41.6 41.7 41.8 41.9 42.0 42.1 42.2 42.3 42.4 42.5 42.6 42.7 42.8 42.9 43.0 43.1 43.2 43.3 43.4 43.5 43.6 43.7 43.8 43.9 44.0 44.1 44.2 44.3 44.4 44.5 44.6 44.7 44.8 44.9 45.0 45.1 45.2 45.3 45.4 45.5 45.6 45.7 45.8 45.9 46.0 46.1 46.2 46.3 46.4 46.5 46.6 46.7 46.8 46.9 47.0 47.1 47.2 47.3 47.4 47.5 47.6 47.7 47.8 47.9 48.0 48.1 48.2 48.3 48.4 48.5 48.6 48.7 48.8 48.9 49.0 49.1 49.2 49.3 49.4 49.5 49.6 49.7 49.8 49.9 50.0 50.1 50.2 50.3 50.4 50.5 50.6 50.7 50.8 50.9 51.0 51.1 51.2 51.3 51.4 51.5 51.6 51.7 51.8 51.9 52.0 52.1 52.2 52.3 52.4 52.5 52.6 52.7 52.8 52.9 53.0 53.1 53.2 53.3 53.4 53.5 53.6 53.7 53.8 53.9 54.0 54.1 54.2 54.3 54.4 54.5 54.6 54.7 54.8 54.9 55.0 55.1 55.2 55.3 55.4 55.5 55.6 55.7 55.8 55.9 56.0 56.1 56.2 56.3 56.4 56.5 56.6 56.7 56.8 56.9 57.0 57.1 57.2 57.3 57.4 57.5 57.6 57.7 57.8 57.9 58.0 58.1 58.2 58.3 58.4 58.5 58.6 58.7 58.8 58.9 59.0 59.1 59.2 59.3 59.4 59.5 59.6 59.7 59.8 59.9 60.0 60.1 60.2 60.3 60.4 60.5 60.6 60.7 60.8 60.9 61.0 61.1 61.2 61.3 61.4 61.5 61.6 61.7 61.8 61.9 62.0 62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8 62.9 63.0 63.1 63.2 63.3 63.4 63.5 63.6 63.7 63.8 63.9 64.0 64.1 64.2 64.3 64.4 64.5 64.6 64.7 64.8 64.9 65.0 65.1 65.2 65.3 65.4 65.5 65.6 65.7 65.8 65.9 66.0 66.1 66.2 66.3 66.4 66.5 66.6 66.7 66.8 66.9 67.0 67.1 67.2 67.3 67.4 67.5 67.6 67.7 67.8 67.9 68.0 68.1 68.2 68.3 68.4 68.5 68.6 68.7 68.8 68.9 69.0 69.1 69.2 69.3 69.4 69.5 69.6 69.7 69.8 69.9 70.0 70.1 70.2 70.3 70.4 70.5 70.6 70.7 70.8 70.9 71.0 71.1 71.2 71.3 71.4 71.5 71.6 71.7 71.8 71.9 72.0 72.1 72.2 72.3 72.4 72.5 72.6 72.7 72.8 72.9 73.0 73.1 73.2 73.3 73.4 73.5 73.6 73.7 73.8 73.9 74.0 74.1 74.2 74.3 74.4 74.5 74.6 74.7 74.8 74.9 75.0 75.1 75.2 75.3 75.4 75.5 75.6 75.7 75.8 75.9 76.0 76.1 76.2 76.3 76.4 76.5 76.6 76.7 76.8 76.9 77.0 77.1 77.2 77.3 77.4 77.5 77.6 77.7 77.8 77.9 78.0 78.1 78.2 78.3 78.4 78.5 78.6 78.7 78.8 78.9 79.0 79.1 79.2 79.3 79.4 79.5 79.6 79.7 79.8 79.9 80.0 80.1 80.2 80.3 80.4 80.5 80.6 80.7 80.8 80.9 81.0 81.1 81.2 81.3 81.4 81.5 81.6 81.7 81.8 81.9 82.0 82.1 82.2 82.3 82.4 82.5 82.6 82.7 82.8 82.9 83.0 83.1 83.2 83.3 83.4 83.5 83.6 83.7 83.8 83.9 84.0 84.1 84.2 84.3 84.4 84.5 84.6 84.7 84.8 84.9 85.0 85.1 85.2 85.3 85.4 85.5 85.6 85.7 85.8 85.9 86.0 86.1 86.2 86.3 86.4 86.5 86.6 86.7 86.8 86.9 87.0 87.1 87.2 87.3 87.4 87.5 87.6 87.7 87.8 87.9 88.0 88.1 88.2 88.3 88.4 88.5 88.6 88.7 88.8 88.9 89.0 89.1 89.2 89.3 89.4 89.5 89.6 89.7 89.8 89.9 90.0 90.1 90.2 90.3 90.4 90.5 90.6 90.7 90.8 90.9 91.0 91.1 91.2 91.3 91.4 91.5 91.6 91.7 91.8 91.9 92.0 92.1 92.2 92.3 92.4 92.5 92.6 92.7 92.8 92.9 93.0 93.1 93.2 93.3 93.4 93.5 93.6 93.7 93.8 93.9 94.0 94.1 94.2 94.3 94.4 94.5 94.6 94.7 94.8 94.9 95.0 95.1 95.2 95.3 95.4 95.5 95.6 95.7 95.8 95.9 96.0 96.1 96.2 96.3 96.4 96.5 96.6 96.7 96.8 96.9 97.0 97.1 97.2 97.3 97.4 97.5 97.6 97.7 97.8 97.9 98.0 98.1 98.2 98.3 98.4 98.5 98.6 98.7 98.8 98.9 99.0 99.1 99.2 99.3 99.4 99.5 99.6 99.7 99.8 99.9 100.0 100.1 100.2 100.3 100.4 100.5 100.6 100.7 100.8 100.9 101.0 101.1 101.2 101.3 101.4 101.5 101.6 101.7 101.8 101.9 102.0 102.1 102.2 102.3 102.4 102.5 102.6 102.7 102.8 102.9 103.0 103.1 103.2 103.3 103.4 103.5 103.6 103.7 103.8 103.9 104.0 104.1 104.2 104.3 104.4 104.5 104.6 104.7 104.8 104.9 105.0 105.1 105.2 105.3 105.4 105.5 105.6 105.7 105.8 105.9 106.0 106.1 106.2 106.3 106.4 106.5 106.6 106.7 106.8 106.9 107.0 107.1 107.2 107.3 107.4 107.5 107.6 107.7 107.8 107.9 108.0 108.1 108.2 108.3 108.4 108.5 108.6 108.7 108.8 108.9 109.0 109.1 109.2 109.3 109.4 109.5 109.6 109.7 109.8 109.9 110.0 110.1 110.2 110.3 110.4 110.5 110.6 110.7 110.8 110.9 111.0 111.1 111.2 111.3 111.4 111.5 111.6 111.7 111.8 111.9 112.0 112.1 112.2 112.3 112.4 112.5 112.6 112.7 112.8 112.9 113.0 113.1 113.2 113.3 113.4 113.5 113.6 113.7 113.8 113.9 114.0 114.1 114.2 114.3 114.4 114.5 114.6 114.7 114.8 114.9 115.0 115.1 115.2 115.3 115.4 115.5 115.6 115.7 115.8 115.9 116.0 116.1 116.2 116.3 116.4 116.5 116.6 116.7 116.8 116.9 117.0 117.1 117.2 117.3 117.4 117.5 117.6 117.7 117.8 117.9 118.0 118.1 118.2 118.3 118.4 118.5 118.6 118.7 118.8 118.9 119.0 119.1 119.2 119.3 119.4 119.5 119.6 119.7 119.8 119.9 120.0 120.1 120.2 120.3 120.4 120.5 120.6 120.7 120.8 120.9 121.0 121.1 121.2 121.3 121.4 121.5 121.6 121.7 121.8 121.9 122.0 122.1 122.2 122.3 122.4 122.5 122.6 122.7 122.8 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139.5 139.6 139.7 139.8 139.9 140.0 140.1 140.2 140.3 140.4 140.5 140.6 140.7 140.8 140.9 141.0 141.1 141.2 141.3 141.4 141.5 141.6 141.7 141.8 141.9 142.0 142.1 142.2 142.3 142.4 142.5 142.6 142.7 142.8 142.9 143.0 143.1 143.2 143.3 143.4 143.5 143.6 143.7 143.8 143.9 144.0 144.1 144.2 144.3 144.4 144.5 144.6 144.7 144.8 144.9 145.0 145.1 145.2 145.3 145.4 145.5 145.6 145.7 145.8 145.9 146.0 146.1 146.2 146.3 146.4 146.5 146.6 146.7 146.8 146.9 147.0 147.1 147.2 147.3 147.4 147.5 147.6 147.7 147.8 147.9 148.0 148.1 148.2 148.3 148.4 148.5 148.6 148.7 148.8 148.9 149.0 149.1 149.2 149.3 149.4 149.5 149.6 149.7 149.8 149.9 150.0 150.1 150.2 150.3 150.4 150.5 150.6 150.7 150.8 150.9 151.0 151.1 151.2 151.3 151.4 151.5 151.6 151.7 151.8 151.9 152.0 152.1 152.2 152.3 152.4 152.5 152.6 152.7 152.8 152.9 153.0 153.1 153.2 153.3 153.4 153.5 153.6 153.7 153.8 153.9 154.0 154.1 154.2 154.3 154.4 154.5 154.6 154.7 154.8 154.9 155.0 155.1 155.2 155.3 155.4 155.5 155.6 155.7 155.8 155.9 156.0 156.1 156.2 156.3 156.4 156.5 156.6 156.7 156.8 156.9 157.0 157.1 157.2 157.3 157.4 157.5 157.6 157.7 157.8 157.9 158.0 158.1 158.2 158.3 158.4 158.5 158.6 158.7 158.8 158.9 159.0 159.1 159.2 159.3 159.4 159.5 159.6 159.7 159.8 159.9 160.0 160.1 160.2 160.3 160.4 160.5 160.6 160.7 160.8 16

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 10, 2005

To: Carolyn McFalls
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

[2406992]

Received: 10/04/05 12:13

Dear Carolyn McFalls;

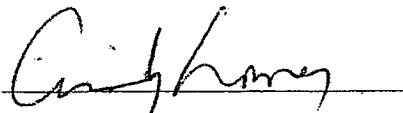
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400 Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2406992]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2406992001					Sampled: 10/04/05 9:55		Received: 10/04/05 12:13			
Sample ID: Effluent grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		5.6	mg/L	0.060	EPA 300.0	IC6508		10/5/05 19:11	RS	E96080
Total Suspended Solids		1.4	mg/L	1.1	SM2540 D	WCSH6425		10/4/05 13:22	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6424		10/5/05 9:32	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6423		10/4/05 12:57	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

255 Enterprise Road, Suite 1
Deltona, FL 32725
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN

PRESS HARD

COMPLETELY FILL OUT

ALL NON GREYED AREAS

PRINT LEGIBLY

Laboratory not responsible for omitted information.

☒ FDOH # E96080

☐ FDOH # E8537

5600 U.S. 1 North

307 Coolidge Avenue

Fort Pierce, FL 34946

Lehigh Acres, FL 331

☐ FDOH # E83509

☒ FDOH # E844

255 Enterprise Rd., Suite 1

2514 Osawaw Blvd.

Deltona, FL 32725

Spring Hill, FL 346



Company: AQUA UTILITIES

Address: 415 WEST DAUGHTORY RD.

LAKELAND, FL. Zip: 33809

Phone: 863-858-2501 Fax: 863-858-4937

Client Contact: DAVID RODRIGUEZ

Project Name: VILLAGE WATER WWT

Sampled By: DAVID RODRIGUEZ

Method(s) of COURIER

Shipment: Fed Ex

e-mail: DRRODRIGUEZ@AQUA

☒ Standard Laboratory
Turn Around Time

Or

Rush in Business Days

Requires Laboratory Approval

For Lab Use Only

Temperature

Checked

☒ Y ☐ N

Custody Seals

Intact

☐ Y ☐ N

pH

Checked

☐ Y ☐ N

LAB # 2406992

PRESERVATIVE

U U U ST

ANALYSES REQUESTED

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CBOD TS NO3 FBAL

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X X X X

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X X X X

Preservation Key

H=Hydrochloric Acid P=Phosphoric

N=Nitric Acid ST=Stadium

S=Sulfuric Acid Thiosulf

SH=Sodium Hydroxide U=Unpreserve

COMMENTS

1.4°C

NO3 = FP

* Cl2 residue monitor

using BPA APPROVED

Cl2 POCKET COLOR

8

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page
4 of 4

RELINQUISHED BY DAVID EVANS

DATE/TIME 10/4/05

RECEIVED BY Monometh

DATE/TIME 10/4/05 1213

RELINQUISHED BY Monometh

DATE/TIME 10/4/05

RECEIVED BY Fed Ex

DATE/TIME 10/4/05

RELINQUISHED BY

DATE/TIME

RECEIVED FOR HBEL CUSTODY BY John Am

DATE/TIME 10/5/05 10:40

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

MITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 15196

CILITY: Village Water WWTP
 CATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.053 % of Capacity
 MONITORING GROUP NUMBER: R001 (Per/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIRC
 NO DISCHARGE FROM SITE:

DMR DATE: 12/06/05

COUNTY: Polk

MONITORING PERIOD From 11/01/05 To 11/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
low	Sample Measurement	0.054		MGD					0	Report Monthly	Calc.Roll.An. Avg
ARM Code: 50050 Ion Site No. DNF-01	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
low	Sample Measurement	0.059		MGD					0	5 Days/Week	Elapsed Time Meters
ARM Code: 50050 Ion Site No. DNF-01	Permit Measurement	Report (M/O.Avg.)		mgd						5 Days/Week	Elapsed Time Meters
IOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc.Roll.An. Avg
ARM Code: 80082 Ion Site No. EPA-01	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
IOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0	mg/l	0	Monthly	Grab
ARM Code: 80082 Ion Site No. EPA-01	Permit Measurement				20.0 (M/O.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
solids, Total Suspended	Sample Measurement				7.2			mg/l	0	Report Monthly	Calc.Roll.An. Avg
ARM Code: 00530 Ion Site No. EPA-01	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate 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)
Steve Fuller	<i>Steve Fuller</i>	863-858-2504	05/12/06

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

FILE NO.: FLA013087-002-DW3P

DISCHARGE MONITORING REPORT - PART A (Continued)

CILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Slids, Total Suspended	Sample Measurement				5.4		5.4	mg/l	0	Monthly	Grab
ARM Code: 00530 On Site No: BFA-01	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Sl	Sample Measurement				7.3		7.9	s.u.	0	5 Days/Week	Grab
ARM Code: 00400 On Site No: BFA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
oliform, Fecal	Sample Measurement				53			#/100ml	0	Report Monthly	Calc.Roll.An. Avg.
ARM Code: 74055 On Site No: BFA-01	Permit Measurement				200 (An. Avg.)			#/100ml		Report Monthly	Calc.Roll.An. Avg.
oliform, Fecal	Sample Measurement				1.0		1.0	#/100ml	0	Monthly	Grab
ARM Code: 74055 On Site No: BFA-01	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
otal Residual Chlorine (For disinfection)	Sample Measurement				0.6			mg/l	0	5 Days/Week	Grab
ARM Code: 50060 On Site No: BFA-01	Permit Measurement				0.5 (Min.)			mg/l		5 Days/Week	Grab
itrate	Sample Measurement						0.90	mg/l	0	Monthly	Grab
ARM Code: 00620 On Site No: BFA-01	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
ARM Code: 80082 On Site No: ANR-01	Permit Measurement				Annual (February)			mg/l		Annual	Grab
olids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annual	Grab
ARM Code: 00530 On Site No: ANR-01	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

Permit Number: FLA013087
 Month/Year: 12/05

Three-month Average Daily Flow: 0.053
 (TMADF/Permitted Capacity)x100 71%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.043	2.0		5.4		7.3	1.0 U	3.0	0.90
2	0.072					7.4		2.0	
3	0.046					7.8		2.2	
4	0.059					7.7		3.5	
5	0.066					7.6		2.2	
6									
7	0.070					7.6		2.2	
8	0.047					7.6		5.0	
9	0.065					7.6		2.2	
10	0.056					7.5		5.0	
11	0.089					7.6		2.2	
12	0.040					7.7		3.3	
13									
14	0.120					7.6		2.2	
15	0.047					7.6		2.0	
16	0.102					7.5		0.6	
17	0.043					7.7		4.4	
18	0.095					7.6		2.2	
19	0.057					7.6		2.2	
20									
21	0.115					7.6		2.2	
22	0.058					7.8		2.2	
23	0.100					7.6		2.0	
24	0.045					7.7		2.2	
25	0.045					7.6		2.2	
26	0.064					7.9		2.2	
27									
28	0.079					7.7		2.2	
29	0.064					7.7		4.8	
30	0.089					7.6		2.2	
31									

Plan Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>13244</u>	Name: <u>Eddie C</u>
Evening Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Night Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Lead Operator	Class <u>B</u>	Certificate No. <u>8937</u>	Name: <u>Steve Fuller</u>

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2407017]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407017001						Sampled: 11/01/05 11:00 Received: 11/01/05 13:10				
Sample ID: Effluent grab						Matrix: Water Results reported on Wet Weight Basis				
Nitrate as N		0.90	mg/L	0.060	EPA 300.0	IC6544		11/3/05 8:09	RS	E96080
Total Suspended Solids		5.4	mg/L	1.1	SM2540 D	WCSH6448		11/1/05 14:04	MAB	E84418
CBOD5		2.0 U	mg/L	2.0	SM5210 B	WCSH6449		11/2/05 9:10	MAB	E84418
Fecal Coliform		1.0 U	CFU/100mL	1.0	SM9222 D	WCSH6446		11/1/05 13:28	MAB	E84418

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 15196

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave
 Eaton Park, FL

Three Month Average Daily Flow: 0.054 % of Capacity
 MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

DMR DATE: 12/05

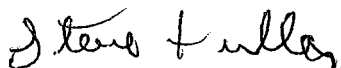
COUNTY: Polk

MONITORING PERIOD From: 12/1/05 To: 12/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.053		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 50050 Mon.Site No. INF-01 Y	Permit Measurement	0.075 (An.Avg.)		mgd						Report Monthly	Calc.Roll.An. Avg
Flow	Sample Measurement		0.037	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code. 50050 Mon.Site No. INF-01 I	Permit Measurement		Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 80082 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2		4.2	mg/l	0	Monthly	Grab
PARM Code. 80082 Mon.Site No. EFA-01 I	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.1			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code. 00530 Mon.Site No. EFA-01 Y	Permit Measurement				20.0 (An.Avg.)			mg/l		Report Monthly	Calc.Roll.An. Avg

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
Steve Fuller Operator III		(863)858-2504	06/01/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.8		7.8	mg/l	0	Monthly	Grab
PARM Code: 00530 Mon.Site No. EFA-01 1	Permit Measurement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pH	Sample Measurement				7.4		7.9	s.u.	0	5 Days/Week	Grab
PARM Code: 00400 Mon.Site No. EFA-01 1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				53			#/100ml	0	Report Monthly	Calc.Roll.An. Avg.
PARM Code: 74055 Mon.Site No. EFA-01 Y	Permit Measurement				200 (An.Avg.)			#/100ml		Report Monthly	Calc.Roll.An. Avg.
Coliform, Fecal	Sample Measurement				2.0		2.0	#/100ml	0	Monthly	Grab
PARM Code: 74055 Mon.Site No. EFA-01 1	Permit Measurement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/l	1	5 Days/Week	Grab
PARM Code: 50060 Mon.Site No. EFA-01 1	Permit Measurement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrate	Sample Measurement						0.22	mg/l	0	Monthly	Grab
PARM Code: 00620 Mon.Site No. EFA-01 1	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code 80082 Mon.Site No. TNF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annual	Grab
PARM Code 00530 Mon.Site No. TNF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: 12/05

Three-month Average Daily Flow: 0.054

(TMADF/Permitted Capacity)x100: 71%

Village Water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	INF-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.033					7.7		4.8	
2	0.047							1.0	
3	0.032					7.8		5.0	
4									
5	0.020					7.8		4.6	
6	0.055					7.9		4.5	
7	0.035	4.2		7.8		7.7	2.0	3.5	0.22
8	0.006					7.7		3.0	
9	0.077					7.8		1.2	
10	0.021					7.8		3.5	
11									
12	0.082					7.5		2.5	
13	0.023					7.7		4.6	
14	0.060					7.4		3.5	
15	0.028					7.6		5.0	
16	0.070					7.5		3.5+	
17	0.022					7.6		3.2	
18									
19	0.085					7.5		2.0	
20	0.028					7.6		3.7	
21	0.074					7.5		2.0	
22	0.025					7.6		4.1	
23	0.045					7.5		1.8	
24	0.026					7.6		3.0	
25									
26	0.030					7.6		4.2	
27	0.017					7.6		4.0	
28	0.051					7.5		2.0	
29	0.031					7.6		4.0	
30	0.053					7.6		2.2	
31	0.022					7.7		3.5	

Plan Staffing:

Day Shift Operator	Class <u>B</u>	Certificate No. <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Night Shift Operator	Class <u></u>	Certificate No. <u></u>	Name: <u></u>
Lead Operator	Class <u>A</u>	Certificate No. <u>9139</u>	Name: <u>David Rodriguez</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

*Attach additional sheets necessary to list all certified operators necessary for required operations.

Aqua Utilities Florida Inc.
Docket No. 060368-WS
Accounting Deficiencies – Second Set
March 26, 2007

Deficiency No. 5

Rule 25-30.440(5), F.A.C., requires the utility to provide the most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Protection (DEP).

- a. The applicant did not provide any wastewater inspection reports for Leisure Lakes or Sebring Lakes in Highlands County or Village Water in Polk County.**
- b. The applicant did not provide any sanitary survey for the following systems:**
 - Leisure Lakes in Highlands County,**
 - Sebring Lakes in Highlands County,**
 - Imperial Mobile Terrace in Lake County,**
 - Palms in Lake County,**
 - Spring Lake Manor in Lake County.**

Response:

- a. Sebring Lakes is water only. We are unable to locate the latest DEP inspection for Leisure Lakes but have attached the latest response by Aqua to DEP's 2005 inspection. The inspection report for Village Water is attached.**
- b. Requested Sanitary Survey Reports are attached.**

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 5A

Leisure Lakes

October 18, 2005

Keith Kleinmann
Environmental Manager
Florida Department of Environmental Protection
South District
Post Office Box 2549
Fort Myers, Florida 33902-2549

RE: Compliance Evaluation Inspection
Highlands County – DW
Leisure Lakes WWTP
FLA014388

Dear Mr. Kleinmann:

This letter is to provide written response to your letter of October 3rd, 2005, on the above referenced facility.

1. **The February 2005 discharge monitoring report (DMR) indicated a pH violation of 0.3 standard units (SU).** This was a typographical error. Please see the attached entry from the log book.
2. **The certified operator's daily logbook was incomplete. The items in bold below were missing in the logbook.** The contract operator was notified to log any maintenance activities, performance of any repairs, etc.
3. **The flow meter chart recorder indicated a calibration date of October 2003.** The chart recorder has been scheduled for calibration and should be complete in 30 days.
4. **There was excessive splashing at the RAS line.** The cover plate will be installed and completed in 60 days.
5. **The airline to a diffuser in the aeration tank was broken.** A cover plate will be installed within 60 days.
6. **Air was being pumped to the clarifier, which stirred the sludge blanket.** This also has been repaired.
7. **The chlorine contact chamber was cloudy, possibly from solids spill over from the clarifier.** The turbid eff from the clarifier may have been due to the air line leak. The leak has been repaired.

We trust this response is sufficient to address your concerns. However should you need additional information please do not hesitate to contact me at 941/907-7444.

Sincerely,

Linda A. Moody
Compliance Clerk

Cc: Wendell Faircloth, Operator
Allen Slater, FRWA
Jack Lihvarcik

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 5A

Village Water



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

August 22, 2006

RECEIVED

AUG 22 2006

Mr. Frank Hoffman, President
Aqua Utilities Florida, Inc.
6960 Professional Parkway E, Suite 400
Sarasota, FL 34240

Re: Reconnaissance Inspection
Village Water WWTF
Facility ID No. FLA013087
Polk County

Dear Mr. Hoffman:

The above-referenced wastewater treatment facility was inspected on August 9, 2006. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

Domestic Wastewater Permit No. FLA013087 was issued on January 23, 2001 and expired on January 22, 2006. The permit renewal application was received by the Department on July 5, 2005, and is currently under review. The application was timely, thereby extending the expired permit until final agency action is taken.

RECORDS AND REPORTS

*Copies of the current permit, laboratory certification, operator's licenses, and flow calibration were made available for inspection at the facility. Please provide the most current RPZ certification.

FACILITY SITE REVIEW

No deficiencies were noted during the time of the inspection.

FLOW MEASUREMENT

Based on the facility's records, the last flow calibration was conducted on August 8, 2006.

EFFLUENT QUALITY

The total chlorine residual was 1.16 mg/l at 9:47 a.m. as measured by Department personnel.

EFFLUENT DISPOSAL

1. *Inadequate progress has been made on the removal of vegetation around and in the percolation ponds. Please provide the Department the status on the clearing the vegetation on the inside and outside toe of the percolation pond berms. This is a repeat item.

More Protection, Less Process

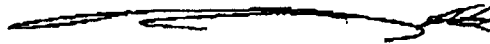
Mr. Frank Hoffman
Village Water WWTF
FLA013087-Polk County
Page 2 of 2

2. *The operator indicted the spray field was stated that AquaSource and Southwest Florida Water Management District (SWFWMD) were still in negotiation for the spray field. The application to renew the permit did not include an agreement with SWFWMD to use the spray field. The Department hasn't received any updates since the last inspection letter.
3. *Inadequate access control around the pond.
4. *Ponds are not sized as stated in the permit renewal application.

The type of inspection conducted was a Reconnaissance Inspection, and the overall rating of the facility was Significantly Out of Compliance due to the appearance of the ponds and no agreement to use the spray field. A copy of the inspection report is attached for your review.

Please submit a written response to the Department on the asterisked (*) items identified herein within 20 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 632-7600, extension 313, or via e-mail at frank.fulghum@dep.state.fl.us.

Sincerely,



Frank L. Fulghum III
Environmental Specialist
Domestic Wastewater Program

Attachments

cc: Patricia Leon, DEP

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTEWATER COMPLIANCE INSPECTION REPORT
FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility <i>Village Water</i>	WAFR ID: <i>FLA 013087</i>	County <i>Ala</i>	Entry Date/Time <i>8/19/06</i>
		Phone	@ Exit Date/Time
Name(s) of Field Representative(s)		Title	Phone
Name and Address of Permittee or Designated Representative		Title	Phone @ Operator Certification #

Inspection Type <input checked="" type="checkbox"/> <i>RT</i>	Samples Taken(Y/N):	@ Sample IDs:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Were Photos Taken(Y/N):	@ Log book Volume:	@ Page

FACILITY COMPLIANCE AREAS EVALUATED			
<small>IC = In Compliance, NC = Out of Compliance, SC = Significant Out of Compliance, NA = Not Applicable, NE = Blank = Not Evaluated, Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings are given in Areas Marked by "X"</small>			
PERMITS/ORDERS	SELF MONITORING PROGRAM	FACILITY OPERATIONS	EFFLUENT DISPOSAL
<i>IC</i> 1. Permit	<i>NE</i> 3. Laboratory	<i>IC</i> 6. Facility Site Review	<i>IC</i> 9. Effluent Quality
<i>NA</i> 2. Compliance Schedules	<i>NE</i> 4. Sampling	<i>IC</i> 7. Flow Measurement	<i>IC</i> 10. Effluent Disposal
	<i>IC</i> 5. Records & Reports	<i>IC</i> 8. Operation & Maintenance	<i>NE</i> 11. Residuals/Sludge
13. Other:			<i>NA</i> 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:			

Name(s) and Signature(s) of Inspector(s) <i>[Signature]</i>	District Office/Phone Number	Date <i>8/16/06</i>
Frank L. Fulghum III	SWD/813.632.7600	
@ Signature of Reviewer Joe Squitieri	District Office/Phone Number	Date
	SWD/813.632.7600	

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

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
<i>N</i> <i>S</i>			<i>1</i>	<i>2</i>	<i>3</i>

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A=PAI, B=CBI, C=CEI, D=CSI, E=XSI, F=RI
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

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

2nd Set of Deficiencies

Response No. 5B



Department of Environmental Protection

Jeb Bush
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881

Colleen M. Castille
Secretary

August 7, 2006

John M Lihvarcik, President & COO
Aqua Utilities Florida, Inc.
PO Box 490310
Leesburg, Florida 34749

Re: Highlands County - PW
Leisure Lakes
PWS I.D. Number: 6280064
Compliance Inspection Report

Dear Mr. Lihvarcik:

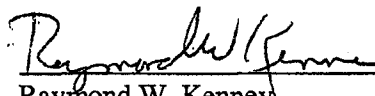
Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Please correct the deficiencies as soon as possible and notify the Department in writing postmarked no later than September 22, 2006 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments and recommendations are included in the Report. Recommendations are not requirements of State law. They are provided as guidelines towards optimizing water treatment plant operation.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure:

cc: Ms. Linda Moody (w/enc)
Mr. Wendell Faircloth (w/enc)
Mr. Mark Charneski - Florida DEP

"More Protection, Less Process"

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State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Leisure Lake	County:	Highlands PWS: 6280064
Address:	End of Hillcrest Street Lake Placid FL 33852	Contact:	David Wendell Faircloth
Owner Name:	Aqua Utilities Florida	Phone:	(863) 471-1400
Owner Address:	PO Box 490310 Leesburg FL 34749	Contact:	John Lihvarcik
		Phone:	(352) 435-4028

This Inspection Date:	Jul 31, 2006	Last C.I. Date:	Jun 23, 2004
Last Sanitary Survey Date:	May 31, 2005		
PWS Type:	Community		
Service Area Characteristics:	Residential Community		
No. of Service Connections:	237		
Served Population:	533		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **3 visits/week & 1 visit each weekend**
Operator & Certification Class-Number: **David Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant: **Good**

WELLS

Number of Wells:	2 (Inside - AAH9357; outside - AAH9358)
Check Valve:	Yes
Fence/Housing:	Yes
Sanitary Hazards:	No
Auxiliary Power:	Yes
Tested Weekly?	Yes

DESIGN CAPACITY	0.072 MGD
STORAGE CAPACITY	0.020 MG

CHLORINATION

Chlorinator Type:	Gas
Cl ₂ Residual:	
Plant:	2.1 mg/l
Remote:	0.3 mg/l
Location:	27 Venetian
Gas Cylinder Scale:	Yes
Gas Cylinder Chained:	Yes
Adequate Air-pak:	Yes
Adequate Ventilation:	Yes
Dual Chlorination:	Yes
Auto-switchover:	Yes
Alarm:	Yes

PRESSURE

Plant: 54 psi
Remote: 57 psi

PWS: 6280064

Date: 07/31/06

AERATION

Yes
Type: Cascade
Condition: Good

OTHER TREATMENT PROCESSES: Corrosion Control (Aquadene)**OTHER**

Flow Measuring Device: Meter
Backflow Prevention Device: Yes
Cross-connection Observed? No

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	G			
Capacity, gal	10,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	N/A			
On/Off pressure	"			
Sight glass	"			
Fittings for sight glass	"			
Air release valve	"			
Pressure relief valve	"			
Access padlocked	Y			

DEFICIENCIES:

1. The Emergency Response Plan that is on site does not meet the requirements of Rule 62-555.350(15) F.A.C. It is very generic and not specific for the site. You need to look at the Florida Rural Water template, which contains the items required to meet the rule.
2. There is no up-to-date map of the drinking water distribution system on site. Rule 62-555.350(14) F.A.C.
3. There is no copy of the isolation valve exercising plan on site (there is a copy in the Department files) nor is there a record on site that any valves have been exercised. Rule 62-555.350(2) F.A.C.; Rule 62-555.350(12)(c) F.A.C.
4. There is no copy of the dead end main flushing plan on site not is there a record on site that there is any flushing being conducted. Rule 62-555.350(2) F.A.C.; Rule 62-555.350(12)(c) F.A.C.
5. There is no Operation and Maintenance Manual on site. Manuals for all of the equipment at the plant need to be on site since Aqua Utilities Florida, in a letter dated July 15, 2006 to the Department, indicated that they do not need a written Preventative Maintenance (PM) Program since they were to perform all preventative maintenance according to the equipment manufacturers' instruction manual which is allowed under the Rule.

RECOMMENDATIONS:

1. Routine PM records for certain pieces of equipment should be maintained on an individual sheet for the particular piece of equipment. Writing the PM done in the daily log makes it very difficult to check, particularly for work that might be performed on an annual or six-month basis.
2. Dispose of the Florida Water Services policies that are on site. These appear to be irrelevant since the last entries made were a few years ago under Florida Water Service.

COMMENTS:

1. What is the procedure that the utility has in place to ensure that all of the PM that might be required in a manual is actually performed when it is required?
2. Even though there is an automatic flush valve at the south end of the distribution system a record needs to be maintained of the frequency and duration of the flushing. The initial chlorine of the flushing of the automatic unit must be measured (and a record maintained) to determine if adjustments must be made. At the time of the inspection the remote on Venetian was 0.3 mg/l, which is barely above the minimum. It would appear that particularly in the summer with fewer people around the auto unit should be checked more frequently and adjustments made as necessary.
3. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank.

Inspector : Raymond W. Kenney

Engineering Specialist II

Date 8 / 7 / 2006

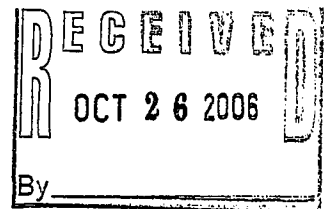
Approved By : James Oni

P.E. III

Date 8 / 7 / 2006



Department of Environmental Protection



Jeb Bush
Governor

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Colleen M. Castille
Secretary

October 23, 2006

John M. Lihvarcik, President & COO
Aqua Utilities, Florida, Inc.
PO Box 490310
Leesburg FL 34749

Patrick

Fyi.

*Please see my requests are
complied with.*

JK

Re: Highlands County - PW
Sebring Lakes Water
PWS I.D. Number: 5284137
Compliance Inspection Report

Dear Mr. Lihvarcik:

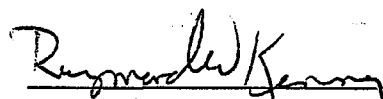
Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

No deficiencies were observed during this inspection. Thank you for your cooperation in maintaining compliance with the Florida Safe Drinking Water Act.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure

cc: Mr. Patrick Farris (w/enc)
Mr. Bill Dean (w/enc)
Mr. Robert Paver (w/enc)

"More Protection, Less Process"

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State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name: **Sebring Lakes Water System**
Address: **5313 Knight Ave**
Sebring FL 33875
Owner Name: **Aqua Utilities Florida, Inc**
Owner Address: **PO Box 490310**
Leesburg FL 34749

County: **Highlands** PWS: **5284137**
Contact: **Robert Paver**
Phone: **(941) 650-3032**
Contact: **John Lihvarcik**
Phone: **(352) 435-4028**

This Inspection Date: **Oct 19, 2006** Last C.I. Date: **Oct 21, 2004**
Last Sanitary Survey Date: **Nov 09, 2005**
PWS Type: **Community**
Service Area Characteristics: **Residential Community**
No. of Service Connections: **46**
Served Population: **102**

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **5 visits/week & 1 weekend visit**
Operator & Certification Class Number: **Robert Paver C 12040**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **2 (North well AAH9136 – South well AAH9135)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Not Required**

DESIGN CAPACITY **0.28 MGD**
STORAGE CAPACITY **0.025 MG**

CHLORINATION

Chlorinator Type: **Hypo**
Cl₂ Residual:
Plant: **1.8 mg/l Free**
Remote: **0.5 mg/l Free**
Location: **Office at Silver Oaks**

PRESSURE

Plant: 72 psi
 Remote: 48 psi

PWS: 5284137

Date: 10/19/06

AERATION

Type: Cascade
 Condition: Good

TREATMENT PROCESSES: Aeration, Hypochlorination, Corrosion Control (Sequest-all)

OTHER

Flow Measuring Device: Meter
 Backflow Prevention Device: Yes
 Cross-connection Observed? No

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic/flow-through

Tank type	G	H	
Capacity, MG	0.015	0.010	
Gravity drain	Y	Y	
By-pass piping	Y	Y	
Pressure gauge	N/A	Y	
On/Off pressure, psi	N/A	55-75	
Sight glass	N/A	Y	
Fittings for sight glass	N/A	Y	
Vacuum relief	N/A	Y	
Air release valve	N/A	N	
Pressure relief valve	N/A	Y	
Access padlocked	Y	Y	

DEFICIENCIES: None

COMMENTS:

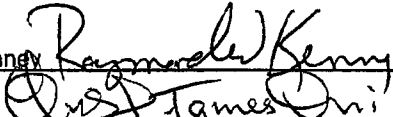
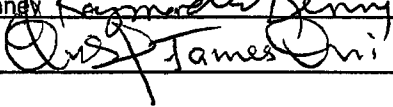
1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the

inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank.

2. Records of calibration for the chlorine analyzer should be kept at the water treatment plant.

3. Now that there are file cabinets at the facility, the records for Sebring Lakes and Lake Josephine Heights should be maintained at the plant.

RECOMMENDATIONS: None

Inspector : Raymond W. Kenney		Engineering Specialist II	Date 10 / 19 / 2006
Approved By : James Oni		P.E. III	Date 10 / 20 / 2006

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name IMPERIAL TERRACE WEST County Lake PWS ID # 3350584
Plant Location 11709 Magnolia Drive, Tavares, FL 32778 Phone 352/787-0980
Owner Name Florida Water Services Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860-9520
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 6/6/00 Last C.I. Date 10/4/01

PWS TYPE & CLASS

- ☒ Community (5C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
Serial #6266, 4/4/63; Serial #6266-A, 9/26/67
Serial #6266-B, 10/11/67; WC35-188760 5/3/91
WC35- 0080492-001, issued 5/29/00.
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number

J. Worrell C-6597, T. Brown C-7638, G. Kissick
C-7846, W. Fontaine C-6813, B. Heath C-5825

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 6/wk Actual 6/wk

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 244

Population Served 610 Basis per MOR

Average Day (from MORs) 3,380 gpd

Max. Day (from MORs) 58,800 gpd 6/03

Max-day Design Capacity .288 MGD

Comments _____

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required
Source Katolight Generator
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

- ☒ Well pumps wells #1 & #2
☐ High Service Pumps _____
☒ Treatment Equipment Chlorination

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type *

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections None Observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments 6" McCrometer - Well #1 (inside bldg).
3" McCrometer - Well #2 (outside)

Received

MAY 12 2004

Environmental Services

GROUND WATER SOURCE

Well Number	1(bldg)	2(outside)		
Year Drilled	1963	1999		
Depth Drilled	425'	260'		
Drilling Method	UNK	Combination		
Type of Grout	UNK	Neat Cement		
Static Water Level	UNK	10'		
Pumping Water Level	UNK	15'		
Design Well Yield	UNK	UNK		
Test Yield	UNK	UNK		
Actual Yield (if different than rated capacity)	UNK	UNK		
Strainer	UNK	Open		
Length (outside casing)	UNK	160'		
Diameter (outside casing)	8"	4"		
Material (outside casing)	Steel	Blk Steel		
Well Contamination History	None noted	None noted		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>100'-Accepted ¹	>100'-Accepted ¹	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	N/A	N/A	
PUMP	Type	Vert. Turbine	Submersible	
	Manufacturer Name	Goulds	Grundfos	
	Model Number	8RJH07	75S75-12	
	Rated Capacity (gpm)	400	100	
	Motor Horsepower	20	7.5	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	N/A	N/A		

COMMENTS Back up well #2 installed 1/20/99.

1) Department letter of approval for well setbacks, dated 12/14/98.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity * gpd
Chlorine Feed Rate 100% Well 2, 60% Well 1
Avg. Amount of Cl₂ gas used unk
Chlorine Residuals: Plant 1.5 Remote .9
Remote tap location 11611 Magnolia @ boat ramp
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info 1 hp Goulds, Model # HB2510
Comments *2 - chlorinators 3 gpd for well 2,
30 gpd for well 1 with a 60 gal day tank on site.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3350584
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies!! Overall, the plant looked good!!

Inspector K. Z...

Title Env. Specialist I

Date 5/6/04

Approved by Roberto C. Garcia

Title Env. Manager

Date 5/7/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name PALM MOBILE HOME ESTATES County Lake PWS ID # 3350981
Plant Location 24702 Plumosa Drive, Leesburg Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/4/01 Last C.I. Date 6/6/00

PWS TYPE & CLASS

- ☒ Community (3C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
HRS #2380, 4/7/61, WC35-4940, 6/5/61
WC35-210288, 4/8/92
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Residential (MHP)
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell
C-6597, G. Kissick C-7846
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: Required Actual
Days/wk: Required 6 Actual 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 61
Population Served 153 Basis per MOR
Average Day (from MORs) 12,052 gpd
Max. Day (from MORs) .0586 MGD 12/03
Max-day Design Capacity 93,600 gpd
Comments

COMET: SITE ID PROJECT ID

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE

Chlorination
Iron filter
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Water Specialties
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

Received

MAY 12 2004

Environmental Services

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1961			
Depth Drilled	340'			
Drilling Method	UNK			
Type of Grout	UNK			
Static Water Level	UNK			
Pumping Water Level	UNK			
Design Well Yield	UNK			
Test Yield	UNK			
Actual Yield (if different than rated capacity)	UNK			
Strainer	UNK			
Length (outside casing)	UNK			
Diameter (outside casing)	8"			
Material (outside casing)	Black iron			
Well Contamination History	None noted			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	UNK		
	Reuse Water	-		
	WW Plumbing	UNK		
	Other Sanitary Hazard	None noted		
PUMP	Type	Submersible		
	Manufacturer Name	Franklin Elec.*		
	Model Number	UNK		
	Rated Capacity (gpm)	130		
	Motor Horsepower	15		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Yes			
Well Vent Protection	Yes			

COMMENTS *Installed 5/17/99

Provide additional information for "Unk", if available.

CHLORINATION (Disinfection)Type: ☐ Gas ☒ Hypo

Make Chem-tech Capacity *60 gpd

Chlorine Feed Rate 50% & 55% stroke rate

Avg. Amount of Cl₂ gas used N/A

Chlorine Residuals: Plant 1.1 Remote .4

Remote tap location

DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily

Injection Points Prior to H/1 and by-pass.

Booster Pump Info

Comments *2 - 30 gpd chlorinators.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Capacity

Aerator Condition

Bloodworm Presence

Visible Algae Growth

Protective Screen Condition

Comments

STORAGE FACILITIES(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	1500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments Has three iron filters, 42" diameter

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3350981Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked good at the time of inspection. Keep up the good work.

Inspector K. M.Title Env. Specialist IDate 5/6/04Approved by Roberto C. GungorTitle Env. ManagerDate 5/7/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT
Plant #2

Plant Name SPRING LAKE MANOR County Lake PWS ID # 3351021-02
Plant Location 2038 Live Oak Drive, Fruitland Park Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/3/01 Last C.I. Date 8/24/99

PWS TYPE & CLASS

- ☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
HRS #4695, 1/31/61, As-built 11/6/73,
HRS #B-4695-B, 5/23/75, WC35-0080519-001
Issued 1/19/99, cl. 3/25/99
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell
C-6597, G. Kissick C-7846
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 3 Actual 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 171*
Population Served 596* Basis per MOR
Average Day (from MORs) 46,776 gpd
Max. Day (from MORs) .086 gpd 5/03
Max-day Design Capacity .1008 MGD
Comments *Combined total for both plants.
Combined Max-day Design Capacity for both plants
is .316 MGD.

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☒ Emergency Water Source Piney Woods
Emergency Water Capacity .216 MGD

AUXILIARY POWER SOURCE

☐ Yes ☒ None ☐ Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load _____
What equipment does it operate?
☐ Well pumps _____
☐ High Service Pumps _____
☐ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments Interconnected with Piney Woods WTP.
Generator located at the Piney Woods WTP.

TREATMENT PROCESSES IN USE

Chlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Precision
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Interconnected with Piney Woods WTP.

Received

MAY 12 2004

Environmental Services

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1961			
Depth Drilled	336'			
Drilling Method	UNK			
Type of Grout	UNK			
Static Water Level	UNK			
Pumping Water Level	UNK			
Design Well Yield	UNK			
Test Yield	UNK			
Actual Yield (if different than rated capacity)	UNK			
Strainer	UNK			
Length (outside casing)	140'			
Diameter (outside casing)	6"			
Material (outside casing)	Black Steel			
Well Contamination History	Some			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	<100' Accepted		
	Reuse Water	--		
	WW Plumbing	<100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Vert. Turbine		
	Manufacturer Name	Peerless		
	Model Number	6CIC4		
	Rated Capacity (gpm)	140		
	Motor Horsepower	10		
Well casing 12" above grade?	No-Accepted			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Yes			
Well Vent Protection	--			

COMMENTS Provide additional information for "UNK", if available.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 30 gpd
Chlorine Feed Rate 100% stroke rate
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.3 Remote 1.0
Remote tap location Toby & Hickory hosebibb
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & By-pass
Booster Pump Info _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	35/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies at the time of the inspection. Overall, the plant looked good.

Inspector KW Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Cruz Title Env. Manager Date 5/7/04

Aqua Utilities Florida Inc.
Docket No. 060368-WS
Accounting Deficiencies – Second Set
March 26, 2007

Deficiency No. 6

Rule 25-30.440(7), F.A.C., requires the utility to provide any Notice of Violations, Consents Orders, Letter of Notice or Warning Notices from the health department or the DEP since the utility's last rate case or the previous five years, whichever is less.

Attached to the MFR deficiency letter dated January 2, 2007, was a listing of specific engineering deficiencies listed by system name and county. Staff identified several systems where this information was deficient. The applicant has not provided copies of the required documents or a statement there are no such documents for the following systems in Lake County:

- **Holiday Haven – water and wastewater**
- **Morningview – water and wastewater**
- **Palms - water**
- **Picciola Island - water**
- **Piney Woods – water**
- **Quail Ridge – water**
- **Ravenswood – water**
- **Silver Lake Estates/Western Shores – water**
- **Skycrest – water**
- **Stone Mountain – water**
- **Valencia Terrace – water and wastewater**
- **Venetian Village – water and wastewater**

Response:

We are not aware of any Consent Orders, Notice of Violations or Warning Notices for any of these water and/or wastewater systems.