ORIGINAL

RUTLEDGE, ECENIA, PURNELL & HOFFMAN

PROFESSIONAL ASSOCIATION ATTORNEYS AND COUNSELORS AT LAW

RECEIVED FPSC

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> > March 26, 2007

07 MAB 26 LANJO: 05

HAROLD F. X. PURNELL
C DARSMA BRULE M
GABALE DATE
MAGGIE M. SCHULTZ

GOVERNMENTAL CONSULTANTS
PARSONS B. HEATH
MARGARET A. MENDUNI

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.

CTR

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

GCL

OPC

Sincerely,

RCA

SCR

SGA ____ Kenneth A. Hoffman

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

02595 MAR 26 5

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,)	Docket No. 060368-WS
Highlands, Lake, Lee, Marion, Orange, Palm)	
Beach, Pasco, Polk, Putnam, Seminole,	
Sumter, Volusia, and Washington Counties)	Dated: March 26, 2007
by Aqua Utilities Florida, Inc.	
)	

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

850.681.6788 (telephone)

850.681.6515 (facsimile)

ATTORNEYS FOR AQUA UTILITIES FLORIDA, INC.

DOCUMENT NUMBER-CATE

02595 MAR 26 5

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. Mariman

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)
	Average				Interim Average	Permanent Average							Interim		Permanent	
	Daily Flow		Interim	Permanent	Daily Flow	Daily Flow	Treatment	Interim		Treatment		Effluent	Effluent	Interim	Effluent	Permanent
1:	in Max	1&1	Margin	Margin	in Max	in Max	Plant	Treatment	Interim	Permanent	Permanent	Disposal	Disposal	Effluent	Disposal	Effluent
Line No.	Month (GPD)	Demand Adjustmnt	Reserve Ratio	Reserve Ratio	Month (GPD)	Month (GPD)	Capacity (GPD)	U&U Calculated	Treatment U&U Used	U&U Calculated	Treatment U&U Used	Capacity (GPD)	U&U Calculated	Disposal U&U Used	U&U Calculated	Disposal U&U Used
140.	(GFD)	Adjustimit	Nauo	Natio	(GFD)	(GPD)	(GFD)	Calculated	Odo Oseu	Calculated	Oad Osed	(GFD)	Calculated	Dao Osea	Calculated	Odo Oseu
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.	85% of Sold Sold Treated (GPD) (GPD) (GPD)			I&I Pct	Demand Adjustment (GPD)	
2	18,636	15,840	22,562	30%	15%	3,337

Composite Treatment & Effluent

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

	Revision 2 SCHEDULE	PAGE
SCHEDULE TITLE	NUMBER	NUMBER
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
ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES	_	
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: Preparer: 1 of 1

Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

	(1)	(2)	(3)
Line		Present	Interim
No.	Class/Meter Size	Rates	Rates
	WATER		51.03%
1	Residential		
2	5/8" X 3/4"	12.98	19.60
3	3/4"	12.98	19.60
4	1"	32.44	48.99
5	1-1/2"	64.87	97.97
6	2"	103.80	156.77
7	3"	207.61	313.55
8	4"	324.41	489.95
9	6"	1,038.02	1,567.71
10	8"	-	-
11	10"	-	-
12	Gallonage, Block 1	2.51	3.79
13	Block 2	-	-
14	Block 3	-	-
15	General Service		
16	5/8" X 3/4"	12.98	19.60
17	3/4"	12.98	19.60
18	1"	32.44	48.99
19	1-1/2"	64.87	97.97
20	2"	103.80	156.77
21	3"	207.61	313.55
22	4"	324.41	489.95
23	6"	1,038.02	1,567.71
24	8"	-	-
25	10"	-	-
26	Gallonage charge	2.51	3.79
27	Fire Protection		
28	2"	-	-
29	3"	-	-
30	4"	-	-
31	6"	-	-
32	8"	-	-
33	10"	•	-

(4)	(5)	(6)
	Present	Interim
Class/Meter Size	Rates	Rates
SEWER		-1.63%
Residential		
5/8" X 3/4"	-	-
3/4"	-	-
1"	-	-
1-1/2"	-	-
2"	-	-
3"	-	-
4"	-	-
6"	-	-
8"	-	-
10"	-	-
Gallonage cap (gallons)	0	0
Gallonage charge	-	-
General Service		
5/8" X 3/4"	42.73	42.03
3/4"	42.73	42.03
1"	106.81	105.07
1-1/2"	213.61	210.13
2"	341.77	336.21
3"	683.53	672.40
4"	1,068.03	1,050.64
6"	3,417.63	3,361.99
8"	-	-
10"	-	-
Gallonage charge	3.89	3.83
Flat Rate		
Res. Wastewater Only	-	-
Sprinkler Heads	-	-
Reuse	-	-

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 [X] Projected []

Schedule: Page: Preparer: G-2 1 of 1

1

Revision 2

Jack Schreyer

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

	(1)	(2) Adjusted	(3) Adjustments	(4) Adjustments	(5) Interim	(6)
Line		Balance	for	Last	Rate	Supporting
No.	Description	12/31/2005	Non-U&U	Rate Case	Base	Schedule(s)
WAT						
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	
SEW	/ER					
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 [X] Projected []
Water [X] Sewer [X]

Schedule:

G-3 1 of 1 Revision 2

Page: Preparer:

Jack Schreyer

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

	(1)	(2)	(3)
Line		Interim	Interim
No.	Description	Water	Sewer
	USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR	INTERIM RATE PL	RPOSES
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	A	
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	Jack Schreyer	Preparer:
-------------------------	---------------	-----------

	(1)	(2)	(3) Adjustments	(4)	(5)	(6)	(7) Requested	(8)	(9)
Line		Utility Adjusted	for	Utility Interim	Adjusted Interim	Interim	Interim	Supporting	%
	Description	Test Year	Non-U&U	Adjustments	Test Year	Increase	Revenues	Schedules	Increase
Wate	er								
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%	•	
Sew	er								
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)		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

1 of 1

Preparer:

Page:

Jack Schreyer

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

Line	(1)	(2) Interim	(3)
No.	Description	Water	Interim Sewer
110.	USED & USEFUL ADJUSTMENT TO 2005		
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,		
4			
5	Property Taxes for Interim Rate purposes	0	(1,121)
6	For details see schedule B-15	<u></u>	
	UTILITY PROJECTED REVENUE REQUIR	EMENT ADJUSTMENTS	3
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 RAF on Revenue Adjustment @ 4.50%	0.500	/ 77 \
14 15	RAF on Revenue Adjustment @ 4.50%	2,563	(77)
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

Test Year End: 12/31/2005 Historical [] Projected [] Water [X] Sewer [X] Schedule:

G-6

Revision 2

Page: Preparer: 1 of 1 Jack Schreyer

	(1)	(2) Reconciled	(3)	(4)	(5) Weighted	(6)	(7)
Line)	To Requested		Cost	Cost		Supporting
No.	Class of Capital	Rate Base	Ratio	Rate	Rate	Cost	Schedules
WA"							
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	155,917	100.00%	-	7.44%	11,596	
SEV	VER						
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	201,684	100.00%	-	7.80%	15,733	

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

Schedule: A-5

Revision 2

1 of 5 Page: Preparer: Robert M. Griffin

Docket No. 060368-WS
Test Year Ending December 31 of Historical 2005, Projected 2006 & 2007

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

		(1)	(2) Historic	(3) al Base Ye	(4) ear 2005	(5) Interm	(6) ediate Yea	(7) r 2006	(8) Projecte	(9) d Rate Ye	(10) ear 2007
Line	Acct		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted		ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1	INTANG	BIBLE 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%	ŏ	1,583	0.00%	ŏ	1,583	0.00%	ŏ
4	339.1	Other Plant & Misc. Equipment	0	0.00%	ŏ	0	0.00%	ŏ	0,555	0.00%	ō
5	SOURC	E OF SUPPLY & PUMPING PLANT	-			_	5.5575	-	_	0.0070	•
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%	٥
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	٥	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	TRANS	MISSION & 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		AL PLANT						ļ			
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	٥	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%	٥	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	TOTA	AL .	176,641	-	0	223,941	-	0	258,139	-	0
	Total L	and 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

1 of 5 Page:

Robert M. Griffin Preparer:

Historical Bases Vers 2005 Intermediate Vers 2006 Processing State Vers 2007 Process P			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
No. No. Account Name Balance % Arrount Management 2 2 2 2 2 2 2 2 2												
NINAKOIBLE FLANT			A coount blome	•								
2 51.1 Cryamization				Balance	%	Amount	Balance	%	Amount	Balance	<u>%</u>	Amount
3 382.1 Financhises 0 0.00% 0 1,308 0.00% 0 0.00% 0 0 0.	-			1.417	0.00%	0	109	0.00%	0	0	0.00%	0
3 89.1 Other Plant A Misc. Equipment 0 0.00% 0 0			•									-
8 983.2 Land & Land Rights 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 9 353.2 Land & Land Rights 0 2,988 2,988 2,986 498 8 355.2 Power Gararetton Equipment 0 21,82% 10 20,989% 0 0.20,85% 498 8 355.2 Power Gararetton Fourth 1,980 10 20,85% 10 0.00% 0 0.00% 11,1410 12,00% 10 0.00% 11,1410 12,00% 10 0.00% 11,1410 12,00% 10 0.00% 10 0.00% 11,1410 12,00% 10 0.00% 10	4	389.1	Other Plant & Misc. Equipment	0	0.00%	0	i i	0.00%	0		0.00%	0
7 94.4 2 Structures d'improvements 2,368 21,82% 512 2,388 20,95% 496 2,368 20,95% 0			CTION PLANT									
8 855.2 Power Generation Equipment 0 21.82% 0 0 20.95% 0 0 20.95% 1.1.410 381.2 Collection Severs - Force 26,089 21.82% 8,208 45,741 20.95% 9,564 17,958 20.95% 37,285 1.1.410 381.2 Collection Severs - Gravity 37,964 21.82% 8,208 45,741 20.95% 9,564 17,958 20.95% 37,285 1.2.2 Collection Severs - Gravity 37,964 21.82% 0 20.95% 0 0 20.95% 0 20.95						-	0		-			
9 800.2 Collection Sewers - Force			•	•			•					
10 381.2 Collection Sewars - Gravity 37,964 21,92% 8,206 45,741 20,95% 9,864 177,956 20,95% 0 20,95%		-		-			_					-
11 38.2.2 Special Collecting Structures				•					•			
12 383.2 Services to Customers 1,188 0.00% 0 0.00%									- • • • • •			
3 84.2 Flow Measuring Devices 0 0.00% 0 633 0.00% 0 683 0.00%						-	-		_	_		_
14 365.2 Flow Measuring Installations 394 0.00% 0 683 0.00% 0 0.00% 0 0 0.00				•					-			-
15 389.2 Other Plant & Missc. Equipment 0 0.00% 0 0.			-				-			_		
16 SYSTEM PUMPING PLANT			-			- 1			_			
18 345.4 Structures & Improvements 0 21,62% 0 0 20,65% 0 0 20,85% 0 0 20,95% 0 0 20,40% 0 0 0 0 0 0 0 0 0	16	SYSTEM										
19 355.3 Power Generation Equipment 0 21,02% 0 0 20,95% 0 0 20,95% 0 0 20,95% 0 115,976 21,371.3 Pumping Equipment 0 21,82% 21,137 98,597 20,95% 20,656 98,997 20,95% 20,656 23,371.3 Pumping Equipment 0 21,82% 0 0 20,95% 20,656 98,997 20,95% 20,656 23,371.3 24,07%	17			0		-	o	0.00%	0	0	0.00%	0
20 370.3 Recelving Wells				-		- !	_		-			_
21 317.3 Pumping Equipment 97.766 21.62% 21.197 98.587 20.95% 20.658 98.597 20.95% 20.658 23.713 23.913 20.95% 20.658 23.713 20.95%			• •	-		- 1	_					_
23 889.3 Other Plant & Misc. Equipment 0 21.62% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.95% 0 0 2.0.00% 0 0 0.00% 0 0 0.00% 0 0.00		-		•								•
23 TREATMENT AND DISPOSAL PLANT 24 353.4 Land & Land Righis 19,000 0,00% 0 19,000 0,00% 0 19,000 0,00% 0 25 354.4 Structures & Improvements 13,832 21,07% 2,935 29,317 20,40% 6,980 63,933 20,40% 130,041 20 20 20 20 20 20 20 2				•								•
24 353.4 Land & Land Rights 19,000 0.00% 0 19,000 0.00% 0				U	21.62%	U	0	20.95%	U	0	20.95%	U
25 354.4 Structures & Improvements 13,932 2107% 2,955 29,317 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 0 20,40% 0 648 23,148 20,40% 6,468 23,148 20,40% 6,468 23,147 24,00% 14,00				19 000	0.00%	0	19.000	0.00%	n	19.000	0.00%	0
28 355.4 Power Generation Equipment 0 2107% 64 3, 168 20.40% 648 3, 168 20.40% 648 23 381.4 Plant Sewers 33.387 21.07% 7,000 43.78 20.40% 648 8,869 164.804 20.40% 33.820 20.382.4 Outher Plant & Miso. Equipment 0 21.07% 10 0 0 20.40% 147 779 20.40% 147 739 20.40			-	•		- ,			-			13 041
27 38.0.4 Treatment & Disposal Equipment 3.059 21.07% 7.030 43.478 20.40% 646 646 3.168 20.40% 646 23.40% 23				•					•			•
28 381.4 Plant Sewers 33,367 21,07% 7,030 43,478 20,40% 8,869 164,804 20,40% 33,820							-		- 1			
38 389.4 Other Plant & Misc. Equipment 0 21.07% 0 0 20.40% 0 0 20.40% 0 0 20.40% 0 0 33.35 RECLAMIEO WATER TREATMENT PLANT 32 353.5 Land & Land Rights 0 0.00% 0 0 0.00%		381.4				7,030			8,869			33,620
RECLAIMED WATER TREATMENT PLANT	29	382.4	Outfall Sewer Lines	719	21.07%	151	719	20.40%	147	719	20.40%	147
22 35.3 Land & Land Rights	30	389.4	Other Plant & Misc. Equipment	0	21.07%	0	0	20.40%	0	0	20.40%	0
33 35.4.5 Structures & Improvements			_									
34 35.5 Power Generation Equipment				-		-						
371.5 Pumping Equipment 3,171 0.00% 0 3,171 0.00% 0 0 0.00				_		_			-	_		
36 374.5 Reuse Distribution Reservoirs 0 0.00% 0 0 0.00%			• •	-		-	_		-			
380.5 Treatment & Disposal Equipment 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00%									- 1			_
38 381.5 Plant Sewers 0 0.00% 0 0 0.				-			1		_			
389.5 Other Plant & Misc. Equipment 0 0.00% 0 0			• • •	•		-			_	_		_
40 RECLAIMED WATER DISTRIBUTION PLANT 11 352.6 Franchises 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 23 354.6 Structures & Improvements 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 43 355.6 Power Generation Equipment 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 45 366.6 Reuse Services 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 46 367.6 Reuse Meters & Meter Installations 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 47 371.6 Pumping Equipment 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 48 375.6 Reuse Transmission & Distr. Sys. 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 49 389.6 Other Plant & Misc. Equipment 0 0.00% 0 0.00% 0 0.00% 0 50 GENERAL PLANT 51 353.7 Land & Land Rights 0 0.00% 0 7.189 0.00% 0 7.189 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 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 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 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Communication Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 50 398.7 Other Tangible Plant 34,099 0.00% 0 34,099 0.00% 0 34,099 0.00% 0 50 398.7 Other Tangible Plant 34,099 0.00% 0 0 34,099 0.00% 0 0 34,099 0.00% 0				-	-				-			
353.6 Land & Land Rights	40	RECLAI										
43 354.6 Structures & Improvements	41	352.6	Franchises	0	0.00%	0	0	0.00%	0	0	0.00%	0
44 355.6 Power Generation Equipment 0 0.00% 0 0.00% 0 0				0		-			- 1	-		
45 366.6 Reuse Services 0 0.00% 0 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 0 0.00% 0 47 371.6 Pumping Equipment 0 0.00% 0 0			•	-		- 1			_	-		-
A6 367.6 Reuse Meters & Meter Installations 0 0.00% 0 0 0.00%				-		-			- 1			-
47 371.6 Pumping Equipment 0 0.00% 0 <td></td> <td></td> <td>- · · ·</td> <td>-</td> <td>-</td> <td>- 1</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>_</td>			- · · ·	-	-	- 1			-			_
48 375.6 Reuse Transmission & Distr. Sys. 0 0.00% <t< td=""><td></td><td></td><td></td><td>_</td><td></td><td>-</td><td></td><td></td><td>_</td><td>,</td><td></td><td>-</td></t<>				_		-			_	,		-
49 389.6 Other Plant & Misc. Equipment 0 0.00% 0 0 0.00%									_			
Solution			The state of the s				_					
51 353.7 Land & Land Rights 0 0.00% 0 0 0.00% 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 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 </td <td></td> <td></td> <td>AL PLANT</td> <td>Ū</td> <td>0.0070</td> <td>•</td> <td></td> <td>0.0070</td> <td></td> <td>ľ</td> <td>0.0070</td> <td>Ū</td>			AL PLANT	Ū	0.0070	•		0.0070		ľ	0.0070	Ū
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 0.00% 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 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% <t< td=""><td></td><td></td><td></td><td>0</td><td>0.00%</td><td>0</td><td>0</td><td>0.00%</td><td>o</td><td>0</td><td>0.00%</td><td>0</td></t<>				0	0.00%	0	0	0.00%	o	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 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% <t< td=""><td>52</td><td></td><td>Structures & Improvements</td><td>7,189</td><td>0.00%</td><td>o</td><td>7,189</td><td>0.00%</td><td>0</td><td>7,189</td><td></td><td></td></t<>	52		Structures & Improvements	7,189	0.00%	o	7,189	0.00%	0	7,189		
55 391.7 Transportation Equipment 0 0.00% 0 0 0.00%	53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
56 392.7 Stores Equipment 0 0.00% 0	54	390.71	Computer Equipment	76	0.00%	0	588	0.00%	0	1,663	0.00%	0
57 393.7 Tools, Shop & Garage Equipment 0 0.00% 0 0 0.00% 0 0.00	55		• • • • • • • • • • • • • • • • • • • •	-			0			0		0
58 394.7 Laboratory Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 <th< td=""><td></td><td></td><td></td><td>_</td><td></td><td>- 1</td><td>-</td><td></td><td>- !</td><td></td><td></td><td>-</td></th<>				_		- 1	-		- !			-
59 395.7 Power Operated Equipment 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0 <th< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>_</td><td></td><td>-</td><td>•</td><td></td><td></td></th<>				-			_		-	•		
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				-		-			-			
61 397.7 Miscellaneous Equipment 0 0.00% 0 0.00% 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0.0				-		-						
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				-		- 1			_	_		-
63 TOTAL <u>283,720</u> <u>46,675</u> <u>555,273</u> <u>101,807</u> <u>1,190,494</u> <u>233,279</u>				_		-	î .					
	72	300	and the second second		2.2270		J 1,000	2.50,0		3-,000	0070	
64 Total Land and Land Rights 19,000 0 19,000 0 19,000 0	63	TOTA	NL .	283,720		46,675	555,273	•	101,807	1,190,494		233,279
	64	Total L	and 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. 060368-WS

Test Year Ending December 31 of Historical 2005, Projected 2006 & 2007

Florida Public Service Commission

Schedule:

A-9 Revision 2 1 of 5

Page: Robert M. Griffin Preparer:

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

		(1)	(2) Historia	(3) al Base Yea	(4) ar 2005	(5) Interme	(6) diate Year	(7) 2006	(8) Projecte	(9) d Rate Ye	(10) ar 2007
Line	Acct		Adjusted		& Useful	Adjusted		d & Useful	Adjusted		d & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1	INTANG	SIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	o	0	0.00%	0
3	302.1	Franchises	257	0.00%	ō	297	0.00%	Ö	337	0.00%	0
4	339.1	Other Plant & Misc. Equipment	0	0.00%	ō	0	0.00%	o	0	0.00%	0
5		E OF SUPPLY & PUMPING PLANT	-		•	_			-		
6	303.2	Land & Land Rights	0	0.00%	٥	0	0.00%	ol	0	0.00%	0
7	304.2	Structures & Improvements	ō	0.00%	ō	Ō	0.00%	ō	0	0.00%	0
8	305.2	Collect. & Impound Reservoirs	ō	0.00%	ő	0	0.00%	ō	Ō	0.00%	0
9	306.2	Lake, River & Other Intakes	ō	0.00%	ō	0	0.00%	ó	Ō	0.00%	0
10	307.2	Wells & Springs	3.050	0.00%	ō	3,018	0.00%	ó	3,058	0.00%	0
11	308.2	Infiltration Galleries & Tunnels	0	0.00%	ō	0	0.00%	o l	0	0.00%	0
12	309.2	Supply Mains	ō	0.00%	Ō	3	0.00%	0	118	0.00%	0
13	310.2	Power Generation Equipment	Ō	0.00%	ŏ	Ö	0.00%	0	0	0.00%	0
14	311.2	Pumping Equipment	ō	0.00%	ō	ō	0.00%	0	Ö	0.00%	0
15	339.2	Other Plant & Misc. Equipment	ō	0.00%	ō	Ō	0.00%	Ď	Ó	0.00%	0
16		TREATMENT PLANT	·			•		-			
17	303.3	Land & Land Rights	0	0.00%	0	0	0.00%	0	٥	0.00%	0
18	304.3	Structures & Improvements	ō	0.00%	ŏ	ō	0.00%	ō	Ō	0.00%	Ō
19	311.3	Pumping Equipment	4	0.00%	ō	12	0.00%	ō	22	0.00%	Ō
20	320.3	Water Treatment Equipment	O	0.00%	Ö		0.00%	ŏ		0.00%	ō
21	339.3	Other Plant & Misc. Equipment	ō	0.00%	ŏ	Ŏ	0.00%	ŏ	ā	0.00%	ō
22		MISSION & DISTRIBUTION PLANT	•	0,0070			0.0070	•	_		-
23	303.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	o	0.00%	0
24	304.4	Structures & Improvements	ō	0.00%	ŏ	Ö	0.00%	ō	ĺ	0.00%	ō
25	311.4	Pumping Equipment	ő	0.00%	ŏ	Ö	0.00%	ō	٥	0.00%	ō
26	330.4	Distr. Reservoirs & Standpipes	Ö	0.00%	ō	ő	0.00%	ō	ĺ	0.00%	ō
27	331.4	Transm. & Distribution Mains	16,841	0.00%	ŏ	20,233	0.00%	o l	22,799	0.00%	ō
28	333.4	Services	2,163	0.00%	ō	2,284	0.00%	n i	2,405	0.00%	ō
29	334.4	Meters & Meter Installations	3,763	0.00%	õ	4,121	0.00%	ŏ	902	0.00%	ō
30	335.4	Hydrants	548	0.00%	õ	757	0.00%	ŏ	965	0.00%	ō
31	336.4	Backflow Prevention	0	0.00%	Ö	0	0.00%	ŏ	0	0.00%	ŏ
32	339.4	Other Plant & Misc. Equipment	116	0.00%	Ö	153	0.00%	o l	195	0.00%	ō
33		AL PLANT	1.0	0.0070	•	,,,,	0.0070		100	0.0070	•
34	303.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	l o	0.00%	0
35	304.5	Structures & Improvements	ō	0.00%	o o	l ŏ	0.00%	ō	ا م	0.00%	ō
36	340.5	Office Furniture & Equipment	ō	0.00%	ō	ĺ	0.00%	Ď	ĺ	0.00%	ō
37	340.51	Computer Equipment	11	0.00%	ō	300	0.00%	ō	1,326	0.00%	ō
38	341.5	Transportation Equipment	Ö	0.00%	Ö	4,290	0.00%	ő	10,082	0.00%	ŏ
39	342.5	Stores Equipment	ŏ	0.00%	ő	0	0.00%	ŏ	0	0.00%	Ď
40	343.5	Tools, Shop & Garage Equipment	ő	0.00%	Ö	lŏ	0.00%	ŏ	٥	0.00%	ō
41	344.5	Laboratory Equipment	ő	0.00%	Ö	ŏ	0.00%	ō	٥	0.00%	Ö
42	345.5	Power Operated Equipment	1,501	0.00%	ŏ	693	0.00%	Ö	ŏ	0.00%	ŏ
43	346.5	Communication Equipment	1,301	0.00%	0	0	0.00%	0	Ĭ	0.00%	Ö
43	347.5	Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	ŏ	0.00%	ŏ
45	348.5	Other Tangible Plant	0	0.00%	0	0	0.00%	0	0	0.00%	o
46	TOT	AL	28,254		0	36,159	-	0	42,209	•	0
				•			-			•	
	Total l	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

A-10

Schedule:

Revision 2

1 of 5 Page: Preparer:

Robert M. Griffin

		(1)	(2) Historic	(3) ai Base Ye	(4) ar 2005	(5)	(6) ediate Yea	(7) r 2006	(8) Projecte	(9) ed Rate Ye	(10) ar 2007
Line	Acct		Adjusted		d & Useful	Adjusted		ed & Useful	Adjusted		d & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1		BLE PLANT			_						_
2	351.1	Organization	241	0.00%	0	269	0.00%	0	269	0.00%	0
3 4	352.1 389.1	Franchises Other Plant & Misc. Equipment	0	0.00% 0.00%	0	18 0	0.00%	0	53 0	0.00% 0.00%	0
5		CTION PLANT	U	0.00%	U	U	0.00%	U	l '	0.00%	U
6	353.2	Land & Land Rights	0	0.00%	0	o	0.00%	0	٥	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	21,206	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 14	364.2 365.2	Flow Measuring Devices Flow Measuring Installations	0 4	0.00% 0.00%	0	0 20	0.00% 0.00%	0	0 38	0.00% 0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	1 %	0.00%	0
16		M PUMPING PLANT	· ·	0.0070	ŭ		0.0076	J	ľ	0.0070	v
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%	Ō	0	20.95%	ō	Ō	20.95%	Ō
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		MENT AND DISPOSAL PLANT		0.000	ا م	•	0.000/	•		0.000/	•
24 25	353.4 354.4	Land & Land Rights Structures & Improvements	0 1,546	0.00% 21.07%	0 326	0 2,216	0.00% 20.40%	0 452	0 4,119	0.00% 20.40%	0 840
26	355.4	Power Generation Equipment	1,546	21.07%	0	2,2,6	20.40%	402	4,119	20.40%	040
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	96	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		MED 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 35	355.5 371.5	Power Generation Equipment Pumping Equipment	0 634	0.00% 0.00%	0	0 846	0.00% 0.00%	0	0 1,057	0.00% 0.00%	0
36	374.5	Reuse Distribution Reservoirs	034	0.00%	0	0	0.00%	0	1,057	0.00%	0
37	380.5	Treatment & Disposal Equipment	ŏ	0.00%	ŏ	Ö	0.00%	ŏ	هٔ ا	0.00%	ő
38	381.5	Plant Sewers	Ō	0.00%	0	Ō	0.00%	ō	Ō	0.00%	Ō
39	389.5	Other Plant & Misc. Equipment	0	0.00%	O	0	0.00%	0	0	0.00%	0
40		MED 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% 0.00%	0	0	0.00%	0	0	0.00%	0
43 44	354.6 355.6	Structures & Improvements Power Generation Equipment	0	0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0 0
45	366.6	Reuse Services	0	0.00%	0	0	0.00%	0	i ö	0.00%	0
46	367.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	٥	Ĭ	0.00%	0
47	371.6	Pumping Equipment	ō	0.00%	ō	٥	0.00%	ŏ	ĺ	0.00%	ō
48	375.6	Reuse Transmission & Distr. Sys.	Ō	0.00%	0	o	0.00%	ŏ	Ō	0.00%	ō
49	389.6	Other Plant & Misc. Equipment	0	0.00%	٥	٥	0.00%	0	0	0.00%	0
50		AL 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 55	390.71 391.7	Computer Equipment Transportation Equipment	2	0.00% 0.00%	0	56 0	0.00%	0	248 0	0.00%	0
56	391.7	Stores Equipment	0	0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0 0
57	393.7	Tools, Shop & Garage Equipment	Ö	0.00%	0	o	0.00%	0	Ö	0.00%	0
58	394.7	Laboratory Equipment	Ö	0.00%	0	0	0.00%	اه	ő	0.00%	0
59	395.7	Power Operated Equipment	ō	0.00%	ŏ	Ö	0.00%	Ö	ŏ	0.00%	ŏ
60	396.7	Communication Equipment	0	0.00%	ō	0	0.00%	ō	Ō	0.00%	ō
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%	٥	11,933	0.00%	0
~~	-0-	A.I			47.016	400.744		40.045	445 755		00 122
63	TOTA		91,026		17,949	106,711		19,816	143,753		26,652
64	Total l	and 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: Page: Preparer: A-12

Revision 2

1 of 5

Robert M. Griffin

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

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			I Base Ye			diate Yea			d Rate Ye	
Line		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted _		ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	<u></u> %	Amount
	WATER			1						
	Cash CIAC:			_	_	0.000/		•	0.0007	
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:			1			1			
13	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	o i	0	0.00%	0
	Other	ŏ	0.00%	ŏ	ŏ	0.00%	ő	Ö	0.00%	ŏ
	Main Extension Charge	Õ	0.00%	ő	Ö	0.00%	ő	Ō	0.00%	Ō
	Service Installation Fees	0	0.00%	Ō	Ō	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

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.

	If a projected year is employed, provi						(7)	(0)	(0)	(40)
	(1)	(2) Historia	(3) al Base Ye	(4)	(5)	(6) ediate Yea	(7)	(8)	(9) d rate Ye	(10)
Line		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted		ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
110.	WATER	Dalarice		Amount	Datarice	/0	Amount	Dalarice	70	Amount
	Cash									•
1	Water Treatment Equipment	14	0.00%	0	14	0.00%	0	14	0.00%	0
2	Meter Fees	123	0.00%	Õ	206	0.00%	ŏ	313	0.00%	Ō
3	Main Extension Charge	5	0.00%	Ō	16	0.00%	0	26	0.00%	0
4	Service Installation Fees	0	0.00%	0	0	0.00%	Ō	3	0.00%	0
5	Total Cash	142	•	0	235		0	356	-	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	142		0	235		0	356		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	10	0.00%	0
17	Total Cash		•	0	0	•	Ö	10	•	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 26	Reuse Transmission & Dist Mains Other Plant Misc Equip	0 0	0.00% 0.00%	0	0 0	0.00% 0.00%	0	0	0.00% 0.00%	0
	• •									0
27	Total Property	0		0	0		0	0	_	-
28	Total Sewer	0		0	0		0	10		0

Net Depreciation Expense - Water

Florida Public Service Commission

Village Water

Schedule:

B-13

Revision 2

Docket No. 060368-WS

Page: Preparer: 1 of 3 Jack Schreyer

Schedule Year Ended: 12/31/2005 Historical [X] Projected []

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

		(1)	(5) Dei	(6) preciation Expe	(7)	(8)	(9) Used &
		-	2005	production Expo	Adjusted	Used &	Useful
Line			Per	Utility	Depreciation	Useful	Depreciation
No.		Account No. and Name	Books	Adjustments	Expense	%	Expense
1	INTANG	BIBLE PLANT	DOOKS	Adjustments	Expense	70	Expense
2	301.1	Organization	0	0	0	100 00%	0
3	302.1	Franchises	0		0	100.00% 100.00%	0
			40	(0)	40		40
4	339.1	Other Plant & Misc. Equipment	0	0	0	100.00%	0
5		E OF SUPPLY & PUMPING PLANT	_	•	_	100.000/	
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	ō	ő	100.00%	Ö
19	311.3	Pumping Equipment	7	1	8	100.00%	8
20	320.3	Water Treatment Equipment	0	Ö	0	100.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0	-		
22		MISSION & DISTRIBUTION PLANT	U	U	0	100.00%	0
	303.4		•	^	_	400 000/	•
23		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	GENER/	AL PLANT					
34	303.5	Land & Land Rights	0	0	0	100.00%	0
35	304.5	Structures & Improvements	Ō	Ō	0	100.00%	Ö
36	340.5	Office Furniture & Equipment	ō	Ŏ	ő	100.00%	ŏ
37	340.51	Computer Equipment	ő	74	74	100.00%	74
38	341.5	Transportation Equipment	0	, <u>, ,</u>	70	100.00%	,4
39	342.5	Stores Equipment	0	Ö	0		
40	343.5		0	0	_	100.00%	0
-	344.5	Tools, Shop & Garage Equipment	_		0	100.00%	0
41		Laboratory Equipment	0	0	0	100.00%	0
42	345.5	Power Operated Equipment	2,573	(0)	2,573	100.00%	2,573
43		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				<u> </u>

Florida Public Service Commission

Village Water Docket No. 060368-WS

Docket No. 060368-WS
Schedule Year Ended: 12/31/2005

Historical [X] Projected []
Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Schedule: B-14 Revision 2

Page: 1 of 3
Preparer: Jack Schreyer

Line							Used &
Line			2005		Adjusted	Used &	Useful
A		Assessed No. and None	Per	Utility	Depreciation	Useful	Depreciation
<u>No.</u> 1	INTANC	Account No. and Name	Books	Adjustments	Expense	%	Expense
2	351.1	Organization	0	57	57	100.00%	57
3	352.1	Franchises	0	0	0	100.00%	ő
4	389.1	Other Plant & Misc. Equipment	Ö	Ō	ő	100.00%	ō
5	COLLEC	CTION 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	364.2 365.2	Flow Measuring Devices	0	0 11	0	100.00%	0 11
14 15	389.2	Flow Measuring Installations Other Plant & Misc. Equipment	0	0	11 0	100.00% 100.00%	0
		I PUMPING PLANT	U	U	U	100.0076	U
	353.3	Land & Land Rights	0	0	0	100.00%	0
	354,3	Structures & Improvements	77	(77)	Ö	78.38%	ŏ
19		Power Generation Equipment	6,531	(6,531)	Ö	78.38%	ő
	370.3	Receiving Wells	0,001	77	77	78.38%	60
21	371.3	Pumping Equipment	ō	6,531	6,531	78.38%	5,119
22	389.3	Other Plant & Misc. Equipment	Ó	. 0	Ö	78.38%	. 0
23	TREATM	MENT 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
	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
	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		MED WATER TREATMENT PLANT	_		_	400.000/	
	353.5.	Land & Land Rights	0	(211)	0	100.00%	0
	354.5 355.5	Structures & Improvements	211	(211) 0	0	100.00% 100.00%	0
	371.5	Power Generation Equipment Pumping Equipment	0	212	212	100.00%	212
	374.5	Reuse Distribution Reservoirs	0	0	0	100.00%	0
	380.5	Treatment & Disposal Equipment	0	Ö	Ö	100.00%	ő
38	381.5	Plant Sewers	0	ŏ	Ö	100.00%	ő
39	389.5	Other Plant & Misc. Equipment	0	ō	ō	100.00%	ō
40		MED 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
		Reuse Transmission & Distr. Sys.	0	0	0	100.00%	0
		Other Plant & Misc. Equipment	0	0	0	100.00%	0
		AL PLANT		•		400.000/	•
	353.7	Land & Land Rights	0	266	0	100.00%	0 266
	354.7 390.7	Structures & Improvements Office Furniture & Equipment	0	266 0	266	100.00% 100.00%	200
	390.71	Office Furniture & Equipment Computer Equipment	0	14	0 14	100.00%	14
	390.7	Transportation Equipment	0	0	0	100.00%	0
	392.7	Stores Equipment	0	0	0	100.00%	0
	393.7	Tools, Shop & Garage Equipment	0	ő	0	100.00%	ő
	394.7	Laboratory Equipment	ō	ő	ő	100.00%	ŏ
	395.7	Power Operated Equipment	ō	ō	ō	100.00%	ō
	396.7	Communication Equipment	3,410	(3,410)	ō	100.00%	Ō
61	397.7	Miscellaneous Equipment	0	0	0	100.00%	0
	398.7	Other Tangible Plant	Ö	3,410	3,410	100.00%	3,410
63		TOTAL DEPRECIATION EXPENSE	14,465	1,119	15,584		13,096
		Composite NU&U Rate	0	0	0	84.04%	0
64		(LESS) AMORTIZATION OF CIAC	LJ.	1.1	LJ.		U
64 65		(LESS) AMORTIZATION OF CIAC NET DEPRECIATION EXPENSE - SEWER	14,465	1,119	15,584		13,098

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

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 Description Passessmet Payroll & Personal Taxas Property Other Total Supporting Schedules		(1)	(2) Regulatory	(3)	(4) Real Estate	(5)	(6)	(7)
1 Test Year (2005) Per Books 5,095 926 1,220 7,241 E-2w, B-5, A-2 Adjustments to Test Year (Explain) 3 Payroll Tax Adjustment	No.		Assessment Fees (RAFs)	Taxes	& Personal Property	Other	Total	
2 Adjustments to Test Year (Explain) 3 Payroll Tax Adjustment @ 0.00% 0 0 0 0 0 0 0 0 0			E 00E	020	4 220		7 0 4 4	E 2111 P.5 A.5
3 Payroll Tax Adjustment 0		•	5,095	920	1,220		7,241	E-2W, D-5, A-5
5 Total Test Year Adjustments 0 0 0 0 7.241 6 Adjusted Test Year (2005) 5,095 926 1,220 0 7,241 7 Adjustments to Intermed. Year (Explain) 8 RAF Adjustment 45 E-13 8 Payroll Tax Adjustment (260) C70 C77 A-5 10 Plant in Service Adjustment (260) 0 0 0 11 Non-UBU Adjustment @ 0.00% 5,140 656 1,193 0 6,999 13 Adjusted Intermed. Year (2006) 5,140 656 1,193 0 6,999 14 Adjustments to Projected Rate Year (Explain) 5 656 1,193 0 6,999 15 RAF Adjustment 1,182 1,182 1,182 1,182 9-6 16 Payroli Tax Adjustment 1,182 1,985 1,985 1,985 1,985 16 Payroli Tax Adjustment @ 0.00% 1,182 1,985 1,985 1,985 1,985 18 Non-UBU Adjustment @ 0.00% 1,184 1,985 0 1,0201 1,182	3	Payroll Tax Adjustment		0	_			B5
6 Adjusted Test Year (2005) 5,095 926 1,220 0 7,241 7 Adjustments to Intermed. Year (Explain) 8 RAFAQiustment 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 0 0 12 Total 2006 Adjustments 45 (260) (27) 0 (242) 14 Adjustments to Projected Rate Year (Explain) 5 (260) (27) 0 (242) 14 Adjustments to Projected Rate Year (Explain) 5 5 666 1,193 0 6,999 14 Adjustments to Projected Rate Year (Explain) 5 5 5 5 E-13 15 Payroll Tax Adjustment 1,182 1,965 1,182 B-5 17 Plant in Service Adjustment 1,182 1,965 0 3,202 17 Plant in Service Adjustment 1,182 1,965 0 3,202 17 Total Projected Rate Year (2007) 5,155 1,827 3,158								-
Adjustments to Intermed. Year (Explain) 8 RAF Adjustment 45 (260) (270) (260) 8-5 (270) (270			<u> </u>					-
8 FAF Adjustment 45 45 E-13 9 Payroll Tax Adjustment (260) (27) A5 10 Plant in Service Adjustment (27) 0 Q27 A5 11 Non-U&U Adjustment © 0.00% 0	7	` ,			•			
Plant in Service Adjustment (27)		• • • • • • • • • • • • • • • • • • • •	45				45	E-13
11 Non-U&U Adjustment @ 0.00%				(260)				
12 Total 2006 Adjustments		Plant in Service Adjustment						A-5
13 Adjustments to Projected Rate Year (Explain) 1.182				(260)				_
Adjustments to Projected Rate Year (Explain) 15 RAF Adjustment 55 1,182 1,985 1,985 1,985 A-5 Payroll Tax Adjustment 0.00% 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								_
15 RAF Adjustment 1,182 1,182 1,182 1,182 8-5 17 Plant in Service Adjustment 1,182 1,965 1,9				. 555	.,	J	0,000	
1.							55	F-13
Plant in Service Adjustment			00	1,182				
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 RAFs Assoc. with Revenue Increase 4,965 4,965 4,965 22 Total Projected Rate Year (2007) 10,160 1,847 3,158 0 15,166 22 Total Projected Rate Year (2007) 10,160 1,847 3,158 0 15,166 25 3,158 27 27 27 27 27 27 27 2		Plant in Service Adjustment		•	1,965			A-5
Adjusted Projected Rate Year (2007) 5,195 1,847 3,158 0 10,201								-
21 RAFs Assoc with Revenue Increase 4,965 2.7 Total Projected Rate Year (2007) 10,160 1,847 3,158 0 15,166								_
Sewer				1,847	3,158	U		B-3
Test Year (2005) Per Books				1,847	3,158	0		_
Adjustments to Test Year (Explain) 25 Payroll Tax Adjustment 0 0 0 0 0 0 0 0 0			4 702	4 224	9 242		14 156	E 20 D 6 A 6
25 Payroll Tax Adjustment @ Non-U&U Adjustment @ 13.65% 0 (1,121) 0 (1,121) 0 (1,121) 26 Non-U&U Adjustment @ 13.65% 0 0 (1,121) 0 (1,121) 0 (1,121) 27 Total Test Year Adjustments 0 0 (1,121) 0 (1,121) 0 (1,121) 28 Adjustment & Vear (Explain) 47 7,092 0 13,035 29 Adjustments to Intermed. Year (Explain) 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 26 34 Total 2006 Adjustments 47 (227) (155) 0 (335) 35 Adjustments to Projected Rate Year (Explain) 37 RAF Adjustment 0 6,937 0 12,701 36 Payroll Tax Adjustment 612 612 612 B-6 39 Plant in Service Adjustment 612 612 B-6 39 Plant in Service Adjustment 61			4,723	ا ککرا .	0,213		14,100	E-25, B-0, A-0
Non-U&U Adjustment @ 13.65% (1,121) (1,121)				0			0	R-6
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) 47 47 E-2 30 RAF Adjustment (227) (227) B-6 31 Payroll Tax Adjustment (181) (181) A-6 32 Plant in Service Adjustment @ 14.45% 26 26 33 Non-U&U Adjustment @ 14.45% 26 26 34 Total 2006 Adjustments 47 (227) (155) 0 (335) 35 Adjustments to Projected Rate Year (Explain) 37 RAF Adjustment 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				J	(1.121)		-	
Adjustments to Intermed. Year (Explain) RAF Adjustment 47 E-2		•		0	(1,121)	Ö		
30 RAF Adjustment 47 E-2 31 Payroll Tax Adjustment (227) B-6 32 Plant in Service Adjustment (181) (181) A-6 33 Non-U&U Adjustment @ 14.45% 26 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) 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) (2,374) 41 Total 2007 Adjustments 0 612 10,851 0 11,463 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3	28	Adjusted Test Year (2005)	4,723	1,221	7,092	0	13,035	-
Payroll Tax Adjustment Carried Service	29	Adjustments to Intermed. Year (Explain)						
Plant in Service Adjustment			47					
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) 0 37 RAF Adjustment 0 0 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 Adjustments Adjusted Projected Rate Year (2007) 0 612 10,851 0 11,463 42 RAFs Assoc. with Revenue Increase 6,306 B-3				(227)	(101)			
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) 0 0 E-2 37 RAF Adjustment 612 612 B-6 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) (2,374) 41 Total 2007 Adjustments 0 612 10,851 0 11,463 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3								A-6
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) (2,374) 41 Total 2007 Adjustments 0 612 10,851 0 11,463 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3		•		(227)		0		-
37 RAF Adjustment 0 E-2 38 Payroll Tax Adjustment 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 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3								<u>-</u>
37 RAF Adjustment 0 E-2 38 Payroll Tax Adjustment 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 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3					•		•	
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 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3		•	,				0	E-2
40 Non-U&U Adjustment @ 17.95% (2,374) (2,374) 41 Total 2007 Adjustments Adjusted Projected Rate Year (2007) 0 612 10,851 0 11,463 0 11,463 42 RAFs Assoc. with Revenue Increase 6,306 6,306 B-3		Payroll Tax Adjustment		612			612	
41 Total 2007 Adjustments 0 612 10,851 0 11,463 Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 6,306 B-3								
Adjusted Projected Rate Year (2007) 4,770 1,606 17,788 0 24,163 42 RAFs Assoc. with Revenue Increase 6,306 B-3				640				<u>-</u>
42 RAFs Assoc. with Revenue Increase 6,306 B-3	41							-
	42			1,000	17,700	U		B-3
TO 101011 10100100 17010 1001 1 11,010 1.000 17.700 0 30.403	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

Schedule:

F-5 1 of 1 Revision 2

Page: 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 treatment plant(s) for the historical test year and the projected test year (if applicable).

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

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

STORAGE

0.0.						
	Average 5			Interim	Interim	Permanent
Line	Max Day	Peak Hour	Reliable	Storage U&U	Storage U&U	Storage U&U
No.	Demand	A5MDD X 2	Storage	Calculated	Used	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

1 of 1 Page:

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				Interim Average	Permanent Average							Interim		Permanent	
	Daily Flow		Interim	Permanent	Daily Flow	Daily Flow	Treatment	Interim		Treatment		Effluent	Effluent	Interim	Effluent	Permanent
	in Max	1&1	Margin	Margin	in Max	in Max	Plant	Treatment	Interim	Permanent	Permanent	Disposal	Disposal	Effluent	Disposal	Effluent
Line	Month	Demand	Reserve	Reserve	Month	Month	Capacity	U&U	Treatment	U&U	Treatment	Capacity	U&U	Disposal	U&U	Disposal
No.	(GPD)	Adjustmnt	Ratio	Ratio	(GPD)	(GPD)	(GPD)	Calculated	U&U Used	Calculated	U&U Used	(GPD)	Calculated	U&U Used	Calculated	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 Infiltra	ation Calcu	lations	····			Composite Treatment & Effluent
Line	Sold	85% of Sold	Treated		I&I Pct Over	•	Composite Composite Interim Permanent Treatment & Treatment & Effluent Effluent
No.	(GPD)	(GPD)	(GPD)	1&I Pct	15%	(GPD)	U&U
2	78,770	66,954	53,825	N/A	0%	-	78.93% 79.60%

Used and Useful Calculations Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Schedule:

F-7 1 of 1 Revision 2

Village Water

Docket No. 060368-WS

Schedule Year Ended December 31 of:

Page: Preparer:

John F. Guastella

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.

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

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

SCHEDULE TITLE	Revision 2 SCHEDULE NUMBER	PAGE NUMBER
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
ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES	_	
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: Preparer: 1 of 1

Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

	(1)	(2)	(3)	(4)	(5)	(6)
Line		Present	Interim		Present	Interim
No.	Class/Meter Size	Rates	Rates	Class/Meter Size	Rates	Rates
	WATER		15.40%	SEWER		0.00%
1	Residential			Residential		0
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	Gallonage, Block 1	2.72	3.14	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"	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	Gallonage charge	2.72	3.14	Gallonage 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 1 of 1 Revision 2

Page: Preparer:

Jack Schreyer

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

	(1)	(2) Adjusted	(3) Adjustments	(4) Adjustments	(5) Interim	(6)
Line No.	Description	Balance 12/31/2005	for Non-U&U	Last Rate Case	Rate Base	Supporting Schedule(s)
WAT		12/01/2000	14011-040	i tate Gase	Dasc	Ochicadic(s)
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	
SEW	/ER					
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	NΑ	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 [X] Projected [] Water [X] Sewer [X] Schedule:

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Revision 2

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Jack Schreyer

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

	(1)	(2)	(3)
Line		Interim	Interim
No.	Description	Water	Sewer
	USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR	RINTERIM RATE PL	IRPOSES
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 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]

22 NET OPERATING INCOME

23 RATE BASE

24 RATE OF RETURN

Schedule:

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Revision 2

Page: Preparer: 1 of 1

Jack Schreyer

	(1)	(2)	(3) Adjustments	(4)	(5)		(6)	(7) Requested	(8)	(9)
Line		Utility Adjusted	for	Utility Interim	Adjusted In	nterim	Interim	Interim	Supporting	%
No.	Description	Test Year	Non-U&U	Adjustments	Test Ye	ear	Increase	Revenues	Schedules	Increase
Wate	er							**		
1	Water Sales Revenues	72,488		0	7:	2,488	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	7	2,803	11,164	83,967		15.34%
4	Operation & Maintenance	42,086		0	4	2,086	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	6	4,548	2,315	66,863		
10	NET OPERATING INCOME	5,657	2,598	0		8,255	8,849	17,104		
11	RATE BASE	224,507			22	4,507		224,507	A-1	
12	RATE OF RETURN	2.52%			=	3.68%	:	7.62%	:	
Sew	er									
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	•	

A-2

0

NA

0

0

0

NA

0

0

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:

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1 of 1

Preparer: Jack Schreyer

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

	(1)	(2)	(3)
Line	Description	Interim	Interim
No.	Description USED & USEFUL ADJUSTMENT TO 2009	Water	Sewer
	USED & USEFUL ADJUSTIMENT TO 2008	O LEGI TEAR	
1	Depreciation Expense for Interim Rate purposes	(2,043)	NA
2	For Water details see schedules B-13, F-5	5, and F-7	
3	For Sewer details see schedules B-14, F-6	6, and F-7	
4			
5	Property Taxes for Interim Rate purposes	(554)	NA
6	For details see schedule B-15		
	UTILITY PROJECTED REVENUE REQUI	REMENT 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		(50.400)	•
21	Less Operating Expenses Before Income Taxes	(59,436)	0
22	Less Interest Expense	(5,277)	0
23	Taxable Income Income Tax at Composite Rate of 38.58%	19,254	0
24 25	Income Tax at Composite Rate of 38.58% Less Income Tax at Present Rates	7,427 (5,779)	0
25 26	ress infollio 1 dy at Liescut Lydias	(0,1(8)	
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 [X] Sewer [X] Schedule:

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Revision 2

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	(1)	(2) Reconciled	(3)	(4)	(5) Weighted	(6)	(7)
Line		To Requested		Cost	Cost		Supporting
No.	Class of Capital	Rate Base	Ratio	Rate	Rate	Cost	Schedules
WAT	TER						
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	
SEW	VER						
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%	ō	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%	Ó	D-2
12	Customer Deposits	0	0.00%	6.00%	0.00%	Ō	D-2
13	Accumulated Deferred Income Taxes	0	0.00%	0.00%	0.00%	Ō	D-2
14	Total	0	0.00%	_	0.00%	0	

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

Schedule:

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Revision 2

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1 of 5 Robert M. Griffin Preparer:

Docket No. 060368-WS
Test Year Ending December 31 of Historical 2005, Projected 2006 & 2007

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

		(1)	(2) (3) (4) Historical Base Year 2005		(5) (6) (7) Intermediate Year 2006			(8) (9) (10) Projected Rate Year 2007			
Line	Acct		Adjusted		ed & Useful	Adjusted		d & Useful	Adjusted		ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1	INTANG	SIBLE PLANT				-					
2	301.1	Organization	0	0.00%	٥	0	0.00%	اه	0	0.00%	0
3	302.1	Franchises	1,760	0.00%	ŏ	1,760	0.00%	ő	1,760	0.00%	ŏ
4	339.1	Other Plant & Misc. Equipment	0,,,00	0.00%	ŏ	1,,00	0.00%	ŏ	1,700	0.00%	ŏ
5		E OF SUPPLY & PUMPING PLANT	•	0.2070	-	•	0.0070	•		0,0070	•
6	303.2	Land & Land Rights	0	0.00%	oi	0	0.00%	٥	423	0.00%	0
7	304.2	Structures & Improvements	11,820	59.22%	7,000	11,999	0.00%	ō.	14,048	0.00%	Ō
8	305.2	Collect. & Impound Reservoirs	0	59.22%	0	0	0.00%	ò	0	0.00%	Ō
9	306.2	Lake, River & Other Intakes	0	59.22%	o	0	0.00%	اه	Ō	0.00%	Ō
10	307.2	Wells & Springs	3,819	59.22%	2,262	3,819	0.00%	ō	3,819	0.00%	Ō
11	308.2	Infiltration Galleries & Tunnels	0	59.22%	-,0	. 0	0.00%	ō	0,0	0.00%	ō
12	309.2	Supply Mains	0	59.22%	o i	0	0.00%	Ö	0	0.00%	Ō
13	310.2	Power Generation Equipment	35,710	59.22%	21,147	37.831	0.00%	ō	63,281	0.00%	Ŏ
14	311.2	Pumping Equipment	19,374	59.22%	11,473	19,374	0.00%	o l	19,374	0.00%	Ō
15	339.2	Other Plant & Misc. Equipment	0	59.22%	0	0	0.00%	ŏ	0	0.00%	Ō
16	WATER	TREATMENT PLANT									-
17	303.3	Land & Land Rights	1,867	0.00%	o	1,867	0.00%	ol	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	Ō	0.00%	Ó
20	320.3	Water Treatment Equipment	0	0.00%	0	0	0.00%	o	0	0.00%	0
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	Ô	Ō	0.00%	Ō
22	TRANSI	MISSION & 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%	٥	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		AL PLANT				!		1			
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%	٥	0	0.00%	0
46	TOTA	AL	380,974	-	52,245	388,417	-	10,092	440,221		10,948
	Total L	and and Land Rights	1,867	-	0	1,867	_	٥	2,290		0

Test Year Ending December 31 of Historical 2005, Projected 2006 & 2007

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Preparer: Robert M. Griffin

		Provide the Average Sewer Plant in Servi (1)	(2)	(3) i Base Ye	(4)	(5)	(6) ediate Yea	(7) or 2006	(8)	(9) d Rate Ye	
Line	Acct	•	Adjusted	Non-Us	ed & Useful	Adjusted	Non-Us	ed & Useful	Adjusted	Non-Us	ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%_	Amount
1		IBLE PLANT			1			_ 1	_		_
2	351.1	Organization	0	0.00%	0	0	0.00%	<u> </u>	0	0.00%	0
3	352.1	Franchises	0	0.00%	0	0	0.00%	္နဲ	0	0.00%	0
4	389.1	Other Plant & Misc. Equipment	0	0.00%	٥	0	0.00%	١٥	0	0.00%	0
5		CTION PLANT	0	0.00%	٥	0	0.00%	اه	0	0.00%	0
6 7	353.2 354.2	Land & Land Rights Structures & Improvements	0	0.00%	o l	0	0.00%	ŏl	0	0.00%	0
8	355.2	Power Generation Equipment	0	0.00%	ŏ	ő	0.00%	ől	Ö	0.00%	Ō
9	360.2	Collection Sewers - Force	ŏ	0.00%	ŏl	ŏ	0.00%	ŏÌ	ō	0.00%	Ō
10	361.2	Collection Sewers - Gravity	ŏ	0.00%	ŏ	ō	0.00%	ō	ō	0.00%	0
11	362.2	Special Collecting Structures	ō	0.00%	o l	Ō	0.00%	ō	0	0.00%	0
12	363.2	Services to Customers	ō	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	M PUMPING PLANT			1			1			
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%	٥١	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%	<u> </u>	0	0.00%	0
22	389.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		MENT AND DISPOSAL PLANT	_				0.000/		•	0.000/	•
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% 0.00%	0
26	355.4	Power Generation Equipment	0	0.00%	0	0	0.00% 0.00%	ő	0	0.00%	0
27	380.4	Treatment & Disposal Equipment	0	0.00%	0	0	0.00%	ő	0	0.00%	0
28	381.4	Plant Sewers	0	0.00% 0.00%	ő	0	0.00%	ől	0	0.00%	0
29	382.4	Outfall Sewer Lines	0	0.00%	Ö	0	0.00%	ő	0	0.00%	0
30	389.4	Other Plant & Misc. Equipment MED WATER TREATMENT PLANT	U	0.00%	~ i		0.00%	~ I	· ·	0.0076	
31 32	_	Land & Land Rights	٥	0.00%	٥	o	0.00%	٥	0	0.00%	0
33	354.5	Structures & Improvements	0	0.00%	ŏ	Ö	0.00%	ŏ	ő	0.00%	Ö
34	355.5	Power Generation Equipment	0	0.00%	ŏ	٥	0.00%	ŏ	ŏ	0.00%	Ö
35	371.5	Pumping Equipment	0	0.00%	ŏ	ŏ	0.00%	ŏ	ő	0.00%	Ŏ
36	374.5	Reuse Distribution Reservoirs	ō	0.00%	ŏ	Ö	0.00%	ŏ	ō	0.00%	Ŏ
37	380.5	Treatment & Disposal Equipment	ō	0.00%	ŏ	0	0.00%	o l	Ō	0.00%	Ö
38	381.5	Plant Sewers	ō	0.00%	ō	Ö	0.00%	ō	0	0.00%	O
39	389.5	Other Plant & Misc. Equipment	ō	0.00%	o l	0	0.00%	0	0	0.00%	0
40		MED WATER DISTRIBUTION PLANT	_		-			ſ			
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%	٥	0	0.00%	C
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%	Q
49	389.6	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
50		AL PLANT			_	_			_		_
51		Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
52		Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	C
53		Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	C
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00% 0.00%	
55		Transportation Equipment	0	0.00%	0	0	0.00% 0.00%	0	0	0.00%	(
56		Stores Equipment	0	0.00% 0.00%	0	0	0.00%	0	0	0.00%	(
57		Tools, Shop & Garage Equipment	0	0.00%	0	0	0.00%	٥	0	0.00%	
58		Laboratory Equipment Power Operated Equipment	0	0.00%	0	0	0.00%	ő	0	0.00%	Č
59 60		Communication Equipment	0	0.00%	0	0	0.00%	٥	0	0.00%	(
61	396.7 397.7	Miscellaneous Equipment	0	0.00%	ŏ	0	0.00%	ŏl	0	0.00%	(
62		Other Tangible Plant	0	0.00%	0	Ĭ	0.00%	ő	0	0.00%	(
02	J90./	Outer rangible Flant	J	3,00%	١ .	ľ	J.00 /0	· · · · · · · · · · · · · · · · · · ·	3	3.5076	,
63	тот	AL	0		0				0	•	
50	,01	· · -	<u>_</u>				- :			:	
					0	0		o	0		C

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:

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Revision 2

1 of 5 Page: 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) cal Base Yea	(4) or 2005	(5)	(6) ediate Yea	(7) r 2006	(8) Projecte	(9) d Rate Ye	(10) ar 2007
Line	Acct		Adjusted	Non-Used		Adjusted		d & Useful	Adjusted		ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
140.	140.	Account Name	Dalatice		Amount	Dalance	70	Aniount	Datatics		Amount
1	INTANC	IBLE PLANT			- (
2	301.1	Organization	0	0.00%	0	0	0.00%	o	0	0.00%	0
3	302.1	Franchises	709	0.00%	ŏ	753	0.00%	ő	797	0.00%	ŏ
4	339.1	Other Plant & Misc. Equipment	0	0.00%	ő	, 50	0.00%	ŏ	, 0,	0.00%	o o
5		E OF SUPPLY & PUMPING PLANT	U	0.0078	١	•	0.0076	· ·		0.00 /0	•
6	303.2	Land & Land Rights	0	0.00%	o l	o	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	7,250	59.22%	4,294	7.559	0.00%	o l	7,249	0.00%	ō
8	305.2	Collect. & Impound Reservoirs	7,250	59.22%	7,237	7,000	0.00%	o	7,240	0.00%	ŏ
9	306.2	Lake, River & Other Intakes	0	59.22%	ŏ	Ö	0.00%	0	0	0.00%	ŏ
10	307.2	Wells & Springs	1,646	59.22%	975	1,774	0.00%	ő	1,901	0.00%	ő
11	308.2	Infiltration Galleries & Tunnels	0	59.22%	8,0	1,,,,	0.00%	0	1,501	0.00%	Ö
12	309.2	Supply Mains	0	59.22%	ő	0	0.00%	٥	0	0.00%	ő
13	310.2	Power Generation Equipment	18,630	59.22%	11,032	19,314	0.00%	a	8,576	0.00%	a
	311.2		14,616	59.22%	8,655	15.584	0.00%	0	16,553	0.00%	Õ
14	339.2	Pumping Equipment	14,010	59.22%	0,000	15,564	0.00%	0	10,555	0.00%	0
15		Other Plant & Misc. Equipment	U	39.22%	٧	U	0.00%	U	U	0.00%	U
16		TREATMENT PLANT	•	0.00%		0	0.00%	o	0	0.00%	0
17	303.3	Land & Land Rights	0	0.00%	0	. 0		0	. 0	0.00%	٥
18	304.3	Structures & improvements	0		٥	0	0.00%	0	0	0.00%	0
19	311.3	Pumping Equipment	-	0.00%	0	0	0.00%	٥	0	0.00%	ů
20	320.3	Water Treatment Equipment	0	0.00%	-	_	0.00%	0	0		D
21	339.3	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	U	U	0.00%	U
22		MISSION & DISTRIBUTION PLANT		0.000/			0.000/	•	_	0.000/	^
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%		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		AL PLANT			_ 1			_			_
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	TOTA	AL	139,574	-	29,222	149,481	-	4,251	146,221		4,391
	Total I	and and Land Rights	0		0	0		0	0	`	0
		The same and the same		=		<u>_</u>	=			;	

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: Preparer: 1 of 5 Robert M. Griffin

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Line	Acct		Adjusted	Non-Use	d & Useful	Adjusted	Non-Use	ed & Useful	Adjusted	ed Rate Ye	ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1		IBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3 4	352.1 389.1	Franchises Other Plant & Misc. Equipment	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
5		CTION PLANT	U	0.00%	U	,	0.00%	U	ľ	0.00%	Ü
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	٥	0.00%	0
7	354.2	Structures & Improvements	ō	0.00%	ŏ	ő	0.00%	ŏ	Ō	0.00%	ō
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	٥	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 Flow Measuring Devices	0	0.00%	0	0	0.00%	0	0	0.00%	0
13 14	364.2 365.2	Flow Measuring Installations	0	0.00% 0.00%	0	0	0.00% 0.00%	0	٥	0.00% 0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	٥	Ö	0.00%	0	١	0.00%	0
16		PUMPING PLANT	J	0.0070	U	ľ	0.0076	·	ľ	0.0076	J
17	353.3	Land & Land Rights	0	0.00%	0	٥	0.00%	٥	٥	0.00%	0
18	354.3	Structures & Improvements	0	0.00%	0	0	0.00%	Ō	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	٥	0.00%	0
23		MENT AND DISPOSAL PLANT	•	0.000/		١ ,	0.000/	•	1 ,	0.000/	•
24 25	353.4 354.4	Land & Land Rights Structures & Improvements	0	0.00% 0.00%	0	0	0.00%	0	0	0.00%	0
26	355.4	Power Generation Equipment	٥	0.00%	0	}	0.00% 0.00%	0	l ő	0.00% 0.00%	0
27	380.4	Treatment & Disposal Equipment	å	0.00%	0	l ő	0.00%	a	l	0.00%	ā
28	381.4	Plant Sewers	0	0.00%	0	l š	0.00%	0	١	0.00%	0
29	382.4	Outfall Sewer Lines	Ō	0.00%	Ö	٥	0.00%	ō	ō	0.00%	ō
30	389.4	Other Plant & Misc. Equipment	٥	0.00%	0	0	0.00%	0	0	0.00%	0
31	RECLA	MED 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	371.5 374.5	Pumping Equipment Reuse Distribution Reservoirs	0	0.00% 0.00%	0	0	0.00%	0	0	0.00% 0.00%	0
36 37	374.5 380.5	Treatment & Disposal Equipment	0	0.00%	0	١	0.00% 0.00%	0	٥	0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	l ö	0.00%	0	Ĭ	0.00%	Ö
39	389.5	Other Plant & Misc. Equipment	. 0	0.00%	Ö	Ö	0.00%	Ö	Ĭ	0.00%	ŏ
40		MED WATER DISTRIBUTION PLANT			·	Ĭ	0.0070	•	_	0.0070	_
41	352.6	Franchises	0	0.00%	0	0	0.00%	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	367.6 371.6	Reuse Meters & Meter Installations	0	0.00%	0	0	0.00%	0	0	0.00%	0
47 48	375.6	Pumping Equipment Reuse Transmission & Distr. Sys.	. 0	0.00% 0.00%	0	Ö	0.00% 0.00%	. 0	0	0.00% 0.00%	0
49	389.6	Other Plant & Misc. Equipment	.0	0.00%	0	Ĭ	0.00%	0	Ö	0.00%	0
50		AL PLANT	·	0.0070	v	ľ	0.0070	v	Ĭ	0.0070	, •
51		Land & Land Rights	0	0.00%	0		0.00%	0	l o	0.00%	0
52	354.7	Structures & Improvements	0	0.00%	0	0	0.00%	0	٥	0.00%	0
53	390.7	Office Furniture & Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
54		Computer Equipment	0	0.00%	0	٥	0.00%	0	٥	0.00%	0
55	391.7	Transportation Equipment	0	0.00%	. 0	(0	0.00%	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 50	394.7 305.7	Laboratory Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
59 60	395.7 396.7	Power Operated Equipment Communication Equipment	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
61		Miscellaneous Equipment	0	0.00%	0	0	0.00%	0	١	0.00%	0
62		Other Tangible Plant	0	0.00%	Ö	l ö	0.00%	0	Ĭ	0.00%	ő
		/		2.2270	•)	2.5570)	/0	•
63	TOTA	AL.	0		0	0		0	Ó	•	0
64	Total L	and and Land Rights	0		0	0	•	0	0		0
• 1			<u>`</u>				: :				

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: Preparer: 1 of 5 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)		(3) al Base Ye			(6) ediate Yea			(9) ed Rate Ye	
Line		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted		ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
	WATER			ľ			ŀ			
	Cash CIAC:			1			4			
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:			ļ						
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	Ō	0.00%	ō	Ö	0.00%	ő	Ō	0.00%	Ō
9	Meters/Meter Installation	Õ	0.00%	ō	Ō	0.00%	ŏ	Ō	0.00%	Ō
10	Hydrants	0	0.00%	ŏ	Õ	0.00%	ő	Ŏ	0.00%	0
11	Total Property CIAC		-	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	Ō	0.00%	o l	Õ	0.00%	ō	Ö	0.00%	0
15	Main Extension Charge	Ō	0.00%	o l	Õ	0.00%	o l	Ō	0.00%	0
16	Service Installation Fees	Ō	0.00%	Ö	Ō	0.00%	Ō	0	0.00%	0
17	Total Cash CIAC	0	-	0	0	-	0	0	-	0
	Property CIAC:			ļ			ļ			
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	Ō	0.00%	o l	0	0.00%	o l	Ō	0.00%	0
21	Services to Customers	Ō	0.00%	ō	0	0.00%	ő	0	0.00%	0
	Lift Stations	Ö	0.00%	ŏl	ő	0.00%	ŏ	ő	0.00%	ő
23	Pumping Equipment	0	0.00%	ŏ	0	0.00%	ŏ	ő	0.00%	ő
24	Reuse Services	0	0.00%	ŏ	0	0.00%	ŏ	0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	ő	0	0.00%	ő	0	0.00%	0
26	Other Plant Misc Equip	0	0.00%	0	0	0.00%	ő	0	0.00%	0
27	Total Property CIAC		-	0		-	0	0	-	0
28	Total Sewer CIAC		-			_			-	0
20	TOTAL SEWEL CIAC		_		<u> </u>	_			=	<u> </u>

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: Preparer: 1 of 5

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) Base Ye	(4) ar 2005	(5) Interme	(6) dlate Yea	(7) r 2006	(8) Projecte	(9) d rate Ye	(10) ar 200 7
Line		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted		ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
	WATER	Dalarios		7						
	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% 0.00%	0	0	0.00% 0.00%	0
9	Meters/Meter Installation	0	0.00% 0.00%	0	0	0.00%	ő	0	0.00%	0
10	Hydrants	0	0.00%	U	U	0.00%	ا	U	0.00%	U
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%	o i	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						ļ			
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
					•					

Net Depreciation Expense - Water

Florida Public Service Commission

Piney Woods

Docket No. 060368-WS Schedule Year Ended: 12/31/2005

Historical [X] Projected []

Schedule:

B-13

Revision 2

Page:

1 of 3

Preparer: Jack Schreyer

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

		(1)	(5)	(6) preciation Expe	(7)	(8)	(9) Used &
		-	2005	production Expe	Adjusted	Used &	Useful
Line		•	Per	Utility	Depreciation	Useful	Depreciation
No.		Account No. and Name	Books	Adjustments	Expense	%	Expense
1	INTANG	IBLE PLANT	DOUNG	Adjustification	Expense		LAPONIOC
2	301.1	Organization	0	0	0	100.00%	0
3	302.1	Franchises	Ö	44	44	100.00%	44
4	339.1	Other Plant & Misc. Equipment	Ö	Ö	0	100.00%	0
5		E OF SUPPLY & PUMPING PLANT	ŭ	ū	Ū	700.0070	•
6	303.2	Land & Land Rights	0	0	0	100.00%	0
7	304.2	Structures & Improvements	ō	358	358	40.78%	146
8	305.2	Collect. & Impound Reservoirs	ō	0	. 0	40.78%	0
9	306.2	Lake, River & Other Intakes	ō	Õ	Ŏ	40.78%	Ö
10	307.2	Wells & Springs	ō	127	127	40.78%	52
11	308.2	Infiltration Galleries & Tunnels	Ō	0	0	40.78%	ō
12	309.2	Supply Mains	ō	Õ	Ö	40.78%	Ö
13	310.2	Power Generation Equipment	ō	1,786	1,786	40.78%	728
14	311.2	Pumping Equipment	Ŏ	969	969	40.78%	395
15	339.2	Other Plant & Misc. Equipment	Ŏ	0	0	40.78%	0
16		TREATMENT PLANT	•	-	•		_
17	303.3	Land & Land Rights	0	0	0	100.00%	0
18	304.3	Structures & Improvements	ō	Ō	ō	100.00%	ō
19	311.3	Pumping Equipment	ō	ō	Ö	100.00%	Ö
20	320.3	Water Treatment Equipment	Ö	Ō	ŏ	100.00%	Ö
21	339.3	Other Plant & Misc. Equipment	ō	0	ō	100.00%	Ö
22		MISSION & DISTRIBUTION PLANT	•	•	ū		•
23	303.4	Land & Land Rights	0	0	0	100.00%	0
24	304.4	Structures & Improvements	Ō	Ō	ŏ	100.00%	Ŏ
25	311.4	Pumping Equipment	Ö	34	34	100.00%	34
26	330.4	Distr. Reservoirs & Standpipes	Ō	6,333	6,333	100.00%	6,333
27	331.4	Transm. & Distribution Mains	Õ	1,271	1,271	81.88%	1,041
28	333.4	Services	ō	120	120	100.00%	120
29	334.4	Meters & Meter Installations	ō	464	464	100.00%	464
30	335.4	Hydrants	Ō	0	0	81.88%	0
31	336.4	Backflow Prevention	0	0	Ō	100.00%	Ö
32	339.4	Other Plant & Misc. Equipment	Ō	Ō	Ō	100.00%	Ō
33	GENERA	AL PLANT			-		
34	303.5	Land & Land Rights	0	0	0	100.00%	0
35	304.5	Structures & Improvements	Ō	0	Õ	100.00%	Ö
36	340.5	Office Furniture & Equipment	ō	Ō	Ö	100.00%	Ō
37	340.51	Computer Equipment	Ö	69	69	100.00%	69
38	341.5	Transportation Equipment	Ō	0	0	100.00%	0
39	342.5	Stores Equipment	Ö	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		Communication Equipment	0	0	0	100.00%	0
44	347.5	Miscellaneous Equipment	Ó	0	Ō	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
47		Composite U&U Rate (LESS) AMORTIZATION OF CIAC	0	(568)	(568)	81.44%	(463)
40		NET DEDBECIATION EXPENSE WATER		11 000	11 009		9.064
48 49		NET DEPRECIATION EXPENSE - WATER Net Depr Expense Used & Useful	0	11,008	11,008	;	8,964

Florida Public Service Commission

B-14

Piney Woods

Schedule:

Revision 2

Docket No. 060368-WS Schedule Year Ended: 12/31/2005 Page: 1 of 3 Jack Schreyer Preparer:

Historical [X] Projected []
Explanation: Provide a

	Explanation: Provide a schedule of test year non-used a					
	(1)	(5)	(6) epreciation Expe	(7) Inse	(8)	(9) Used &
	-	2005	epiecialion Expe	Adjusted	Used &	Useful
Line		Per	Utility	Depreciation	Useful	Depreciation
No.	Account No. and Name	Books	Adjustments	Expense	%	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 NA
9	360.2 Collection Sewers - Force	NA	NA NA	NA	100.00%	NA NA
10	361.2 Collection Sewers - Gravity	NA	NA NA	NA NA	100.00%	NA NA
11	362.2 Special Collecting Structures	NA NA	NA NA	NA NA	100.00% 100.00%	NA NA
12 13	363.2 Services to Customers 364.2 Flow Measuring Devices	NA NA	NA NA	NA NA	100.00%	NA NA
14	365.2 Flow Measuring Installations	NA	NA NA	NA	100.00%	NA.
15	389.2 Other Plant & Misc. Equipment	NA NA	NA	NA NA	100.00%	NA
16	SYSTEM PUMPING PLANT	,,,,		147		
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%	NΑ
26	355.4 Power Generation Equipment	NA	NA	NA	100.00%	NA
27	380.4 Treatment & Disposal Equipment	NA	NA	NA	100.00%	NA
	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		NIA	214	400 000/	NA
32	353.5 Land & Land Rights	NA	NA NA	NA NA	100.00%	
33	354.5 Structures & Improvements	NA	NA NA	NA NA	100.00%	NA NA
34	355.5 Power Generation Equipment	NA	NA NA	NA NA	100.00% 100.00%	NA NA
35	371.5 Pumping Equipment	NA NA	NA NA	NA NA	100.00%	NA NA
36	374.5 Reuse Distribution Reservoirs 380.5 Treatment & Disposal Equipment	NA NA	NA NA	NA NA	100.00%	NA
37 38	381.5 Plant Sewers	NA	NA.	NA NA	100.00%	NA NA
39	389.5 Other Plant & Misc. Equipment	NA	NA NA	NA	100.00%	NA NA
40	RECLAIMED WATER DISTRIBUTION PLANT	14/3	100	14/7	100.0070	
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		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	NA NA	100.00%	NA NA
56	392.7 Stores Equipment	NA	NA Na	NA NA	100.00%	NA NA
57	393.7 Tools, Shop & Garage Equipment	NA	NA NA	NA NA	100.00%	
58	394.7 Laboratory Equipment	NA	NA NA	NA NA	100.00%	
59	395.7 Power Operated Equipment	NA NA	NA NA	NA NA	100.00% 100.00%	NA NA
60	396.7 Communication Equipment	NA NA			100.00%	
61	397.7 Miscellaneous Equipment	NA NA	NA NA	NA NA	100.00%	
62	398.7 Other Tangible Plant	NA	IVA	NA	100.00%	IVA
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		NA
66	Net Depr Expense Used & Useful	NA				

Taxes Other Than Income

Florida Public Service Commission

Revision 2

B-15

Piney Woods Docket No. 060368-WS

Schedule Year Ended December 31 of: Historical 2005; Intermed. 2006, Projected 2007

Page: 1 of 1 Preparer: Jack Schreyer

Schedule:

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) Payroli Taxes 8.28%	(4) Real Estate & Personal Property on U&U	(5) Other	(6) Total	(7) Supporting Schedules
Wate 1	er Test Year (2005) Per Books	3,276	994	4,003		8,273	E-2w, B-5, A-5
2 3	Adjustments to Test Year (Explain) Payroll Tax Adjustment		0			0	- B5
4	Non-U&U Adjustment @ 13.85%			(554)_		(554)	•
5	Total Test Year Adjustments	0 3,276	0	(554)	0	(554)	•
6	Adjusted Test Year (2005)	3,276	994	3,448	0	7,719	
7	Adjustments to Intermed. Year (Explain)	-4					
8 9	RAF Adjustment	71	43			71	E-13
10	Payroll Tax Adjustment Plant in Service Adjustment		43	(68)		43 (68)	B-5 A-5
11	Non-U&U Adjustment @ 2.62%			2		2	A-V
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 (Exp	lain)					
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%		(00.4)	(23)		(23)	_
19 20	Total 2007 Adjustments Adjusted Projected Rate Year (2007)	3,347	(234) 804	896 4,279	0	663	•
21	RAFs Assoc, with Revenue Increase	3,3 4 7 1,717	804	4,219	U	8,4 <u>30</u> 1,717	B-3
22	Total Projected Rate Year (2007)	5,064	804	4,279	0	10,147	:
Sewe	<u>. </u>						·
23	Test Year (2005) Per Books	NA	NA	NA		NA	E-2s, B-6, A-6
24 25	Adjustments to Test Year (Explain) Payroll Tax Adjustment		NA	<u></u> -		NA	В-6
26	Non-U&U Adjustment @ NA			NA		NA	•
27	Total Test Year Adjustments	NA NA	NA NA	NA 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	N1A			NA	E-2
31 32	Payroll Tax Adjustment Plant in Service Adjustment		NA	NA		NA NA	B-6
33	Non-U&U Adjustment @ NA			NA NA		NA NA	A-6
	Total 2006 Adjustments	NA	NA	NA_	NA	NA NA	•
35	Adjusted Intermed. Year (2006)	NA	NA	NA	NA	NA	•
36	Adjustments to Projected Rate Year (Expl					NIA	5 2
37 38	RAF Adjustment Payroli Tax Adjustment	NA	NA			NA NA	E-2
39	Plant in Service Adjustment		INA	NA		NA NA	B-6 A-6
40	Non-U&U Adjustment @ NA			NA NA		NA NA	A-0
41	Total 2007 Adjustments	NA	NA	NA NA	NA	NA NA	•
	Adjusted Projected Rate Year (2007)	NA	NA	NA	NA	NA	•
	RAFs Assoc. with Revenue Increase	NA				NA	B-3
42	MAES ASSUC, WILLI NEVELIDE INCLEASE	10.1					

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

Schedule: F-5

Revision 2

Page:

1 of 1 Preparer: John F. Guastella

Piney Woods 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 treatment plant(s) for the historical test year and the projected test year (if applicable).

WELLS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				Evano	MD less	PH less	Intorino								
						Excess Unaccounted	Interim Margin		Maximum	Total Well	-	Wells Interim		Wells	
Line		Max Day	MD X 2	for Water	for Water	for Water	Reserve	Demand	Supply Well	Capacity	Well Capacity	U&U	Wells Interim	Permanent*	
No.	Storage	(gpm)	(gpm)	(gpm)	(gpm)	(gpm)	Ratio	(gpm)	(gpm)	(gpm)	(gpm)	Calculated	U&U Used	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

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

STORAGE

	Average 5			Interim	Interim	Permanent
Line	Max Day	Peak Hour	Reliable	Storage U&U	Storage U&U	Storage U&U
No.	Demand	A5MDD X 2	Storage	Calculated	Used	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				Interim Average	Permanent Average							Interim		Permanent	
	Daily Flow		Interim	Permanent	Daily Flow	Daily Flow	Treatment	Interim		Treatment		Effluent	Effluent	Interim	Effluent	Permanent
	in Max	1&1	Margin	Margin	in Max	in Max	Plant	Treatment	Interim	Permanent	Permanent	Disposal	Disposal	Effluent	Disposal	Effluent
Line	Month	Demand	Reserve	Reserve	Month	Month	Capacity	U&U	Treatment	U&U	Treatment	Capacity	U&U	Disposal	U&U	Disposal
No.	(GPD)	Adjustmnt	Ratio	Ratio	(GPD)	(GPD)	(GPD)	Calculated	U&U Used	Calculated	U&U Used	(GPD)	Calculated	U&U Used	Calculated	U&U Used
1																
						NA										

Inflow	Inflow and Infiltration Calculations												
		85% of				Demand							
Line	Sold	Sold	Treated		I&I Pct Over	Adjustment							
No.	(GPD)	(GPD)	(GPD)	I&I Pct	15%	(GPD)							

Composite Treatment & Effluent

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

Used and Useful Calculations Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Schedule:

F-7

Revision 2

Piney Woods

Docket No. 060368-WS

Page: Preparer: 1 of 1

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

SCHEDULE TITLE	Revision 2 SCHEDULE NUMBER	PAGE NUMBER
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
ADDENDUM OF REVISED SCHEDULES SUPPORTING G SCHEDULES		
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

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

Test Year End: 12/31/2005 Water [X] Sewer [X] Schedule:

G-1

Revision 2

Page: Preparer: 1 of 1

Jack Schreyer

Explanation: Provide a schedule of present and proposed interim rates

	(1)	(2) (3)				
Line	()	Present	Interim			
No.	Class/Meter Size	Rates	Rates			
	WATER		10.14%			
1	Residential					
2	5/8" X 3/4"	7.64	8.41			
3	3/4"	11.48	12.64			
4	1"	19.12	21.06			
5	1-1/2"	38.24	42.12			
6	2"	61.18	67.38			
7	3"	122.36	134.77			
8	4"	191.19	210.58			
9	6"	382.36	421.13			
10	8"	611.78	673.82			
11	10"	879.44	968.62			
12	Gallonage, Block 1	1.31	1.44			
13	Block 2	-	•			
14	Block 3	-	-			
15	General Service					
16	5/8" X 3/4"	7.64	8.41			
17	3/4"	11.48	12.64			
18	1"	19.12	21.06			
19	1-1/2"	38.24	42.12			
20	2"	61.18	67.38			
21	3"	122.36	134.77			
22	4"	191.19	210.58			
23	6"	382.36	421.13			
24	8"	611.78	673.82			
25	10"	879.44	968.62			
26	Gallonage charge	1.31	1.44			
27	Fire Protection					
28	2"	5.10	5.62			
29	3"	10.19	11,22			
30	4"	15.91	17.52			
31	6"	31.87	35.10			
32	8"	50.99	56.16			
33	10"	73.28	80.71			
-	. -		00,, 1			

(4)	(5)	(6)
• ,	Present	Interim
Class/Meter Size	Rates	Rates
SEWER		0.00%
Residential		
5/8" X 3/4"	NA	NA
3/4"	NA	NA
1"	NA	NA
1-1/2"	NA	NA
2"	NA	NA
3"	NA	NA
4"	NA	NA
6"	NA	NA
8"	NA	NA
10"	NA	NA
Gallonage cap (gallons)	NA	NA
Gallonage charge	NA	NA
General Service		
5/8" X 3/4"	NA	NA
3/4"	NA	NA
1"	NA	NA
1-1/2"	NA	NA
2"	NA	NA
3"	NA	NA
4"	NA	NA
6"	NA	NA
8"	NA	NA
10"	NA	NA
Gallonage charge	NA	NA
Flat Rate		
Res. Wastewater Only	NA	NA
Sprinkler Heads	NA	NA
Reuse	NA	NA

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: Preparer: 1 of 1 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	0
No.	Description	Balance 12/31/2005	for Non-U&U	Last Rate Case	Rate	Supporting
WAT		12/31/2005	NOII-U&U	Rate Case	Base	Schedule(s)
1	Utility Plant in Service	2,007,593	(159,406)	0	1,848,187	A-5
2	Utility Land & Land Rights	2.434	(100,400)	ő	2,434	A-5
3	Construction Work in Progress	2, .0 7		Ŏ	2,-10-1	A-1
4	Less: Accumulated Depreciation	(658,836)	55,883	Ŏ	(602,953)	A-9
5	Less: CIAC	(614,919)	0	ō	(614,919)	A-12
6	Accumulated Amortization of CIAC	210,098	Ö	ŏ	210,098	A-14
7	Acquisition Adjustments	0	J	ŏ	0	A-1
8	Less: Accum. Amort. of Acq. Adjustments	Ō		Ö	Ŏ	A-1
9	Less: Advances For Construction	Ō		Ŏ	Õ	A-1
10	Working Capital Allowance	180,056		Ō	180,056	A-1
11	Total Rate Base	1,126,426	(103,523)	0	1,022,902	
SEW	/FD					
12	Utility Plant in Service	NA	NA	0	0	A-6
13	Utility Land & Land Rights	NA NA	14/4	Ŏ	0	A-6
14	Construction Work in Progress	NA		Ö	0	A-2
15	Less: Accumulated Depreciation	NA	NA	ő	0	A-10
16	Less: CIAC	NA	NA NA	ŏ	ő	A-12
17	Accumulated Amortization of CIAC	NA	NA NA	Ö	ő	A-14
18	Less: Accum. Amort. of Acq. Adjustments	NA	. ** 1	Ö	ő	A-2
19	Less: Advances For Construction	NA		Ö	Ö	A-2
20	Working Capital Allowance	NA		Ö	Ö	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 [X] Projected [] Water [X] Sewer [X] Schedule:

G-3

Revision 2

Page:

1 of 1

Preparer:

Jack Schreyer

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

	(1)	(2)	(3)
Line		Interim	Interim
No.	Description	Water	Sewer
	USED & USEFUL ADJUSTMENT TO 2005 TEST YEAR RATE BASE FOR	INTERIM RATE PL	JRPOSES
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

Silver Lake Est/Western Shores

Docket No. 060368-WS

Test Year End: 12/31/2005 Historical [X] Projected [] Water [X] Sewer [X]

Schedule: Page: G-4 1 of 1 Revision 2

Preparer:

Jack Schreyer

	(1)	(2)	(3) Adjustments	(4)	(5)	(6)	(7) Requested	(8)	(9)
Line	•	Utility Adjusted	for	Utility Interim	Adjusted In	terim Inte	rim	Interim	Supporting	%
No.	Description	Test Year	Non-U&U	Adjustments	Test Ye	ear Incre	ase	Revenues	Schedules	Increase
Wate	er									
1	Water Sales Revenues	456,592		0	450	5,592	16,301	502,893	E-2w	10.1 4 %
2	Other Revenues	3,535		0		3,535	0	3,535	E-2w	0.00%
3	OPERATING REVENUES	460,127		0	46	0,127	6,301	506,428		10.06%
4	Operation & Maintenance	307,883		0	30	7,883	684	308,567	B-5	
5	Depreciation, net of CIAC Amort.	47,392	(4,750	6) 0	4:	2,636		42,636	B-13	
6	Amortization	0		0		0		0		
7	Taxes Other Than Income	46,445	(1,65	2) 0	4	4,793	2,082	46,875	B-15	
8	Provision for Income Taxes	29,463		0		9,463	3,367	32,829	C-1	
9	OPERATING EXPENSES	431,183	(6,40	3) 0	424	1,775	6,133	430,907		
10	NET OPERATING INCOME	28,944	6,408	3 0	3	5,352 4	0,169	75,521		
11	RATE BASE	1,022,902			1,02	2,902		1,022,902	A-1	
12	RATE OF RETURN	2.83%	:			3.46%		7.38%	• •	
Sew	er									
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	-	0.00%
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	-	
22	NET OPERATING INCOME	0		00		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 Enpenses

	(1)	(2)	(3)
Line		Interim	Interim
No.	Description	Water	Sewer
	USED & USEFUL ADJUSTMENT TO 20	05 TEST YEAR	
1	Depreciation Expense for Interim Rate purposes	(4,756)	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	(1,652)	NA
6	For details see schedule B-15		
	UTILITY PROJECTED REVENUE REQU	JIREMENT ADJUSTMENTS	
7	NET OPERATING REVENUE		
8	Required Revenue Adjustment	46,301	0
9	•		
10	OPERATIONS & MAINTENANCE		
11	Impact of Revenue Increase on Bad Debt Expense	684_	0
12			
13	TAXES OTHER THAN INCOME TAX		
14	RAF on Revenue Adjustment @ 4.50%	2,084	0
15			
16	INCOME TAX ADJUSTMENT		
17	Rate Year Revenue at Present Rates	460,127	0
18	Plus Required Revenue Adjustment	46,301	0
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 26	Less Income Tax at Present Rates	(29,463)	0
26 27	Income Tax Adjustment	3,367	0

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 [X] Sewer [X] Schedule:

Revision 2

Page: Preparer: G-6 1 of 1

Jack Schreyer

	(1)	(2) Reconciled	(3)	(4)	(5) Weighted	(6)	(7)
Line	•	To Requested		Cost	Cost		Supporting
No.	Class of Capital	Rate Base	Ratio	Rate	Rate	Cost	Schedules
WAT	TER						
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	
SEW	/ER						
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

Test Year Ending December 31 of

Historical 2005, Projected 2006 & 2007

Schedule: A-5

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

		(1)	(2) Historic	(3) al Base Ye	(4) par 2005	(5)	(6) ediate Yea	(7) r 2006	(8) Projecte	(9) d Rate Ye	(10) ar 2007
Line	Acct		Adjusted		ed & Useful	Adjusted		ed & Useful	Adjusted		ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1	INTANG	BIBLE PLANT									
2	301.1	Organization	0	0.00%	0	0	0.00%	0	٥	0.00%	0
3	302.1	Franchises	9.909	0.00%	ŏ	9,909	0.00%	ŏ	9,909	0.00%	ō
4	339.1	Other Plant & Misc. Equipment	0,000	0.00%	ō	0,000	0.00%	ŏ	0,000	0.00%	ō
5		E OF SUPPLY & PUMPING PLANT	J	0.0070	J	Ů	0.0070	J	J	0.0070	ŭ
6	303.2	Land & Land Rights	0	0.00%	٥	0	0.00%	0	0	0.00%	0
7	304.2	Structures & Improvements	96,071	20.17%	19,378	97,917	0.00%	o l	127,266	0.00%	ō
8	305.2	Collect. & Impound Reservoirs	0	20.17%	0	0	0.00%	ō	0	0.00%	ō
9	306.2	Lake, River & Other Intakes	o	20.17%	0	Ō	0.00%	o i	o	0.00%	ō
10	307.2	Wells & Springs	27,638	20.17%	5,575	27,638	0.00%	ō	27,638	0.00%	ō
11	308.2	Infiltration Galleries & Tunnels	0	20.17%	0	0	0.00%	ō	0	0.00%	ō
12	309.2	Supply Mains	208,304	20.17%	42.015	208,304	0.00%	0	208.304	0.00%	٥
13	310.2	Power Generation Equipment	104,610	20.17%	21,100	104,610	0.00%	ō	104,610	0.00%	ō
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	ه ٔ ا	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%	٥	0	0.00%	0	. 0	0.00%	0
19	311.3	Pumping Equipment	0	0.00%	0	0	0.00%	o	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		0.00%	0	Ō	0.00%	0
22	TRANSI	MISSION & 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	GENER	AL 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%	٥	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%	٥	0	0.00%	0
46	TOT	AL	2,010,027	-	159,406	2,139,770	-	0	2,392,103	-	0
	Total I	and and Land Rights	2,434	•	0	2,434	_	0	2,434	•	0
			=, ,07			-,-07	=		2,,,,,,	=	

Schedule of Sewer 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:

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Page: Preparer: Robert M. Griffin

Revision 2

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

		(1)	(2) (3) (4)		(5) (6) (7)			(8) (9) (10)			
			Historica			Intermediate Year 2006			d Rate Y		
Line No.	Acct No.	Account Name	Adjusted Balance		sed & Useful	Adjusted		sed & Useful	Adjusted		sed & Useful
<u>NO.</u>		IBLE PLANT	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
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		TION PLANT	_		_				_		
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
7 8	354.2 355.2	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
9	360.2	Power Generation Equipment Collection Sewers - Force	0	0.00% 0.00%	0	0	0.00% 0.00%	0	٥	0.00% 0.00%	0
10	361.2	Collection Sewers - Gravity	0	0.00%	0	0	0.00%	0	Ö	0.00%	0
11	362.2	Special Collecting Structures	0	0.00%	Ö	Ö	0.00%	0	ŏ	0.00%	Ö
12	363.2	Services to Customers	ō	0.00%	Ö	Ö	0.00%	Ö	٥	0.00%	ŏ
13	364.2	Flow Measuring Devices	Ō	0.00%	o '	Ö	0.00%	ō	ō	0.00%	ō
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		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 22	371.3 389.3	Pumping Equipment Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
23		MENT AND DISPOSAL PLANT	U	0.00%	0	U	0.00%	U	١	0.00%	U
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	0	o	0.00%	0
25	354.4	Structures & Improvements	ŏ	0.00%	ŏ	Ö	0.00%	0	٥	0.00%	Ö
26	355.4	Power Generation Equipment	ŏ	0.00%	ŏ	ŏ	0.00%	ő	ő	0.00%	Ö
27	380.4	Treatment & Disposal Equipment	Ö	0.00%	ō	Ō	0.00%	ō	ō	0.00%	ŏ
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	o	0.00%	ŏ
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		MED 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%	Ō
34	355.5	Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
35 36	371.5 374.5	Pumping Equipment Reuse Distribution Reservoirs	0	0.00% 0.00%	0	0	0.00%	0	0	0.00%	0
37	380.5	Treatment & Disposal Equipment	0	0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
38	381.5	Plant Sewers	0	0.00%	0	Ö	0.00%	0	0	0.00%	0
39	389.5	Other Plant & Misc. Equipment	ŏ	0.00%	ő	lŏ	0.00%	Ö	ő	0.00%	ő
40		MED WATER DISTRIBUTION PLANT			_		0.00,0	-	_	0.00,0	•
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 48	371.6 375.6	Pumping Equipment Reuse Transmission & Distr. Sys.	0	0.00% 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% 0.00%	0	0	0.00% 0.00%	0
50		AL PLANT	U	0.0070		•	0.0076	0	•	0.0076	U
51	353.7	Land & Land Rights	. 0	0.00%	o	0	0.00%	0	0	0.00%	0
52	354.7	Structures & Improvements	ō	0.00%	ō	ا آ	0.00%	ō	Ö	0.00%	Ö
53	390.7	Office Furniture & Equipment	Ō	0.00%	0	Ö	0.00%	. 0	Ö	0.00%	ō
54	390.71	Computer Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	Ō
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 61	396.7 397.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
61 62	397.7 398.7	Miscellaneous Equipment Other Tangible Plant	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00%	0
02	330.7	Outo, rangible rialit	J	0,00%	ا	١	0.00%	٠		0.00%	0
63	TOTA	AL.	0		0	0		0	0	•	0
64	Total !	and and Land Rights	0		0	0	•	0	0		0
04	i Olai L	and and Early Mysics				<u> </u>		<u> </u>	U		U

Schedule: A-9 Revision 2

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Page: 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) Historical Base Year 2005		(5) (6) (7) Intermediate Year 2006			(8) (9) (10) Projected Rate Year 2007			
Line			Adjusted		1 & Useful	Adjusted		d & Usefui	Adjusted		ed & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
	INITANO	IBLE PLANT									
1 2	301.1	Organization	0	0.00%	o	0	0.00%	0	0	0.00%	0
3	301.1		1,809	0.00%	٥	2.056	0.00%	٥	_	0.00%	0
4	339.1	Franchises	1,609	0.00%	0	2,036	0.00%	0	2,304 0	0.00%	0
5		Other Plant & Misc. Equipment E OF SUPPLY & PUMPING PLANT	U	0.00%	١	U	0.00%	۰	١	0.00%	U
6	303.2	Land & Land Rights	0	0.00%	٥	٥	0.00%	o	0	0.00%	0
7	303.2	Structures & Improvements	33,460	20.17%	6.749	35.859	0.00%	ŏ	32,702	0.00%	0
8	305.2	Collect. & Impound Reservoirs	33,460	20.17%	0,748	33,839	0.00%	0	32,702	0.00%	ő
9	305.2	Lake, River & Other Intakes	0	20.17%	0	0	0.00%	0	١	0.00%	0
10	307.2	Wells & Springs	16,357	20.17%	3,299	17,279	0.00%	٥	18,200	0.00%	0
11	307.2	Infiltration Galleries & Tunnels	10,337	20.17%	3,299	17,279	0.00%	اه	16,200	0.00%	0
	309.2	Supply Mains	52.746	20.17%	10,639	58,697	0.00%	0	64,649	0.00%	0
12 13	310.2		52,746 56,267	20.17%	11,349	61,497	0.00%	0	66,728	0.00%	0
		Power Generation Equipment			23,847	135,914	0.00%	0		0.00%	0
14	311.2 339.2	Pumping Equipment	118,230 0	20.17% 20.17%	23,047	135,914	0.00%	٥	153,599 0	0.00%	0
15		Other Plant & Misc. Equipment	U	20.17%	U		0.00%	U	,	0.00%	U
16	303.3	TREATMENT PLANT	0	0.00%	0	0	0.00%	0	0	0.00%	0
17	303.3	Land & Land Rights	0	0.00%	٥	0	0.00%	o o	0	0.00%	0
18	311.3	Structures & Improvements	0	0.00%	0	0	0.00%	0	0	0.00%	0
19	320.3	Pumping Equipment	53,708	0.00%	0	60,407	0.00%	0	67,487	0.00%	0
20	320.3	Water Treatment Equipment	53,706	0.00%	0	80,407 0	0.00%	0	07,467	0.00%	0
21		Other Plant & Misc. Equipment MISSION & DISTRIBUTION PLANT	U	0.00%	U	U	0.00%	U	٥	0.00%	U
22	303.4		0	0.00%	o	0	0.00%	0	0	0.00%	0
23	303.4	Land & Land Rights	0	0.00%	0	l 0	0.00%	0	0	0.00%	0
24	-	Structures & Improvements	41	0.00%	0	207	0.00%	0	385	0.00%	0
25	311.4 330.4	Pumping Equipment		0.00%	0	13,181	0.00%	0	14,550	0.00%	0
26 27	330.4	Distr. Reservoirs & Standpipes Transm. & Distribution Mains	11,812 272,799	0.00%	٥	291,117	0.00%	0	303,167	0.00%	0
	333.4	Services	•	0.00%	0		0.00%	0	10,609	0.00%	0
28 29	333.4 334.4	Meters & Meter Installations	9,581 27,876	0.00%	0	9,915 21,055	0.00%	0	15,795	0.00%	0
					0		0.00%	0		0.00%	0
30	335.4 336.4	Hydrants	1,214 0	0.00% 0.00%	0	1,300 0	0.00%	0	1,472 0	0.00%	0
31	339.4	Backflow Prevention	0	0.00%	0	. 0	0.00%	0	0	0.00%	0
32 33		Other Plant & Misc. Equipment	U	0.00%	U	U	0.00%	U	۳	0.00%	U
33	303.5	AL PLANT Land & Land Rights	0	0.00%	0	0	0.00%	٥		0.00%	0
35	303.5	Structures & Improvements	Ö	0.00%	0	١	0.00%	0	٥	0.00%	0
	340.5	Office Furniture & Equipment	0	0.00%	o	436	0.00%	0 1	2,204	0.00%	0
36 37	340.5		93	0.00%	0	2.555	0.00%	0	11.311	0.00%	0
38	340.57	Computer Equipment Transportation Equipment	(4,218)	0.00%	a i	(3,593)	0.00%	٥	6,225	0.00%	0
39	341.5		(4,210)	0.00%	0	(3,593)	0.00%	0	0,225	0.00%	0
40	342.5	Stores Equipment Tools, Shop & Garage Equipment	0	0.00%	٥	328	0.00%	o i	1,743	0.00%	0
			0	0.00%	0	0		0			0
41	344.5 345.5	Laboratory Equipment	0	0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
42 43	345.5 346.5	Power Operated Equipment Communication Equipment	7,062	0.00%	٥	7.891	0.00%	0	8,306	0.00%	0
			7,062		0	7,891		0	398	0.00%	0
44	347.5	Miscellaneous Equipment	0	0.00% 0.00%	0	19	0.00% 0.00%	0	398	0.00%	0
45	348.5	Other Tangible Plant	U	0.00%	0	l '	0.00%	ا	ľ	0.00%	U
46	TOTA	AL	658,836		55,883	716,119	-	0	781,832		0
		La LL LBisk		•	_		-	_			
	i otai L	and and Land Rights	0		0	0	_	0	0		0

Test Year Average balance Silver Lake Est/Western Shores Docket No. 060368-WS

Test Year Ending December 31 of Historical 2005, Projected 2006 & 2007 Schedule: A-10 Revision 2

Page: 1 of 5
Preparer: Robert

Robert M. Griffin

		(1)	(2) Historia	(3) al Base Yea	(4)	(5)	(6) ediate Yea	(7) r 2006	(8)	(9) ed Rate Ye	(10)
Line	Acct		Adjusted	Non-Used		Adjusted		d & Useful	Adjusted		d & Useful
No.	No.	Account Name	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
1		IBLE PLANT									
2	351.1	Organization	0	0.00%	0	0	0.00%	0	0	0.00%	0
3 4	352.1 389.1	Franchises Other Plant & Misc. Equipment	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
5		CTION PLANT	U	0.00%	U	U	0.00%	U	٥	0.00%	U
6	353.2	Land & Land Rights	0	0.00%	0	0	0.00%	٥	0	0.00%	0
7	354.2	Structures & Improvements	ō	0.00%	ő	Ö	0.00%	ŏ	ŏ	0.00%	ŏ
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 13	363.2 364.2	Services to Customers Flow Measuring Devices	0	0.00% 0.00%	0	0	0.00%	0	0	0.00%	0
14	365.2	Flow Measuring Installations	0	0.00%	0	0	0.00% 0.00%	0	0	0.00% 0.00%	0
15	389.2	Other Plant & Misc. Equipment	0	0.00%	ő	ő	0.00%	o i	ő	0.00%	o
16		I PUMPING PLANT	_	0.00.0		•	0.0070	Ĭ	J	0.0070	J
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 23	389.3	Other Plant & Misc. Equipment MENT AND DISPOSAL PLANT	0	0.00%	0	0	0.00%	0	0	0.00%	0
24	353.4	Land & Land Rights	0	0.00%	0	0	0.00%	٥	0	0.00%	0
25	354.4	Structures & Improvements	ő	0.00%	0	Ö	0.00%	0	Ö	0.00%	0
26	355.4	Power Generation Equipment	Ö	0.00%	ŏ	ŏ	0.00%	ő	٠,٥	0.00%	ő
27	380.4	Treatment & Disposal Equipment	0	0.00%	o l	Ō	0.00%	o l	Ď	0.00%	ō
28	381.4	Plant Sewers	0	0.00%	0	0	0.00%	0	0	0.00%	0
29	382.4	Outfall Sewer Lines	O	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		MED WATER TREATMENT PLANT	_		_	_			_		_
32	353.5	Land & Land Rights	0	0.00%	0	0	0.00%	0	0	0.00%	0
33 34	354.5 355.5	Structures & Improvements Power Generation Equipment	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00%	0
35	371.5	Pumping Equipment	0	0.00%	٥	0	0.00%	0	0	0.00% 0.00%	0
36	374.5	Reuse Distribution Reservoirs	o o	0.00%	o l	ŏ	0.00%	ŏ	Ö	0.00%	0
37	380.5	Treatment & Disposal Equipment	Ō	0.00%	ŏ	Ö	0.00%	ŏ	ŏ	0.00%	Ö
38	381.5	Plant Sewers	0	0.00%	ō	Ō	0.00%	ō	ō	0.00%	ō
39	389.5	Other Plant & Misc. Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
40		MED 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 44	354.6 355.6	Structures & Improvements Power Generation Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	0
45	366.6	Reuse Services	0	0.00% 0.00%	o l	0	0.00% 0.00%	0	0	0.00% 0.00%	0
46	367.6	Reuse Meters & Meter Installations	Ô	0.00%	ŏ	0	0.00%	ő	0	0.00%	0
47	371.6	Pumping Equipment	ŏ	0.00%	o l	ő	0.00%	ő	l ö	0.00%	ő
48	375.6	Reuse Transmission & Distr. Sys.	Ō	0.00%	ō	Ö	0.00%	ŏ	Ö	0.00%	ō
49	389.6	Other Plant & Misc. Equipment	0	0.00%	О	0	0.00%	0	0	0.00%	0
50		AL 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 54	390.7 390.71	Office Furniture & Equipment Computer Equipment	0	0.00% 0.00%	0	0	0.00% 0.00%	0	0	0.00%	0
55	390.71	Transportation Equipment	0	0.00%	ő	0	0.00%	0	0	0.00% 0.00%	0
56	392.7	Stores Equipment	0	0.00%	ŏ	0	0.00%	Ö	١	0.00%	0
57	393.7	Tools, Shop & Garage Equipment	ŏ	0.00%	ŏ	ő	0.00%	ő	0	0.00%	Ö
58	394.7	Laboratory Equipment	ō	0.00%	ŏ	ō	0.00%	ŏ	ő	0.00%	ŏ
59	395.7	Power Operated Equipment	0	0.00%	Ō	Ō	0.00%	Ō	ō	0.00%	ō
60	396.7	Communication Equipment	0	0.00%	0	0	0.00%	0	0	0.00%	Ô
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	TÖTA	٠.	0	-	- 0		-	0	0	-	
		:		=			=			=	0
64	Total L	and 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: Preparer: 1 of 5

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)		(3) al Base Ye			(6) ediate Yea		(8) Projecte	(9) d Rate Ye	(10) ar 2007
Line		Adjusted	Non-Use	ed & Useful	Adjusted	Non-Us	ed & Useful	Adjusted	Non-Us	ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
	WATER		_	_						
	Cash CIAC:			1			1			
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%	o l	6,486	0.00%	o l	6,486	0.00%	0
9	Meters/Meter Installation	0	0.00%	ō	0	0.00%	ō	0	0.00%	ō
10	Hydrants	6,455	0.00%	ō	6,455	0.00%	ŏ	6,455	0.00%	Ö
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:		_			-				
12	Treatment & Disposal Equipment	0	0.00%	0		0.00%	ر ۱	0	0.00%	•
	Other	0	0.00%		0	0.00%	0	0	0.00%	0
14		_		0	0		0	0		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:						ì			
	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	Ō	0.00%	0	Ō	0.00%	o l	Ō	0.00%	ō
25	Reuse Transmission & Dist Mains	Ô	0.00%	ō	0	0.00%	ō	Ō	0.00%	Ō
26	Other Plant Misc Equip	Ŏ	0.00%	ŏ	Ö	0.00%	ő	0	0.00%	Ö
27	Total Property CIAC	0	-	0	0	-	0	0	-	0
28	Total Sewer CIAC		_		0	-	0	0	-	0

13

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.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			l Base Ye			diate Yea			d rate Ye	
Line		Adjusted		ed & Useful	Adjusted	_	ed & Useful	Adjusted		ed & Useful
No.	Description	Balance	%	Amount	Balance	%	Amount	Balance	%	Amount
	WATER						ĺ			
1	Cash Water Treatment Equipment	70 440	0.000/	. ا	00.000	0.0007	ا	05.400	0.000/	
2	Meter Fees	78,148 (18,524)	0.00% 0.00%	0	86,338	0.00%	0	95,428	0.00% 0.00%	0
3	Main Extension Charge	6,041	0.00%	ő	(16,649) 7,586	0.00% 0.00%	ő	(14,596)	0.00%	0
4	Service Installation Fees	52,838	0.00%	ŏ	56,419	0.00%	ŏl	9,711 60,122	0.00%	0
7	Oct vice matanation rees	32,030	0.0070	· ·	30,418	0.0076	٠Į	00,122	0.0070	U
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						ļ			
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%	o l	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 Lift Stations	0	0.00%	0	0	0.00%	0	0	0.00%	0
22 23		0	0.00%	0	0	0.00%	0	0	0.00%	0
23 24	Pumping Equipment Reuse Services	0	0.00% 0.00%	0	0 0	0.00% 0.00%	0	0 0	0.00%	0
25	Reuse Transmission & Dist Mains	0	0.00%	ő	0	0.00%	ől	0	0.00%	0
26	Other Plant Misc Equip	ő	0.00%	ŏ	0	0.00%	ŏ	0	0.00%	0
27	Total Property	0	-	0	0	-	0	0		0
28	Total Sewer		_	0	0	_				
20	i Olai Sewei		=			=		0		0

14

Net Depreciation Expense - Water

Florida Public Service Commission

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

Schedule Year Ended: 12/31/2005 Historical [X] Projected [] Schedule: B-13 Revision 2

Page: 1 of 3

Preparer: Jack Schreyer

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

		(1)	(5)	(6)	(7)	(8)	(9)
		-	2005	preciation Expe	Adjusted	Used &	Used & Useful
Line			Per	Utility	Depreciation	Used & Useful	Depreciation
No.		Account No. and Name	Books	Adjustments	Expense	%	Expense
1	INTANG	IBLE PLANT	Books	riajadimonia	LAPONOC		LAPONSO
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	SOURC	E 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		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	TRANS	MISSION & 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	GENER	AL PLANT					
34	303.5	Land & Land Rights	0	0	0	100.00%	0
35	304.5	Structures & Improvements	Ō	Ō	Ö	100.00%	Ō
36	340.5	Office Furniture & Equipment	ō	Ō	ō	100.00%	Ō
37	340.51	Computer Equipment	ō	627	627	100.00%	627
38	341.5	Transportation Equipment	Ō	0	0	100.00%	0
39	342.5	Stores Equipment	Ö	Ō	Ö	100.00%	Ö
40	343.5	Tools, Shop & Garage Equipment	Ö	0	Ö	100.00%	Ö
41	344.5	Laboratory Equipment	ō	0	Ŏ	100.00%	Ö
	345.5	Power Operated Equipment	Ö	Ö	ŏ	100.00%	ŏ
	346.5	Communication Equipment	Ō	830	830	100.00%	830
	347.5	Miscellaneous Equipment	Ö	0	0	100.00%	0
45	348.5	Other Tangible Plant	ő	Ö	0	100.00%	Ő
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			·	

Florida Public Service Commission

Silver Lake Est/Western Shores

Docket No. 060368-WS Schedule Year Ended: 12/31/2005 Schedule: B-14 Revision 2

Page: 1 of 3 Preparer: Jack Schreyer

		tion: Provide a schedule of test year non-used a (1)	(5)	(6)	(7)	(8)	(9)
		· · ·		epreciation Expe	nse	• •	Used &
		-	2005		Adjusted	Used &	Useful
_ine		A. AN AND AND	Per	Utility	Depreciation	Useful	Depreciation
<u>No.</u> 1	INTANG	Account No. and Name	Books	Adjustments	Expense	%	Expense
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 NA	100.00%	NA
5		CTION 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	NA	100.00%	NA
11 12	362.2 363.2	Special Collecting Structures	NA NA	NA NA	NA NA	100.00%	NA NA
13	364.2	Services to Customers Flow Measuring Devices	NA NA	NA NA	NA NA	100.00% 100.00%	NA NA
	365.2	Flow Measuring Installations	NA.	NA NA	NA NA	100.00%	NA
	389.2	Other Plant & Misc. Equipment	NA	NA NA	NA NA	100.00%	NA
		M PUMPING PLANT	1371		1171	,00.00,0	
17	353.3	Land & Land Rights	NA	NA	NA	100.00%	NA
18	354.3	Structures & Improvements	NA	NA	NA	100.00%	NA
	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		MENT AND DISPOSAL PLANT					
24	353.4	Land & Land Rights	NA	NA NA	NA	100.00%	NA
	354.4	Structures & Improvements	NA	NA NA	NA	100.00%	NA
26	355.4	Power Generation Equipment	NA	NA NA	NA	100.00%	NA
27 28	380.4 381.4	Treatment & Disposal Equipment Plant Sewers	NA NA	NA NA	NA NA	100.00%	NA NA
	382.4	Outfall Sewer Lines	NA NA	NA NA	NA NA	100.00% 100.00%	NA NA
30	389.4	Other Plant & Misc. Equipment	NA NA	NA NA	NA NA	100.00%	NA NA
31		MED WATER TREATMENT PLANT	(42.5	1411	WA	(00,0070	13/3
	353.5	Land & Land Rights	NA	NA	NA	100.00%	NA
-	354.5	Structures & Improvements	NA	NA	NA	100.00%	NA
	355.5	Power Generation Equipment	NA	ΝA	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
	381.5	Plant Sewers	NA	NA	NA	100.00%	NA
39	389.5	Other Plant & Misc. Equipment	NA	NA	NA	100.00%	NA
40		MED WATER DISTRIBUTION PLANT		NIA		400.000/	214
41	352.6	Franchises Land & Land Rights	NA	NA NA	NA	100.00%	NA
42 43	353.6 354.6	Structures & Improvements	NA NA	NA NA	NA NA	100.00% 100.00%	NA NA
	355.6	Power Generation Equipment	NA NA	NA NA	NA NA	100.00%	NA NA
45	366.6	Reuse Services	NA NA	NA NA	NA NA	100.00%	NA
	367.6	Reuse Meters & Meter Installations	NA	NA	NA NA	100.00%	NA
	371.6	Pumping Equipment	NA	NA	NA NA	100.00%	NA 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	GENER	AL PLANT					
51	353.7	Land & Land Rights	NA	NA	NA	100.00%	NA
	354.7	Structures & Improvements	NA	NA	NA	100.00%	NA
53	390.7	Office Furniture & Equipment	NA	NA	NA	100.00%	NA
	390.71	Computer Equipment	NA	NA	NA	100.00%	NA
	391.7	Transportation Equipment	NA	NA NA	NA	100.00%	NA
	392.7	Stores Equipment	NA	NA NA	NA NA	100.00%	NA
57 50		Tools, Shop & Garage Equipment	NA NA	NA NA	NA NA	100.00%	NA NA
58 59	394.7 395.7	Laboratory Equipment Power Operated Equipment	NA NA	NA NA	na Na	100.00% 100.00%	NA NA
	395.7 396.7	Communication Equipment	NA NA	NA NA	NA NA	100.00%	NA NA
61	397.7	Miscellaneous Equipment	NA NA	NA 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
e r		_	NA	NIA .	NA.		NIA .
65		NET DEPRECIATION EXPENSE - SEWER Net Depr Expense Used & Useful	NA NA	NA NA	NA NA		NA

Taxes Other Than Income

Florida Public Service Commission

Revision 2

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

Schedule Year Ended December 31 of: Historical 2005; Intermed. 2006, Projected 2007 Schedule: B-15
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)	(7) Supporting Schedules
Wate							
1	Test Year (2005) Per Books	20,706	5,041	20,698		46,445	E-2w, B-5, A-5
2 3 4	Adjustments to Test Year (Explain) Payroll Tax Adjustment Non-U&U Adjustment @ 7.98%		0	(1,652)		0 (1,652)	B5
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 8 9 10	Adjustments to Intermed. Year (Explain) RAF Adjustment Payroll Tax Adjustment Plant in Service Adjustment	781	(851)	(1,748)		781 (851) (1,748)	E-13 B-5 A-5
11	Non-U&U Adjustment @ 0.00%			O O		(),	
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 15	Adjustments to Projected Rate Year (Exp RAF Adjustment	lain) 306				306	E-13
16	Payroll Tax Adjustment		2,241	0744		2,241	B-5
17 18	Plant in Service Adjustment Non-U&U Adjustment @ 0.00%			2,744 0		2,744	A-5
19	Total 2007 Adjustments	306	2,241	2,744	0	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	5, .5 .	_0,0 10	•	11,478	B-3
22	Total Projected Rate Year (2007)	33,270	6,431	20,043	0	59,744	•
Sewe	e r Test Year (2005) Per Books	NA	NA	NA		NA	E-2s, B-6, A-6
24 25	Adjustments to Test Year (Explain) Payroll Tax Adjustment		NA			NA NA	В-6
26 27	Non-U&U Adjustment @ NA Total Test Year Adjustments	NA NA	NA	NA NA	NA NA	NA NA	
28	Adjusted Test Year (2005)	NA NA	NA NA	NA NA	NA NA	NA NA	•
29 30	Adjustments to Intermed. Year (Explain) RAF Adjustment	NA NA	, w. (14/1	14/1	NA NA	E-2
31	Payroll Tax Adjustment	14/5	NA			NA NA	B-6
32	Plant in Service Adjustment			NA		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 37 38	Adjustments to Projected Rate Year (Expl RAF Adjustment Payroll Tax Adjustment	lain) NA	NA			NA NA	E-2 B-6
39	Plant in Service Adjustment			NA NA		NA	A-6
40 41	Non-U&U Adjustment @ NA	NIA .	NΛ	NA NA	NIA	NA NA	
41	Total 2007 Adjustments Adjusted Projected Rate Year (2007)	NA NA	NA NA	NA NA	NA NA	NA NA	i
42	RAFs Assoc. with Revenue Increase	NA NA	11/1	14/7	INC	NA NA	B-3
43	Total Projected Rate Year (2007)	NA NA	NA	NA	NA	NA NA	

Recap Schedules: B-1, B-2

Payroli 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: Preparer: 1 of 1

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).

WELLS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
AACTT	•			Excess	MD less Excess	PH less Excess	Interim								
				Unaccounted	Unaccounted	Unaccounted	Margin		Maximum	Total Well	Remaining	Wells Interim		Wells	
Line		Max Day	MD X 2	for Water	for Water	for Water	Reserve	Demand	Supply Well	Capacity	Well Capacity	U&U	Wells Interim	Permanent*	
No.	Storage	(gpm)	(gpm)	(gpm)	(gpm)	(gpm)	Ratio	(gpm)	(gpm)	(gpm)	(gpm)	Calculated	U&U Used	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

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

	Average 5			Interim	Interim	Permanent
Line	Max Day	Peak Hour	Reliable	Storage U&U	Storage U&U	Storage U&U
No.	Demand	A5MDD X 2	Storage	Calculated	Used	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

Inflow and Infiltration Calculations

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)
).verane												Intorim		Dormonont	
aily Flow		Interim	Permanent	Daily Flow	Daily Flow	Treatment	Interim		Treatment		Effluent	Effluent	Interim	Effluent	Permanent
in Max	1&1	Margin	Margin	in Max	in Max	Plant	Treatment	Interim	Permanent	Permanent	Disposal	Disposal	Effluent	Disposal	Effluent
Month	Demand	Reserve	Reserve	Month	Month	Capacity	U&U	Treatment	U&U	Treatment	Capacity	U&U	Disposal	U&U	Disposal
(GPD)	Adjustmnt	Ratio	Ratio	(GPD)	(GPD)	(GPD)	Calculated	U&U Used	Calculated	U&U Used	(GPD)	Calculated	U&U Used	Calculated	U&U Used
		•													
					NA										
į	verage aily Flow in Max	Average aily Flow in Max I&I Month Demand	Average aily Flow Interim in Max I&I Margin Month Demand Reserve	Average aily Flow Interim Permanent in Max I&I Margin Margin Month Demand Reserve Reserve	Interim Average ally Flow Interim Permanent Daily Flow in Max I&I Margin Margin in Max Month Demand Reserve Reserve Month	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Daily Flow in Max I&I Margin Margin in Max in Max Month Demand Reserve Reserve Month Month (GPD) Adjustmnt Ratio Ratio (GPD) (GPD)	Average Average Average aily Flow Interim Permanent Daily Flow Daily Flow Daily Flow Interim Permanent Daily Flow Daily Flow Daily Flow In Max Isl Margin Margin in Max in Max Plant Month Demand Reserve Reserve Month Month Capacity (GPD) Adjustmnt Ratio Ratio (GPD) (GPD) (GPD)	Average Average Average aily Flow Interim Permanent Daily Flow Daily Flow Daily Flow Treatment Interim Permanent Daily Flow Daily Fl	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Daily Flow in Max I&I Margin Margin in Max in Max Plant Treatment Interim Month Demand Reserve Reserve Month Month Capacity U&U Treatment (GPD) Adjustmnt Ratio Ratio (GPD) (GPD) (GPD) Calculated U&U Used	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Daily Flow Daily Flow in Max I&I Margin Margin in Max in Max Month Demand Reserve Reserve Month Month (GPD) Adjustmnt Ratio Ratio (GPD) (GPD) Interim Permanent Daily Flow Daily Flow Interim Permanent Plant Treatment Interim Permanent Capacity U&U Treatment U&U (GPD) Calculated U&U Used Calculated	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Daily Flow Treatment Interim Treatment in Max I&I Margin Margin in Max in Max Plant Treatment Interim Permanent Permanent Month Demand Reserve Reserve Month Month Capacity U&U Treatment U&U Treatment (GPD) Adjustmnt Ratio Ratio (GPD) (GPD) (GPD) Calculated U&U Used Calculated U&U Used	Interim Permanent Average Average aily Flow Interim Permanent Daily Flow Dail	Interim Permanent Average Average aily Flow Interim Permanent Daily Flow Daily Flow Daily Flow In Max I&I Margin Margin in Max in Max Plant Treatment Interim Permanent Disposal Disposal Month Demand Reserve Reserve Month Month (GPD) Adjustmnt Ratio Ratio (GPD) (GPD) (GPD) Calculated U&U Used Calculated U&U Used (GPD) Calculated	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Dail	Interim Permanent Average Average ally Flow Interim Permanent Daily Flow Daily

							· ———
			85% of				Demand
L	ine	Sold	Sold	Treated		I&I Pct Over	Adjustment
_1	No.	(GPD)	(GPD)	(GPD)	I&I Pct	15%	(GPD)

Composite Treatment & Effluent

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

Used and Useful Calculations Water Distribution and Sewer Collection Systems

Florida Public Service Commission

Schedule:

Preparer:

Page:

F-7 1 of 1

John F. Guastella

Revision 2

Silver Lake Est/Western Shores

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.

	(1) Base	(2) Trended	(3) Trended	(4)	(5) Interim	(6) Interim	(7)	(8)
Line	ERCs	ERCs	ERCs	Total	U&U as	U&U	Permanent U&U as	Permanent U&U
No.	2005	2010	2012	Lots	Calculated	Used	Calculated	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 date 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

INICIAL HLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages	4 for I	nstructions.

DEP Form 62-555..900(3)Alternate

	tem (PWS) Informa Venetian Village	and the second of the second o			PWS Identification Num	ber:	3351426	The state of the s		
VS Type:	✓ Community	Non-Transient Non-Com	munity	Consecutive						
mber of Service Con	nnections at End of Month:	144			T	otal Population Served at End of Month: 502				
VS Owner:	Florida Water Servic	es				The Control of the Co				
ntact Person:	Craig Anderson				c	ontact Person's Title:	VP Environme	ental Services	a selection	
ntact Person's Mailir	ng Address:	P.O. Box 609520		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	City: Orlando	State: Florida	N 100 - 100		32860-9520	
ntact Person's Telepl		(407) 598-4199			C	ontact Person's Fax Number:	(407) 598-421	$q = e^{i \cdot \epsilon}$		
ntact Person's E-Mai		craiga@florida-water.cor	<u>n</u>		or and the second		dir səylər diğilə bərisi	Louis Made	eria planti	
ater Treatment	t Plant Information		}						na walata wa	
nt Name:	Venetian Village					Plant Telephone Number	·	352-787-0980	Secretarian description of the second	
nt Address:	31 Tammi Drive	salah di kacamatan da kacamatan d		35 30 50 50 50 50 50 50 50 50 50 50 50 50 50	City: Taveres	State: Florida	nes Aral sessi desalbat	Zip Code:	32778	
pe of Water Treatme		✓ Raw Ground Water	Purchased Fir				The state of the s			
	ay Operating Capacity of P			344,800			and the Salest A	. Win		
	osection 62-699.310(4), F.A		Kilisa da			ant Class (per subsection 62-6			and a stranger of the second	
		: Name		License Class	ILicense Nuin		Day(s)//Shrdigs)) Wo nked		
nd/Ohraf Operati	Of Will Fontaine			C is	6813	Days 1st Shift				
herOperators	Brian Heath			C.	5825	مَامِي Days 1st Shift	<u> </u>			
	John Worrell			C	⊹6597	Days 1st Shift	Liter Carle	500.00		
	Gary Kissick			C is	7846	Days 1st Shift	entre de la companya			
	Adam Michaelsen		Ali Bala Makas		Trainee	Days 1st Shift				
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						ran W.A				
		충격 가는 기가 기가 된다.							441.00	

Page 1

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

PWS Identificait	on Number:		3351426		Plant Name:	Venetia	n Village							
III. Daily Dat	a for the N	Ionth/Year	of:		April, 2004								1	
Means of Achiev				val: Free (Chlorine I	Chlorine	e Dioxide	Ozone	- I Co	bined Chlor	: (CL1-			A SER TOTAL SERVICE STATE OF THE SERVICE
Ultraviolet I			er (Describe)			Cinorin	o Dioxide	I.J OZONO	, L. Com	omen Cinor	me (Cmor	rammes)		• •
Type of Disinfe	ctant Resid	lual Mainta	ined in Distr	ribution System:	Free Chl	orine	Combi	ned Chlorin	e (Chloramin	es) [Chlorine	e/Diovide		·
				Elealeulations for									A STATE OF THE PARTY OF THE PAR	graego ar
			STATE SAME		CT Cal	MANAGEMENT OF STREET	HOSE OUT ELECT		CHAMBIOLIS III					
		1988			MANAGEMENT A						THE RESERVE			
						Lowest	ÇĪ:							
West Office					Disinfectant Condictivime	Provid	ed							
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Visited by		of Finished		Jeoveste Restation Distinced and Concentration (Concentration (Con	Measurement	Custon				isnyzą,	Wintimus UV (D6	D Dismiceim Concentrational	i i i i i i i i i i i i i i i i i i i	Application of Committee
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ific (filkge	π	Producted	A STATE OF THE PARTY OF THE PAR	Gustomer During	Peak Flow	Diving 1 Slove it	ige Tempro	pittor Were	Required in	TOW BOSH	mwe	idiejejimioj.	Hipyojiyas, Teikine Wa	tion Sparious Comprehensia
Months (MXV)	Operation		Rate gpd	MORGANIA ON THE PROPERTY OF TH	ON STATISTICS NOT	S min/1	Waterwa	it/Applicabl	e kasmin/Las	may sewem	seo/cm	System my/t/	(Onjuni	
Maria X	24.0	24,000 32,000		1.5					2 0 0 5 6 7 6 20	644 M. S.		1.1		250
	24.0	32,300	4 . A	1.5						4 47 888 91 2 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.1		
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X	24.0	39,600		1.5				37.50				1.1		F FSV STORES
AND COMMENT	24.0	34,000		1.4				* 200		27.64%		1.0	7 P.	
The second secon	24.0	28,700		1,4								1.1	Andri Andria	No. of China to the State of th
X	24.0	26,100		1.4				4 (2000)		0.00	100	1,1	7.3	9000
X X	24.0 24.0	44,600 54,600		1.5								1.1		100
	24.0	50,700		1.7		6 K L 50 K			(A. C.	Property and			1.72	4.0
ØΣ X	24.0	50,700		1.5						200		1.1		10000
X X	24.0	48,600		1,5						e Tai		1.1	7.55	1000000
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X	24.0	40,650		1.4								1.0		era de la companya de
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an Apple X	24.0	23,900		1.5	38,7474			200		92.00		1.1	6.73.	
22 X	24.0	43,700		1.5		\$647		San Salita		Company Control of Control	Marie Const	1.1		
23 X	24.0	42,200		1.5				100000000		ing.		1.1		10
X Managaran X	24.0 24.0	31,800		1.7		tage e				a restation				Links to the
26 X	24.0	43,050 43,050		1.7							ļ		4	
X X	24.0	29,400		1.5							16.1	1.3		
28 X	24.0	27,000		1,8				200	e Proposition (State Co.)	MESS CONTROL OF STREET	**************************************	1.2		EXPENSE OF RESERVE
X 2928 X	24.0	29,400		1.7	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			140		Harrista V.		1.3		Jan 1988 (1988)
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ltarii Avzenge		1,105,100	1	-										
OVER THE STREET	SALES AND	36,837	{											

DEP Form 62-555.900(3)Alternate Page 2

^{*} 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

NO DISCHARGE FROM SITE:

:YTIJIOA7 Valencia Terrace WWTF R-001 and Influent MONITORING GROUP NUMBER: A\N CLASS SIZE: Odando, FL 32860-9520 GROUP: Domestic **I**sni**7** :TIMIJ P.O. Box 609520 MAILING ADDRESS: REPORT: Monthly FLA010599 PERMIT NUMBER: Florida Water Services PERMITTEE NAME: When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

9E(5)	- VirinoMi		± −1/0π ± -		\$20.0) (An-Avgr)					Permit Measurement	PARM Code 00530 Y Mon.Site No. EFA-1
dsna	VirthoM		7/8ш		1.8					Sample Measurement	Solids, Total Suspended
9 QEV-5	AldinoM.		s_you	0:09 ====	(SVA\old) #					Permit Measurement	PARM Code 80082 I Mon.Site No. EFA-1
dsn2	Monthly		7/вш	12.0	12.0					Sample Measurement	BOD, Carbonaceous 5 day, 20C
r qeub	λίτηυογι		1/ 0 U.		20:0: (An:Avg.)					Permit Measurement	PARM Code 80082 Y Mon.Site No. EFA-1
dsnĐ	VidinoM		7/8w		3.5					Sample Measurement	BOD, Carbonaceous 5 day, 20C
E BOWES	E Daysweek						pbu ş		Mepori	Permit Measurement	PARM Code 50050 1 Mon.Site No. EFF-1
Flow	е Пауѕ⁄меек						рвш		350.0	Sample Measurement	Wol
JEIEW LIPW I	P.DeValweek		111271	100010040	i i i engge	Feyr 1	pBu) a	776.32	(BAY:UV) 80.0	Permit Measurement	PARM Code 50050 Y Mon.Site No. EFF-1
Flow Meter:	е Daysweek						p6w		9£0.0	Sample Measurement	Wolन
Sample Type	Frequency of	No. Ex	stinU	entration	ality or Conce	suD	stinU	or Loading	Quantity		Parameter

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 tine and imprisonment.

Independent of the personal of law that I have personally examined and sim familiar with the information, I believe the submitted in aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

72/90/70	362-787-236	-+1//	Will Fontaine (Chief Plant Operator)
(DAIMMINT) (DAIMINDD)	TELEPHONE NO.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MAMENTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)
	<u></u>	minutes and the same and the formatted and the same and t	

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

Black Bass Circle and Picciola Cut-Off

LOCATION:

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF

Permit Number: FLA010599

MONITORING GROUP NUMBER: R-001 and Influent

				MONITO	RING PERIO	D-From:	05/01/04	To:	05/31/0)4	
Parameter		Quantity	or Loading	Units	Units Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					6.0	6.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement	MF.	1. (2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Repart (Ma.Ayg)	(Max.)	mg/L	S	Monthly	Grab
рН	Sample Measurement				7.4		7.8	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement		11 14 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.0 (Min.)		(Max.)	s omg/L =		6 Days/Week	Gm).
Coliform, Fecal	Sample Measurement					1U		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement	10.5				200 (An Ayg.)		#/100ml+		Monthly	Grab
Coliform, Fecal	Sample Measurement					10	1U	#/100ml	Q	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo Geo:Mean)	800 — (MaX.). 2	(#/[00ml		Monthly	- Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			me/L	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5 Days/Week	- Gab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement		·			47.5%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement	100,000		di Caracter	No.	* Report ***		4 % all		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						0.3	mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement					- Charles	12,0 (Max.)	i≉e mg/L	100	Annually -	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					310		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab.
Solids, Total Suspended	Sample Measurement					240		mg/L	and the second second	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement	Tar projection	764 - 37 S			% ***Report*		arse ng/L		- Annually:	Grap .
	Sample Measurement							-			
	Permit Measurement			5.77.79				ne Sin se	100		10.5

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%

lī	Cle I	CDCD	700	Db /- · · ·	F1	TD0 /5:	I NEL				·
	Flow (MGD)	CBOD₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform	TRC (For Disinfect.)	Nitrogen, Nitrate,				
	(14100)	(IIIg/L)	(mg/L)		Bacteria	(mg/L)	Total (as				
					(#/100ml)	(····g/=/	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	10	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					٠,٠,٠,٠
29	0.047					2.2					
30	0.038		· -								
31	0.038			7.7		2.2		<u> </u>			
PI ANT ST				(./)		۵.۷			<u> </u>		

PLANT	STAF	FING:
	•	

Lead Operator

Day Shift Operator Class:
Day Shift Operator Class:
Day Shift Operator Class:

 Class:
 C

 Class:
 C

 Class:
 B

 Class:
 B

 Certification No.:
 7522

 Certification No.:
 13614

 Certification No.:
 7243

 Certification No.:
 7113

Name: Name: Name: Name: Brian Heath
Adam Michaelsen
John Worrell
Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* 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



See Page	2 for Instructions.						
L Genera	l Water System Information for the Month	Year of:	December, 2006				
Consecuti	ve System Name: Holiday Haven					PWS Identification	Number: 3354886
Consecuti	ve System Type:	Community [Non-Transient Non-Community		Transient Non-Community		
Number o	f Service Connections at End of Month:		127		Total Population Ser	ved at End of Montl	n: 381
Consecuti	ve System Owner:	Aqua Utilities Flo	rida			, ,	
Contact P		Brian Heath	· · · · · · · · · · · · · · · · · · ·		Contact Person's Title		
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@ac	uaamerica.com				
II Daily	Distribution System Disinfectant Residual	Data for the Month	Vene of: Dec	ember,	2006	· · · · · · · · · · · · · · · · · · ·	
	Disinfectant Residual Maintained in Distribu		Free Chlorine		Combined Chlorine (Chloramines)	1	Chlorine Dioxide
		Emergency o	r Abnormal Operating Conditions;			Emergency of	Abnormal Operating Conditions;
	Lowest Residual Disinfectant	1	Maintenance Work that Involves		Lowest Residual Disinfectant		Maintenance Work that Involves
	Concentration at Remote Point		ater System Components Out of	Day of	Concentration at Remote Point	,	ater System Components Out of
Day of the		The second second	그는 이 그 이 경면 그는 그리다 하는 사람이 바꾸었다. 이 이 등을 살아가면 되고 있다면 모든 것이다.	the	프라마스 그는 그 사람들이 있는데 그 요즘 회사들이 하는 그 사람이다. 그 그 중심하다.	alika kanasa atau Jidala	사용하는 사람들을 하고 있습니다. 그는 사람들은 불투자를 가지 않는 것이 없었다면 하는데 모든 사람들이 되었다.
Month	in Distribution System, mg/L	taritaria di daga di di	Operation	Month	in Distribution System, mg/L	100	Operation (palm)
4	2.8			17			
2				18	2.8		
3	2.8	-		19			
4 5	2.8			20 21	3.0		
1.6				22	3.0		
7	2.8			23			
8	2.0			24			
9				25			
10				26	3.0		
3:11	2.8			27			
12				28			
13		_		29	2.4		
e 14				30			
15	3.0			/ 31			
16]			
III Cord	fication by Authorized Representative			_			
iri. Certi	neation by Authorized Representative						
	authorized to sign this report on behalf of t	he consecutive syst	em identified in Part I on this report. I certify	that the inf	formation 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 Na	ıme		_	License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

December, 2006

,	ING MONTH:		per, 2006						,		Page 1 of 1
DAY		INTERCO	NNECT MASTER	METER		CL2	DISTRIBUT		Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	1	Conditions		INITIALS
PREV	35277	GALS.	864708	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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		4500		Approximation of the second	10.50	Section 1
2		0		0	0	- 1				100	
TOTAL	William Control of the Control of th	144,333		421,920	566,253	25.4	4	0.0		4.8	
AVERA	kGE:	4,656		13,610	18,266	2.	8	0.0			14. 3.4



See Page 2 for Instructi	ons.								
I. General Water System	Information for the Mor	th/Year of:	November, 2006						
Consecutive System Nam	e: Holiday Haven						PWS Identific	ation Number: 3354886	
Consecutive System Type):	Community	Non-Transient Non-Community	П	Transient Non-Co	mmunity ,			
Number of Service Conne			127			Total Population Ser	rved at End of l	Month:	381
Consecutive System Own	er:	Aqua Utilitie	s Florida						
Contact Person:		Brian Heath				Contact Person's Tit	le: Area Manag		
Contact Person's Mailing		PO Box 4903			City: Leesburg		State: FL	Zip Code: 34749	
Contact Person's Telepho	ne Number:	(352) 787-09				Contact Person's Far	x Number:	(352) 787-6333	
Contact Person's E-Mail	Address:	beheath@)aquaamerica.com						
II. Daily Distribution Sys				vember,	2006			7 W - 2 Life Add	
Type of Disinfectant Res	dual Maintained in Dist	ribution System	: Free Chlorine	П	Combined Chlorin	e (Chloramines)		Chlorine Dioxide	
Day of the Concentrat	sidual Disinfectant ion at Remote Point ition System, mg/L	Repair	cy or Abnormal Operating Conditions; or Maintenance Work that Involves g Water System Components Out of Operation	Day of the Month	Concentration	dual Disinfectant n at Remote Point nn System, mg/L	Repair	y or Abnormal Operati or Maintenance Work t Water System Compo Operation	that Involves nents Out of
Maria In District	2.6	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	17	TH INDUITORE	m System, mg/r	San Marie Co	Operation.	Maria dia and
	2.0			18				W-11-F	
	2.5	· · ·		349					
	2.0	+		20		2.2			
57.5				5 74					
	2.2		· · · · · · · · · · · · · · · · · · ·	22					Wat (
77.				23		2.5	T		
3.8				24 3				F 1 2 4	-
	2.4			25.					
E 10 E				26					
				27		2.8			
				228 29					
	2.5			29				***************************************	
				30					
				¥¥31					
	2.4		- Carallet	_}					
III. Certification by Auth	orized Representative					Y Y			
I am duly authorized to si knowledge and belief.	gn this report on behalf	of the consecuti	ve system identified in Part I on this report. I co	ertify that t	he information prov	vided in this report is tr	ue and accurate	e to the best of my	
			Paul Thompson					A7251	
Signature and Date			Printed or Typed N	ame			-	License Number or T	itle

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

November, 2006

	ING MONTH:		ber, 2006								Page 1 of 1
DAY		INTERCO	ONNECT MASTER	METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	33959	GALS.	829276	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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					1	
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		eliert Care				
2		0		0	0						
	Alegae and the party	138,599		404,258	542,857	22.	I area and the second and	0.0			
A PARTY	Gir School	4,471		13,041	17,512	2.:	5	0.0			



S'HORE							
	2 for Instructions. I Water System Information for the Month	Year of:	October, 2000	6			
	ve System Name: Holiday Haven					PWS Identification Num	ber: 3354886
		Community	Non-Transient Non-Communi	ity 🔲	Transient Non-Community		
	of Service Connections at End of Month:	3	127		Total Population Ser	rved at End of Month:	381
Consecuti	ive System Owner:	Aqua Utilities F	lorida				
Contact P	erson:	Brian Heath			Contact Person's Titl	e: Area Manager	
Contact P	erson's Mailing Address:	PO Box 490310)		City: Leesburg	State: FL Zip	Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number: (35	2) 787-6333
Contact P	'erson's E-Mail Address:	beheath@a	aguaamerica.com				
	Distribution System Disinfectant Residual		nth Year of:	October, 2			
Type of D	Disinfectant Residual Maintained in Distrib	ution System:	Free Chl	lorine 🗔	Combined Chlorine (Chloramines)	□ Ch	lorine Dioxide
		Emergency	or Abnormal Operating Co	nditions:		Emergency or Abr	normal Operating Conditions
	Lowest Residual Disinfectant		r Maintenance Work that In	11	Lowest Residual Disinfectant		enance Work that Involves
	Concentration at Remote Point		Water System Components	11 Thurst	Concentration at Remote Point	* .	System Components Out of
Day of the		Taking			[4] A. G. J. M. S. School, M. M. C. H. Sandarasan Sandari and J. Laure	Taking water t	Action of the Contract of the
Month	in Distribution System, mg/L	September 1990	Operation	Month	in Distribution System, mg/L		Operation
1.				17			
2	2.0	ļ		18			
.3				19	2.6		***************************************
4	2.3			20			
5 6	2.3			22			
7		 		23	2.5		
- 8		 		24	2.3		
9	2.1			25			
10	2.1	 		26	2.2		
116		 		27	2,2	 	
12 .	0.8			28			
13 (29			
14				30	2.6		
15				31			
² 16	2.6						
III. Certi	fication by Authorized Representative						
		the consecutive sy			formation provided in this report is true and		
			Paul Th			_	251
Signature	and Date		Printed	or Typed Name		Lie	cense Number or Title

PLANT NAME: Holiday Haven ST3
REPORTING MONTH: October, 2006

2 24514	100		0.0	or to the second control of the second contr	2.2	215,81	12,729		585,2	OE	
4 (1)			0.0		<i>L</i> .91	09L'L9\$	019 ʻ †6E		051,571		TATOT
			41			0	0		0		7
28.0	ton a					14,920	0/9,11	019168	3,250	34019	ı
						14,920	049'11	0	3,250	0	15
		,			9.2	892,81	811,21	947678	051'7	48688	30
						897'91	811,21	0	051,4	0	67
						L97'91	111,21	0	051,4	0	82
						L9Z'91	711,21	0	051'7	0	LZ
					2.2	L81'SZ	L85'71	824402	009'71	33793	56
						L81'SZ	L85'7I	0	12,600	0	52
						781,22	L85'71	0	15,600	0	74
					2.5	£9L'\$I	12,488	979078	3,275	33415	23
						£9L'\$1	12,488	0	SLZ'E	0	77
	*					79L'SI	784,41	0	SLZ'E	0	17
						792'51	12,487	0	SLZ'E	0	50
					9.2	£60'7I	L71'11	169218	L96'Z	33284	61
						£60't1	721,11	0	L96'Z	0	18
						£60't1	721,11	0	L96'Z	0	LΙ
					9.2	£\$6'LI	12,053	812293	006'\$	39155	91
						£\$6'LI	12,053	0	006'⊊	0	SI
						226,71	12,052	0	006'5	0	ÞΙ
						226,71	12,052	0	006'\$	0	13
					8.0	L08'91	ELE'II	7L+L08	5.433	32959	15
						L08'91	ELE'11	0	5,433	0	11
						L08'91	ELE'II	0.	5,433	0	10
					1.2	E47,71	12,768	090+08	SL6't	96LZE	6
						£ \ \$L'LI	17,768	0	SL6't	0	8
						741,742	<i>L</i> 9 <i>L</i> '7I	0	SL6'7	0	L
						747,71	12,767	0	SL6't	0	9
					2.3	15,203	LEL'11	£\$686L	<i>L</i> 9 1 ′ε	2525L	ς
						15,203	<i>L</i> £ <i>L</i> '11	0	L9t'E	0	ħ
						15,203	LEL'11	0	L94'E	0	ε
					0.2	34,035	285,22	Z£436L	059'11	32493	7
						34,035	22,385	0	059'11	0	I
			CL2 RES(LAB)	LYKEN		FLOW	GALS.	SS606L	CALS.	32260	PREV
STAITINI		Conditions	LOWEST	NOMBEK	RT	JATOT	(0)	2\8" READING	(00)	4" READING	
ОРЕКАТОК	LIME	IsmrondA	ON BYCL2	DISTRIBUTI	CF5		S METER	NNECT MASTE	INTERCO		YAG



- PERSONAL							
See Page	2 for Instructions.						
I. Genera	l Water System Information for the Month	Year of:	September, 2006				
	ve System Name: Holiday Haven					PWS Identifica	tion Number: 3354886
		Community	Non-Transient Non-Community		Transient Non-Community		
	f Service Connections at End of Month:		127		Total Popul	ation Served at End of M	onth: 381
	ve System Owner:	Aqua Utilities Florid	da				
Contact P		Brian Heath				son's Title: Area Manage	
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
	erson's Telephone Number:	(352) 787-0980			Contact Per	son's Fax Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aqu	laamerica.com				
	Distribution System Disinfectant Residual			ember,			
Type of L	isinfectant Residual Maintained in Distrib	ution System:	Free Chlorine		Combined Chlorine (Chloramines	s)	Chlorine Dioxide
		Emergency or	Abnormal Operating Conditions;]		Emergency	y or Abnormal Operating Conditions
	Lowest Residual Disinfectant	Repair or M	laintenance Work that Involves		Lowest Residual Disinfe		or Maintenance Work that Involves
	Concentration at Remote Point	_	ter System Components Out of	Day of	Concentration at Remote		Water System Components Out of
Day of the Month	in Distribution System, mg/L	Tuking Wu	Operation	the Month	in Distribution System,		Operation
	in Distribution System, ing/L	Autority Cartesian Cons	Operation	1	in Distribution System,	mg/L	eperation
1				17	3.4		·
3				18 19	2.4		
4	2,1			20			
5	2.1			21	2.4		
6				22	2.7		
7	2.4			23			
-8				24			
9				25	2.0		
10				26			
-11	2.4			27			
12				28	2.3		
13				29			
14) 15:	2.5			30			
15.				31			
116							
III. Certi	fication by Authorized Representative		1				
I am duly belief.	authorized to sign this report on behalf of	the consecutive systen	n identified in Part I on this report. I certify (that the inf	ormation provided in this report is	true and accurate to the b	pest of my knowledge and
			Paul Thompson				A7251
Signature	and Date		Printed or Typed Na	me			License Number or Title

Holiday Haven

PLANT NO:

573

----- 2006

REPORT	ING MONTH:	Septem	ber, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	30317	GALS.	756726	GALS.	FLOW	<u> 18</u>	TAKEN	CL2 RES(LAB)			
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			100	A STATE OF S		16.
2	32493	0	795432	0	0				30/2		
TOTAL	FIRST CONTROL NO. THE STATE OF CONTROL SECTION AND CONTROL OF CONT	205,950	ur ai	364,674	570,624	18.5	THE RELEASE OF THE PROPERTY OF	S B			April 10
AVERA	GE	6,644		11,764	18,407	2.3		0.0		443	



	2 for Instructions.						
	l Water System Information for the Month	Year of:	August, 2006			.	
	ve System Name: Holiday Haven					PWS Identification	Number: 3354886
		Community F	1		Transient Non-Community		
	f Service Connections at End of Month:		127		Total Population Ser	ved at End of Month:	381
	ve System Owner:	Aqua Utilities Flor	ida				
Contact Po		Brian Heath			Contact Person's Title		
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aq	uaamerica.com				
II. Daily	Distribution System Disinfectant Residual	Data for the Month	Year of: A	ugust, 2	006		
	isinfectant Residual Maintained in Distribu		Free Chlorine	0 ,	Combined Chlorine (Chloramines)	П	Chlorine Dioxide
				7		T _{am}	10 6 0 17
			Abnormal Operating Conditions;				Abnormal Operating Conditions;
	Lowest Residual Disinfectant	-	Maintenance Work that Involves	Day of	Lowest Residual Disinfectant		aintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Wa	ater System Components Out of	the	Concentration at Remote Point	Taking Wat	er System Components Out of
Month	in Distribution System, mg/L	1450	Operation	Month	in Distribution System, mg/L		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 Corti	lication by Authorized Representative					•	
		the consecutive syste	em identified in Part I on this report. I certify	that the int	formation provided in this report is true and	accurate to the best o	f my knowledge and
			Paul Thompson			_	A7251
Signature	and Date		Printed or Typed Na	ame			License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

August, 2006

REPORT	ING MONTH:		st, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	24428	GALS.	714629	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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		18.			1. 1.	1.0
2		0		0	0		1.1	1		1	
TOTAL	and the second	588,900		470,470	1,059,370	28.0	2.00	0.0			19
AVERA	GE	18,997		15,176	34,173	2.3		0.0			



See Page	2 for Instructions.							
	l Water System Information for the Mont	i Year of:		July, 2006				
	ve System Name: Holiday Haven					1	PWS Identification Number:	3354886
		Community		sient Non-Community		Transient Non-Community		
	of Service Connections at End of Month:		127			Total Population Se	rved at End of Month:	381
	ve System Owner:	Aqua Utilities	Florida					
Contact P		Brian Heath	10			Contact Person's Tit	· · · · · · · · · · · · · · · · · · ·	
	erson's Mailing Address:	PO Box 4903				City: Leesburg		le: 34749
	erson's Telephone Number:	(352) 787-09				Contact Person's Fa	x Number: (352) 7	87-6333
Contact P	erson's E-Mail Address:	beneath	<u>aquaameric</u>	a.com				***************************************
II. Daily	Distribution System Disinfectant Residua	Data for the M	onth Year of :	J	July, 200)6		
Type of D	isinfectant Residual Maintained in Distril	oution System:		Free Chlorine		Combined Chlorine (Chloramines)	Chlorin	e Dioxide
		Emergeno	v or Abnorma	1 Operating Conditions;			Emergency or Abnorr	nal Operating Conditions;
	Lowest Residual Disinfectant	1		ce Work that Involves	1	Lowest Residual Disinfectant		nce Work that Involves
	Concentration at Remote Point	-		Components Out of	Day of	Concentration at Remote Point		em Components Out of
Day of the	in Distribution System, mg/L	. Takiliş		Laberra de la companya de la company	the		[2] A. Dong, S. W. Lin, Phys. Rev. Lett. 11, 127 (1997).	Note that will be the second of the control of the
Month	in Distribution System, mg/L	1200	Oper	ation	Month	in Distribution System, mg/L	<u>Op</u>	eration
1					17	2.2		
2	2.4				18			
4	2.4	-			19			
5					20 21	2.4		
6	2.6				22			
7.	2.0	+			23			
8.					24			
9					25	2.0		
40.					26			
111.5	2.4				27			
12					28	2.2		
13					29			
14	2.5				30			
. 15					31			
16								
III Contil	ication by Authorized Representative							
in. Cerai	leation by Authorized Representative	•		·				
I am duly	authorized to sign this report on behalf of	the consecutive	cyctem identified i	n Part I on this report Leartific	that the inf	formation provided in this report is true and	accounts to the best of my lenor	vladaa aud
belief.	wastermen worgh and report on outhin Or	TIC COIDCUUVC	oyoum namuu I	a rate ron uns report, rectury	war uit IIII	ornadon provided in this report is true and	accurate to the best of my know	wicage and
				Paul Thompson			A7251	
Signature	and Date			Printed or Typed Na	ime			Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

July, 2006

REPORT	ING MONTH:		, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	22581	GALS.	677694	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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				Table State		E 19 60 12 12
2		0		0	0			1.0			
OTAL	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	333,125		400,077	733,202	18.7	BUT COST TO 100 COST COST COST COST COST COST COST COST	0.0		10.00	
AVERA	GE	10,746		12,906	23,652	2.3		0.0			



	2 for Instructions. Water System Information for the Month	Verie (d)	June, 2006				
	ve System Name: Holiday Haven	rear or.	June, 2000		· · · · · · · · · · · · · · · · · · ·	PWS Identification	Number: 3354886
		Community	Non-Transient Non-Community		Transient Non-Community	I wa Manuncadon	Number: 3334880
	f Service Connections at End of Month:	Community	127	#!	-	rved at End of Month	381
	ve System Owner:	Aqua Utilities Fl			1 our 1 opinion se	a vod ut 23id of iviolidi	301
Contact Po		Brian Heath			Contact Person's Ti	le: Area Manager	
Contact Pe	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact Po	erson's Telephone Number:	(352) 787-0980			Contact Person's Fa	x Number:	(352) 787-6333
Contact Pe	erson's E-Mail Address:	beheath@a	quaamerica.com				
				20	0./		
	Distribution System Disinfectant Residual isinfectant Residual Maintained in Distribu		Free Chlorine	une, 20	Combined Chlorine (Chloramines)		Chlorine Dioxide
Type of D	isinectant Residual Maintained in Distribu	T .		1 1	Combined Chiornie (Chiorannies)	1	
		Emergency	or Abnormal Operating Conditions;			Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or	Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or M	aintenance Work that Involves
Day of the	Concentration at Remote Point	Taking V	Vater System Components Out of	Day of the	Concentration at Remote Point	Taking Wa	ter System Components Out of
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L		Operation
1	2.5			17			
2				18			
3				19	2.5		
4				20			
5	2.6			21			
: 6				22	2.5		
7				23			24,04
8	2.8			.24			
9 10				25			
3311		 		26 27	2.8		
12	2.6			28		1	
113	2.0			29	2.5	 	
14				30	2.3		
215	2.4			31			
16						·	
				<u> </u>			
III. Certif	ication by Authorized Representative						
	d : 1, : d: , 1 1 10 0,	•					
belief.	authorized to sign this report on behalf of t	he consecutive sys	stem identified in Part I on this report. I certify	that the ini	ormation provided in this report is true and	accurate to the best of	if my knowledge and
ochel.							
			Paul Thompson				A7251
Cionatura	and Date		Printed or Typed Na	me		_	License Number or Title

Holiday Haven

PLANT NO:

573

June 2006

REPORT	ING MONTH:	June	, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	20315	GALS.	638637	GALS.	FLOW.		TAKEN	CL2 RES(LAB)			
1	20576	26,100	642466	38,290	64,390	2.5					7. 70 1.
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					9.00	
3		0		0	0				egati.	3.0	
		232,600		473,045	705,645	23.2		0.0			
AVERA	GE	7,503		15,260	22,763	2.6		0.0			



See Page	2 for Instructions.							
	Water System Information for the Month	Vericoff	May, 2006	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	ive System Name: Holiday Haven	Tear or.	Way, 2000				PWS Identification	Number: 3354886
		Community	Non-Transient Non-Community		Transient Non-Com	munity	1 10011000000	
	of Service Connections at End of Month:	· · · · · · · · · · · · · · · · · · ·	127	· · · · · · · · · · · · · · · · · · ·	·		ved at End of Month:	381
Consecuti	ive System Owner:	Aqua Utilities F	Florida		~	·····		
Contact P		Brian Heath		.		Contact Person's Titl	e: Area Manager	
	'erson's Mailing Address:	PO Box 490310		· · · · · · · · · · · · · · · · · · ·	City: Leesburg		State: FL	Zip Code: 34749
	'erson's Telephone Number:	(352) 787-0980				Contact Person's Fax	Number:	(352) 787-6333
Contact P	'erson's E-Mail Address:	beheath@a	aquaamerica.com			·		
II. Daily	Distribution System Disinfectant Residual	Data for the Mon	nth Year of :	May, 20	06			
Type of I	Disinfectant Residual Maintained in Distribu	ution System:	Free Chlorir		Combined Chlorine	(Chloramines)		Chlorine Dioxide
		Emergency	or Abnormal Operating Condi	itions.			Emergency or	Abnormal Operating Conditions
	Lowest Residual Disinfectant	1	r Maintenance Work that Invol		Lowest Resid	ual Disinfectant		aintenance Work that Involves
	Concentration at Remote Point	1 -	Water System Components Out	II Day of	1	at Remote Point		
Day of the		1 - 1 - Tu	그리고 그 그 그 건강을 하는 것 같다. 그런 동생이 그는 그 없는 것 같다.		1 Aug. 40			ter System Components Out of
Month	in Distribution System, mg/L		Operation		in Distributio	n System, mg/L		Operation
1	2.0		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	17				
2	2.5			18	2	4		
3"	2.5			19		,		
4 5	2.5	 		20		·		
6 '				22		2.4		
7				23		·.T		
- 8	1.8			24				
9		 		25		2.1		
107				26				
111.	1.5	· · · · · · · · · · · · · · · · · · ·		27				······································
12				28.				
13				29	2	2.4		
14				30				
115	1.3			31				
16								
III Certi	fication by Authorized Representative					·		
	authorized to sign this report on behalf of	the consecutive sy	ystem identified in Part I on this report.	I certify that the in	formation provided in	this report is true and	accurate to the best o	f my knowledge and
			Paul Thomp	oson				A7251
Signature	and Date		Printed or T	vned Name			_	License Number or Title

PLANT N	AME:
---------	------

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

May. 2006

REPORT	ING MONTH:	May	, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	18507	GALS.	599042	GALS.	FLOW	-	TAKEN	CL2 RES(LAB)			
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			<u></u>		
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					17 - 156	r (4. 36)
2		0		0	0				i i i i i i i i i i i i i i i i i i i	- 1	
		194,667	94.9	440,130	634,797	20.9		0.0			
AVERA	GE.	6,280	(3)	14,198	20,477	2.1		0.0			



Ventons							
See Page	2 for Instructions.						
	Water System Information for the Month	Year of:	April, 2006				
	ve System Name: Holiday Haven					PWS Identification N	umber: 3354886
		Community	Non-Transient Non-Community		Transient Non-Community		
	f Service Connections at End of Month:		127		Total Population	Served at End of Month:	381
	ve System Owner:	Aqua Utilities F	lorida		<u> </u>		
Contact P		Brian Heath				Title: Area Manager	
	erson's Mailing Address:	PO Box 490310			City: Leesburg		Zip Code: 34749
	erson's Telephone Number:	(352) 787-0980			Contact Person's I	Fax Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	<u>beneath@a</u>	aguaamerica.com				
II. Daily	Distribution System Disinfectant Residual	Data for the Mon	th Year of:	pril, 20	06		
Type of D	isinfectant Residual Maintained in Distribu	ition System:	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency	or Abnormal Operating Conditions;			Emergency or A	Abnormal Operating Conditions;
	Lowest Residual Disinfectant		Maintenance Work that Involves		Lowest Residual Disinfectan	T .	intenance Work that Involves
	Concentration at Remote Point		Water System Components Out of	Day of	Concentration at Remote Poin		er System Components Out of
Day of the	in Distribution System, mg/L	Taking		the	13 A Section of the Control of th		□ 4.7 (1.1.) 1 × 1.7 (4.5%) 10 × 1.6.
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/I	• 1 Sec. 2015	Operation
1				17	1.2		
3	1.2			18			
4	1.2			19	11		
5				20 - 21	1.1		
6	1.1			22			
7.				23			
8/1/				24	1.6		
. 9				25	7.0		
30	1.0			26			
7:115				27	2.2		
12				28	1.9		
13	1.3			29			
14				30			
15				31			
16				,			
III. Corti	leation by Authorized Representative			_			
Tr. CIUI	tenten by Authorized representative						
I am duly	authorized to sign this report on behalf of t	he consecutive sv	stem identified in Part I on this report. I certify t	hat the int	formation provided in this report is true a	nd accurate to the best of	my knowledge and
belief.							
			Paul Thompson				A7251
Signature	and Date		Printed or Typed Na	me			License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

April. 2006

REPORTING MONTH: April, 2006										Page 1 of 1	
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	17022	GALS.	561371	GALS.	FLOW	4.	TAKEN	CL2 RES(LAB)			
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				1000	10 miles	Sec. 2015
3		0		0	0						
TOTAL	the transfer order or deposit for the contract of the contract			403,169	563,002	12.6		0.0	46.75		gar is a second
AVERA	GE	5,156	16	13,005	18,161	1.4		0.0	i de di A trast	1	



	2 for Instructions.		Manch 2004	·			
	Water System Information for the Month	Year of:	March, 2006			DWC 144:C4:	N 1 2254996
	ive System Name: Holiday Haven	Community	Non-Transient Non-Community		Transient Non-Community	PWS Identification	Number: 3334880
	ive System Type: of Service Connections at End of Month:	Community 1	127	3. 1	Total Population Ser	mund at End of Month	: 381
	ive System Owner:	Aqua Utilities Flori			Total Population Set	ved at End of Mondi	. 381
Contact P		Brian Heath	ua		Contact Person's Titl	le: Area Manager	
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
	'erson's Telephone Number:	(352) 787-0980			Contact Person's Fax		(352) 787-6333
	'erson's E-Mail Address:		uaamerica.com	·			()
II Daily	Distribution System Disinfectant Residual	Data for the Month S	Year of:	arch, 2	006		
	Disinfectant Residual Maintained in Distrib		Free Chlorine		Combined Chlorine (Chloramines)	E	Chlorine Dioxide
		Emergency or	Abnormal Operating Conditions;			Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant	· - · ·	laintenance Work that Involves		Lowest Residual Disinfectant	1 -	laintenance Work that Involves
	Concentration at Remote Point	•	ter System Components Out of	Day of	Concentration at Remote Point	-	ter System Components Out of
Day of the			. The state of the	the	 M. M. Santo-Albertan, A. Santo-Albertan, Phys. Lett. 7 (1997) 	_	
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L	The State of the S	Operation
1"	0.8			17			
3	1.3			18 19			
4)	· 1.3	<u> </u>		20	1.0		
5				21	1.0	<u> </u>	
6	1.2			22			
7	*			23	1.2		
- 8				24			
9	1.2			25			
10				26			
711				27	1.0		
12				28			
/ 13	1.0			29			
14				30			
15				31	1.2		
16	1.3		1.2.				
III. Certi	fication by Authorized Representative				1		
I am duly belief.	authorized to sign this report on behalf of	the consecutive system	m identified in Part I on this report. I certify t	that the in	formation provided in this report is true and	accurate to the best of	of my knowledge and
			Paul Thompson				A7251
Signature	and Date		Printed or Typed Na	me		_	License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

March, 2006

REPORT	ING MONTH:	Marc	h, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	15663	GALS.	518543	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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	100000	10.0			7.00	
TOTAL	100000000000000000000000000000000000000	135,900		428,280	564,180	11.2	TOTAL PARK LINES CONTINUES TO THE PARK	0.0			AND STATE OF
AVERA	GE	4,384		13,815	18,199	1.1		0.0			



See Page	2 for Instructions.						
1. Genera	Water System Information for the Month	Year of:	February, 2006				
Consecuti	ve System Name: Holiday Haven					PWS Identificat	ion Number: 3354886
Consecuti	ve System Type:	Community 🔲 N	Ion-Transient Non-Community		Transient Non-Community		
Number o	of Service Connections at End of Month:		27		Total Population Ser	ved at End of Mo	onth: 381
Consecuti	ve System Owner:	Aqua Utilities Florida					
Contact P		Brian Heath			Contact Person's Titl		
	erson's Mailing Address:	PO Box 490310	·			State: FL	Zip Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aquaa	america.com				
II. Daily	Distribution System Disinfectant Residual	Data for the Month Year	of: Feb	ruary, 2	2006		
	Disinfectant Residual Maintained in Distribu		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency or Al	onormal Operating Conditions;			Emergency	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant		ntenance Work that Involves		Lowest Residual Disinfectant		Maintenance Work that Involves
	Concentration at Remote Point		System Components Out of	Day of	Concentration at Remote Point	1 -	Water System Components Out of
Day of the	in Distribution System, mg/L	The figure 1	Operation Operation	the	La	Taking V	
Month			Operation	Month	in Distribution System, mg/L	Sign Supplies	Operation
-(1 - 2	1.4			17			
3	10			18			
2	1.2			19	1.3		
				20 21	1.3		·
4 5 6	1.0			22		1	
7	1.0			23	1.1		
				24	1.1		
8 9	1.2			25			
1.10				26			
11				27	1.2		
12				28			
13	1.2			29			
14				30			
15				- 31			
16	1.0						
III. Certi	fication by Authorized Representative				1		
	•			•			
I am duly	authorized to sign this report on behalf of t	the consecutive system id	lentified in Part I on this report. I certify t	hat the inf	ormation provided in this report is true and	accurate to the be	est of my knowledge and
belief.							
			Paul Thompson				A7251

Signature and Date

License Number or Title

Printed or Typed Name

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

February, 2006

REPORT	ING MONTH:	Februa	ry, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	14534	GALS.	479668	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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		ļ				
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						The wast of
5		0		0	0		10.000			- 1	
TOTAL	State Mark Sec. in Mark Sec. Lett. Advantage Sect. (Sec. 48)	115,050		401,985	517,035	10.6		0.0	34.0		
AVERA	GE	3,711		12,967	16,679	1.2	A STATE OF THE STA	0.0			



See Page	2 for Instructions.						
I. General	Water System Information for the Month	Year of:	January, 2006				
	ve System Name: Holiday Haven					PWS Identification	on Number: 3354886
			Non-Transient Non-Community		Transient Non-Community		
Number o	f Service Connections at End of Month:		127		Total Population	n Served at End of Mon	th: 381
Consecuti	ve System Owner:	Aqua Utilities Florida	I				
Contact Po		Brian Heath	*			Title: Area Manager	
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact Po	erson's Telephone Number:	(352) 787-0980			Contact Person's	Fax Number:	(352) 787-6333
Contact Po	erson's E-Mail Address:	beheath@agua	<u>iamerica.com</u>				
H. Daily	Distribution System Disinfectant Residual	Data for the Month Ye	ar of:	iuary, 2	006		
	isinfectant Residual Maintained in Distribu		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
1				v		T.	A1 10 11 0 11
		-	Abnormal Operating Conditions;				or Abnormal Operating Conditions;
	Lowest Residual Disinfectant		intenance Work that Involves	Day of	Lowest Residual Disinfecta		Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Wate	er System Components Out of	the	Concentration at Remote Po	int Taking W	later System Components Out of
Month	in Distribution System, mg/L	303678-17 . 18 AER	Operation	Month	in Distribution System, mg	/L	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		
14				27			
12	1.6			28			
13				29			
14				30	1.2		
15				31			
16	1.4]			
III. Certif	leation by Authorized Representative						
	authorized to sign this report on behalf of t	he consecutive system	identified in Part I on this report. I certify	that the inf	ormation provided in this report is true	and accurate to the bes	at of my knowledge and
			Paul Thompson				A7251
Signature	and Date		Printed or Typed Na	me			License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

January, 2006

	ING MONTH:		ry, 2006								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	13232	GALS.	435481	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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						Additional to
2		0		0	0						
TOTAL	41.55	187,000	1,120	453,545	640,545	10.1		0.0	100	100	Part of the second
AVERA	GE	6,032		14,630	20,663	1.1		0.0			e e



See Page	2 for Instructions.						
	Water System Information for the Month	Year of:	December, 2005				
	ve System Name: Holiday Haven	Tear voi.				PWS Identification 1	Number: 3354886
		Community []	Non-Transient Non-Community		Transient Non-Community		
Number o	f Service Connections at End of Month:	1	127		Total Population Ser	ved at End of Month:	381
Consecuti	ve System Owner:	Aqua Utilities Florida					
Contact P	erson:	Brian Heath			Contact Person's Title	e: Area Manager	
Contact P	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aqua	america.com				
H. Doily	Distribution System Disinfectant Residual	Data for the Month Yes	Dec Dec	ember,	2005		
Type of D	isinfectant Residual Maintained in Distribu	ition System:	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency or A	bnormal Operating Conditions;			Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant		ntenance Work that Involves		Lowest Residual Disinfectant		aintenance Work that Involves
				Day of	Concentration at Remote Point	1 7	
Day of the	Concentration at Remote Point	T	r System Components Out of	the	18 St. Carlotte and the control of t	Taking wai	ter System Components Out of
Month	in Distribution System, mg/L	A Section 1	Operation	Month	in Distribution System, mg/L		Operation
1	1.5			17			
2				18			
3				19 20			
4	1.3			20	1.1		
6	1.3			22			
7 :				23	1.2		
- 8	1.0			24	1.2		
9				25			
10				26	1.2		
11.				27			
12	1.2			28			
13				- 29	1.0		
14				30			
45				.31	1.0		
1.16	1.3						
III. Corti	ication by Authorized Representative						
Transfer City	reality by Attaloused respectitative						
I am duly	authorized to sign this report on behalf of t	he consecutive system i	dentified in Part I on this report. I certify	that the inf	formation provided in this report is true and	accurate to the best o	of my knowledge and
belief.	· .	•	•		•		
<u></u>			Paul Thompson			_	A7251
Signature	and Date		Printed or Typed Na	me			License Number or Title

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

December, 2005

REPORT	ING MONTH:	Decemb	per, 2005								Page 1 of 1	
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR	
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS	
PREV	12304	GALS.	392456	GALS.	FLOW		TAKEN	CL2 RES(LAB)				
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					16		
2		0		0.	0							
TOTAL		107,600		461,850	569,450	11.8		0.0		14/44	New York	
AVERA	G E	3,471	1	14,898	18,369	1.2		0.0		1.5	19	



C	26 4 4								
	2 for Instructions. Water System Information for the Month	N/	November, 2005						
	ve System Name: Holiday Haven	Year or:	November, 2005				DWS Identification	Number: 3354886	
	 	Community Non	n-Transient Non-Community	PWS Identification Number: 3354886 Transient Non-Community					
	f Service Connections at End of Month:	127		(#AC.,11)	Transfer Tron Con	Total Population Ser	ved at End of Month	381	
Consecuti	ve System Owner:	Aqua Utilities Florida							
Contact P	erson:	Brian Heath							
Contact P	erson's Mailing Address:	PO Box 490310			City: Leesburg		State: FL	Zip Code: 34749	
Contact P	erson's Telephone Number:	(352) 787-0980				Contact Person's Fax	Number:	(352) 787-6333	
Contact P	erson's E-Mail Address:	beheath@aquaam	nerica.com						
II Daily	Distribution System Disinfectant Residual	Data for the Month Year of	Nove	ember,	2005				
Type of D	isinfectant Residual Maintained in Distribu	ıtion System:	Free Chlorine		Combined Chlorine	(Chloramines)		Chlorine Dioxide	
		Emergency or Abn	ormal Operating Conditions;				Emergency or	Abnormal Operating C	onditions:
	Lowest Residual Disinfectant		enance Work that Involves		Lowest Residu	ual Disinfectant		aintenance Work that	
	Concentration at Remote Point		ystem Components Out of	Day of	l .	at Remote Point		ter System Components	
Day of the			Operation	the	1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1		raking wa		The Bay State of the State of t
Month	in Distribution System, mg/L		Орегацон	Month	9	n System, mg/L		Operation	days your services.
1	0.9			17 18		1.6			
2	1.1			19					
3	1,1			20				·	
5				21	1	1.6			
6			·	22		1.0			
7	1.0			23	1	.4			
8				24	1	1.3			
. 9				25					
10				- 26					
11-75	0.8			27					
12				28	1	1.4			
. 13				29					
14	1.7			30					
15				31		· · · · · · · · · · · · · · · · · · ·			
16				IJ					
III. Certif	leation by Authorized Representative			-					
	authorized to sign this report on behalf of t	he consecutive system iden	tified in Part I on this report. I certify t	hat the in	formation provided in	this report is true and	accurate to the best o	of my knowledge and	
			Paul Thompson					A7251	
Signature	and Date		Printed or Typed Nar	me			-	License Number or Title	

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

November, 2005

REPORT	ING MONTH:	Novemb	per, 2005								Page 1 of 1
DAY		INTERCO	NNECT MASTER	RMETER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
l	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	11312	GALS.	354251	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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						100
2	7000 Mark 1917 2018 4	0		0	0	120000000000000000000000000000000000000		and the second s			
TOTAL		104,000		410,262	514,262	12.8					
AVERA	GE	3,355		13,234	16,589	1.3		0.0		1 to 1	4.7



					-				
	2 for Instructions.								
	I Water System Information for the Month	i Year of:	October, 2005				I		
	ve System Name: Holiday Haven	wi o	week at the state of the state				PWS Identification	n Number: 3354886	
		Community	Non-Transient Non-Community	1	Transient Non-Comm			•	
L	of Service Connections at End of Month:	A 27,797,7 V	127			Total Population Ser	ved at End of Mont	h:	381
	ve System Owner:	Aqua Utilities I	Florida			C + +P + t ma			
Contact P		Brian Heath PO Box 490310	0			Contact Person's Titl		2: C 1 14740	q
	erson's Mailing Address: erson's Telephone Number:	(352) 787-0980			City: Leesburg	Contact Person's Fax	State: FL	Zip Code: 34749 (352) 787-6333	
						Contact Person's Fax	Number:	(332) /8/-0333	
Contact P	erson's E-Mail Address:	<u>beneath</u>	aquaamerica.com						
	Distribution System Disinfectant Residua		nth Year of :	October,	2005				
Type of I	Disinfectant Residual Maintained in Distrib	oution System:	Free Chlorin	ne I	Combined Chlorine (Chloramines)		Chlorine Dioxide	
		Emergency	y or Abnormal Operating Condi	itions:			Emergency o	r Abnormal Operati	ng Conditions:
	Lowest Residual Disinfectant		or Maintenance Work that Invol		Lowest Residua	al Disinfectant		Maintenance Work t	
	Concentration at Remote Point		Water System Components Out	t of Day of	Concentration a			ater System Compo	
Day of the		. Taking		11 110	4 .		Taking W	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	Brahming Color of the C
Month	in Distribution System, mg/L		Operation	Month	in Distribution		SCAC STATE COLUMN	Operation	
1				17	2.2	2			
2				18					
3 4	2.4			19	1./				
5	2.2			20 21	1.0) 			
6	2.2	<u> </u>		22					
7.	2.0			23		· · · · · · · · · · · · · · · · · · ·			
8	2.0			24	1.4	1			
9		_		25	1	<u> </u>			
10	1.6			26					
11				27	1.0)			
12				28	1.				
. 13	2.0			29					
14				30					
45				31	1.0	0			
16		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
									
III. Certi	fication by Authorized Representative			:	·				
I am duly belief.	authorized to sign this report on behalf of	the consecutive s	ystem identified in Part I on this report.	I certify that the in	formation provided in t	his report is true and	accurate to the best	t of my knowledge and	
			Paul Thom	pson				A7251	
Signature	and Date			Voed Name			_	License Number or Ti	itle

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

October 2005

REPORT	ING MONTH:		er, 2005 DNNECT MASTER								Page 1 of 1
DAY			CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR			
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	10462	GALS.	313876	GALS.	FLOW	1.	TAKEN	CL2 RES(LAB)			
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		F1		7.60		18.
2		0		0	0				10 March 1988	100 200 300	(5) (1) (2)
		85,000		403,748	488,748	17.9		0.0			(4) 14 M
AVERA	GE. "	2,742		13,024	15,766	1.6		0.0			er dere



I Genera	Water System Information for the Montl	Year of:	September, 2005				
	ive System Name: Holiday Haven					PWS Identification Number: 3354886	
Consecuti		Community	Non-Transient Non-Community	П	Transient Non-Community		
Number o	of Service Connections at End of Month:		127		Total Population Ser	ved at End of Month:	381
Consecuti	ive System Owner:	Aqua Utilities Flo	orida				
Contact P		Brian Heath			Contact Person's Titl	e: Area Manager	
	'erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL Zip Code: 34749	
	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number: (352) 787-6333	
Contact P	erson's E-Mail Address:	beheath@ad	quaamerica.com				
II Daily	Distribution System Disinfectant Residual	Data for the Month	Normal: Sen	tember,	2005		
Type of D	Disinfectant Residual Maintained in Distrib	ution System:	Free Chlorine	П	Combined Chlorine (Chloramines)	Chlorine Dioxide	
		7	A1 10 % C 10	7			
			or Abnormal Operating Conditions;			Emergency or Abnormal Oper	-
	Lowest Residual Disinfectant	_	Maintenance Work that Involves	Day of	Lowest Residual Disinfectant	Repair or Maintenance Wor	
Day of the	Concentration at Remote Point	Taking W	Vater System Components Out of	the	Concentration at Remote Point	Taking Water System Com	
Month	in Distribution System, mg/L	ovatisa sist	Operation	Month	in Distribution System, mg/L	Operation	
1	0.9			17			
2	0.8			18			
3.				19			
4				20			
5	1.9			21	1.5		
6 7				22			
7		ļ		23	1.3		
8. 9.	2.0			24 25			
	2.0	 		26	2.4		
10 11				27	2.4		
12				28			
137.				29	2.4		
14	1.8			30			
15				31			
16:1	1.6						
				4			
III. Certif	fication by Authorized Representative					<u> </u>	
	4 . 1 4 1116	and the second					
I am duly belief.	authorized to sign this report on behalf of	tne consecutive sys	tem identified in Part I on this report. I certify	that the in	formation provided in this report is true and	accurate to the best of my knowledge and	
Denei.							
			Paul Thompson			A7251	
Signature	and Date		Printed or Typed Na	ame		License Number of	Title
	MIN AMOV		i i i i i i i i i i i i i i i i i i i	*****		LIOVEDO I VIIIDOI O	

Holiday Haven

PLANT NO:

573

PREV 1 2 3 4 5	4" READING 9264 9282 9311 0 0	(00) GALS. 1,800 2,900	5/8" READING 273603 275040	(0) GALS.	TOTAL	CL2	DISTRIBUT		Abnormal	TIME	Page 1 of 1 OPERATOR
PREV 1 2 3 4	9264 9282 9311 0	GALS. 1,800	273603		TOTAL	RT				ı	
1 2 3 4	9282 9311 0	1,800		GALS.		NUMBER	LOWEST	Conditions		INITIALS	
3 4	9311		275040		FLOW		TAKEN	CL2 RES(LAB)			
3 4	0	2,900	2730.0	14,370	16,170	0.9					
4			276293	12,530	15,430	0.8					
	0	6,233	0	12,720	18,953						
5		6,233	0	12,720	18,953						
	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				3 1 Heigh		907 712
TOTAL		123,450		416,422	539,872	16.6		and the processing of the control of	and the second second second second	Annual School of the State of t	
AVERAG		3,982	200	13,433	17,415						



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

			1							
See Page	2 for Instructions.									
I. Genera	Water System Information for the Month	Year of:	s	August, 2005	_					
Consecuti	ve System Name: Holiday Haven							PWS Identification	Number: 3354886	
		Community	Non-T	ransient Non-Community	Г	Transient Non-Com	munity			
	f Service Connections at End of Month:		127				Total Population Ser	ved at End of Month:	381	
Consecuti	ve System Owner:	Aqua Utilities	Florida							
Contact P		Brian Heath					Contact Person's Title	,	.,	
	erson's Mailing Address:	PO Box 4903				City: Leesburg		State: FL	Zip Code: 34749	
	erson's Telephone Number:	(352) 787-09					Contact Person's Fax	Number:	(352) 787-6333	
Contact P	erson's E-Mail Address:	beheath@	<u>)aquaame</u> i	<u>rica.com</u>						
H Daile	Distribution System Disinfectant Residual	Data for the M	onth Vermat	Α	ugust, 2	005				
	isinfectant Residual Maintained in Distribu		And Tear or .	Free Chlorine		Combined Chlorine	(Chloramines)		Chlorine Dioxide	
7		Y		1000 0 1	7		<u> </u>			
			-	mal Operating Conditions;			seronoli di	1	Abnormal Operating Condi	
	Lowest Residual Disinfectant			ance Work that Involves	Downer		ual Disinfectant		aintenance Work that Invol-	1
Day of the	Concentration at Remote Point	Taking	Water Syst	tem Components Out of	Day of the	Concentration	at Remote Point	Taking Wa	ter System Components Out	of
Month	in Distribution System, mg/L		Or	peration	Month	in Distribution	n System, mg/L		Operation	A THE STATE OF THE
1	1.0				17	0).5			
2				····	18					
3	0.9				19	C).4			
4					20					
5	1.2				21					
- 6					22	C).6			
7					- 23					
-8	1.4				24	C).7			
9		<u></u>			25					
10					26	C).7			
- 4. IT	1.0			·	27					
. 12					28					
13					29					
14	0.5				30		~			
. 15	0.5				31		1.7			=
-16										
III Certi	ication by Authorized Representative					3				
	authorized to sign this report on behalf of t	he consecutive	system identifi	ed in Part I on this report. I certify	that the in	formation provided in	this report is true and	accurate to the best o	f my knowledge and	
				Paul Thompson					A7251	
Signature	and Date			Printed or Typed N	ame			-	License Number or Title	

Holiday Haven

PLANT NO:

573

et 2005

	ING MONTH:		st, 2005								Page 1 of 1
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	7227	GALS.	228876	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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						45
2		0		0	0						
TOTAL		178,120		396,398	574,518	10.6	1	0.0	1000		
AVERA	GE	5,746	4.5	12,787	18,533	0.9		0.0			



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

Consecutive System Name: Holiday Haven Holiday Haven File Consecutive System Type: File Community File Non-Transient Non-Community To Transient Non-Community To
Consecutive System Type: F Community Non-Transient Non-Community Transient Non-Community Transient Non-Community Transient Non-Community Transient Non-Community 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 Feed Number: (352) 787-980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Il. Daily Distribution System Disnifectant Residual Data for the Munit Year of Spice of Disinfectant Residual Maintained in Distribution System: F Free Chlorine Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Concentration at Remote Point in Distribution System, mg/L 2.0 Spiral Address Contact Person's Fax Number: (Contact Person's Fax Number: (352) 787-6333 Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of the Month in Distribution System, mg/L Operation 3.1 Concentration at Remote Point in Distribution System, mg/L Operation 3.2 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.2 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.2 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.3 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.4 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.4 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L Operation 3.5 Lowest Residual Disinfectant Concentration at Remote Point in Distributi
Number of Service Connections at End of Month: Consecutive System Owner: Aqua Utilities Florida Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Faw Number: Contact Perso
Consecutive System Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com II Daily Distribution System Distribution System Distribution System: For Endormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of in Distribution System, mg/L 2.0 Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of in Distribution System, mg/L 2.0 17 Contact Person's Title: Area Manager Contact Person's Fax Number: (352) 787-6333 State: FL Zip Code: 34749 Contact Person's Fax Number: (352) 787-6333 Day of the Month Year of Involves Telephone Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com II Daily Distribution System Residual Distribution System: For Ence Chlorine Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 2.0 3.1 3.1 4.1 2.0 3.1 4.1 3.1 4.1 4.1 4.1 4.1 4.1
Contact Person's Telephone Number: Contact Person's Fax Number: Contact Person
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 E-Mail Address: beheatth@aquaamerica.com It Duily Distribution System Disinfectant Residual Data for the Month Year of: Type of Disinfectant Residual Maintained in Distribution System: Telephone Work that Involves Day of the Month in Distribution System, mg/L Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of the Month in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 3. Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 4. Lowest Residual Disinfectant Concentration at Re
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com Il Daily Distribution System Distribution System Distribution System: Fell Free Chlorine Tombined Chlorine (Chloramines) Tombined Chlorine (Chlor
Contact Person's E-Mail Address: beheath@aquaamerica.com Daily Distribution System Disinfectant Residual Data for the Month Year of Type of Disinfectant Residual Maintained in Distribution System: Fee Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide
Total Distribution System Disinfectant Residual Data for the Month Year of Style of Disinfectant Residual Maintained in Distribution System: Fire Chlorine Fire Chlorine Combined Chlorine (Chloramines) Fire Chlorine Dioxide Chloramines Combined Chlorine (Chloramines) Chlorine Dioxide Chloramines Chlorine Chloramines Chlorine (Chloramines) Chlorine Dioxide Chloramines Chlorine Chloramines Chloramines Chlorine Chloramines Chlorami
Type of Disinfectant Residual Maintained in Distribution System: Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 12 2.0 1.2 2.0 1.2 2.0 1.2 2.0 1.2 2.0 1.2 2.0 2.0 1.2 2.0
Type of Disinfectant Residual Maintained in Distribution System: Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 12 2.0 1.2 2.0 1.2 2.0 1.2 2.0 1.2 2.0 1.2 2.0 2.0 1.2 2.0
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation 17. 18 3. 19 20. 18 3. 19 20. 12 1.4 1.4 21 21 22 Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of in Distribution System, mg/L Operation Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of in Distribution System, mg/L Operation 17. 20. 18 20. 1.2 21 22 22 23 24 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 17. 2.1 3.1 4.1 5.1 1.4 Repair or Maintenance Work that Involves Taking Water System Components Out of the Month in Distribution System, mg/L 17. 18. 20. 18. 20. 19. 20. 1.2 21. 21. 22. 23. 24. 25. 26. 27. 28. 29. 20. 20. 21. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 20. 20. 21. 20. 21. 22. 22. 23. 24. 25. 26. 27. 28. 28. 29. 20. 20. 20. 21. 21. 22. 22. 23. 24. 25. 26. 27. 28. 28. 29. 20. 20. 20. 21. 22. 22. 23. 24. 25. 26. 27. 28. 28. 29. 20. 20. 20. 20. 21. 22. 23. 24. 25. 26. 27. 28. 28. 29. 20. 20. 20. 20. 21. 20. 21. 22. 23. 24. 25. 26. 27. 28. 28. 28. 28. 28. 28. 29. 20. 20. 20. 20. 21. 21. 22. 23. 24. 25. 26. 27. 28. 28. 29. 20. 20. 20. 20. 20. 20. 20
Concentration at Remote Point in Distribution System, mg/L 2.0 Taking Water System Components Out of the Month in Distribution System, mg/L 2.0 17 2.0 18 3.3 19 4 20. 1.4 21 22 23 24 25 26 27 28 29 20 20 21 20 20 21 20 21 20 20
Day of the Month in Distribution System, mg/L Operation 1 2.0 18 2.1 3.3 4 20 1.4 1.4 1.5 1.4 1.6 1.6 1.6 1.7 1.7 1.7 1.8 1.8 1.9 1.0 1.0 1.0 1.0 1.0 1.0 1.0
17 2 3 4 20 1.2 5 1.4
2 18 3.1 19 4 20 1.2 5 1.4 21 6 22
3 19 4 20 1.2 5 1.4 21 6 22
4 5 1.4 20 21 22
5 1.4 21 22 22 22 22 22 22 22 22 22 22 22 22
22
\$19700 COSC
24 25 25
10 23 1.3 1.3
20 1.5 27 1.0
1.8
29
30
2.0
III. Certification by Authorized Representative
Lam duly authorized to gion this report on habelf of the consequence identified in Dark Landkin and La
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

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

July, 2005

Page 1 of 1

	ING MONTH:		2005			GT 2	DIGTODIA	ION I DA COTO		777 (77	Page I of I
DAY			NNECT MASTER			CL2	DISTRIBUT		Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	5894	GALS.	188542	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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				14 (18 to 18 to		19.00
2		0		0	0	The second secon					tern i dijetan j
		157,172		443,039	600,211			0.0		100	1000
AVERA	GE	5,070		14,292	19,362	1.3		0.0			7 (4) (4) (4) (4) (4) (4) (4) (4)



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

San Dago	2 for Instructions.						
	I Water System Information for the Month	Year of	June, 2005	_			· · · · · · · · · · · · · · · · · · ·
	ive System Name: Holiday Haven		3.2, 233			PWS Identification	Number: 3354886
Consecuti	ive System Type:	Community	Non-Transient Non-Community		Transient Non-Community		
Number o	of Service Connections at End of Month:		127		Total Population Ser	ved at End of Month	: 381
Consecuti	ive System Owner:	Aqua Utilities Flori	da				
Contact P		Brian Heath			Contact Person's Titl	e: Area Manager	
	erson's Mailing Address:	PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact P	'erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aqu	uaamerica.com		· · · · · · · · · · · · · · · · · · ·		
H. Daily	Distribution System Disinfectant Residual	Data for the Month	Year of :	June, 20	05		
Type of L	Disinfectant Residual Maintained in Distrib	ution System:	Free Chlorine		Combined Chlorine (Chloramines)	1,0	Chlorine Dioxide
		Emergency or	Abnormal Operating Conditions;			Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or M	faintenance Work that Involves	ii i	Lowest Residual Disinfectant	Repair or M	laintenance Work that Involves
	Concentration at Remote Point	_	iter System Components Out of	Day of	Concentration at Remote Point		ter System Components Out of
Day of the Month	in Distribution System, mg/L	34	Operation	the Month	in Distribution System, mg/L		Operation
1 1 2	1.3		<u> </u>	17			SPOST -
2	1.5			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			
3 10 s	2.0			26		<u> </u>	
** 11 ** 12				27	2.2	-	
13	1.8			28 29			
n14	1.0			30			
15				31			
16	1.8						
				<u></u>			
III. Certi	fication by Authorized Representative						
I am duly belief.	authorized to sign this report on behalf of	the consecutive system	m identified in Part I on this report. I certify	that the in	formation provided in this report is true and	accurate to the best	of my knowledge and
			Larry White				C7082
Signature	and Date		Printed or Typed N	ame		-	License Number or Title

PLANT NAME:

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

June. 2005

Page 1 of 1

REPORT	ING MONTH:	June	, 2005								Page 1 of 1
DAY		INTERCO	ONNECT MASTER	METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	4415	GALS.	150107	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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	20 pg 35 pg				14	Applications and
2		0		0	0						
TOTAL		148,575		422,780	571,355	18.5		0.0			
	GE	4,793		13,638	18,431	1.9		0.0		4.	1 .4



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

See Page	2 for Instructions.						
	1 Water System Information for the Month	Nour off	May, 2005				
	ve System Name: Holiday Haven	rear or.	way, 2005			PWS Identification Number	r: 3354886
		Community	Non-Transient Non-Community		Transient Non-Community	1	
	of Service Connections at End of Month:	· · · · · · · · · · · · · · · · · · ·	127		Total Population Ser	ved at End of Month:	381
Consecuti	ve System Owner:	Aqua Utilities F	lorida				
Contact P		Brian Heath			Contact Person's Title	e: Area Manager	
	erson's Mailing Address:	PO Box 490310			City: Leesburg		Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number: (352	787-6333
Contact P	erson's E-Mail Address:	beheath@a	aquaamerica.com				
	Distribution System Disinfectant Residual		ith Year of:	May, 20	05		
Type of D	isinfectant Residual Maintained in Distrib	ution System:	Free Chlorine	Г	Combined Chlorine (Chloramines)	Chlo	rine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or	or Abnormal Operating Conditions; r Maintenance Work that Involves Water System Components Out of Operation	Day of the Month:	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or Mainte Taking Water Sy	ormal Operating Conditions; nance Work that Involves estem Components Out of Operation
- 1				17			
- 2	1.7			18	2.0		
3				19			
4, -	1.5			20	1.7		J
5				21			
6	1.5	ļ		22			
7		-		23 24	1.8		
9	2.1			25	1.8		
10	2.1			26	1.0		
4.17	2.2	 		27	1.6		
12				28			
13.	2.2			29			
14				30			
1.5				31	1.8		
. 16	2.2						
III. Certi	fication by Authorized Representative						
I am duly belief.	authorized to sign this report on behalf of	the consecutive sy	stem identified in Part I on this report. I certify	that the in	formation provided in this report is true and	accurate to the best of my k	nowledge and
			Paul Thompson			A72	51
Signature	and Date		Printed or Typed N	ame		Lice	nse Number or Title

PLANT NAME:

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

May, 2005

Page 1 of 1

REPORT	ING MONTH:		, 2005								Page 1 of 1
DAY		INTERCO	NNECT MASTEI	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions	Ì	INITIALS
PREV	2587	GALS.	104935	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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				<u> </u>		
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					
11		0		0	0		14-013	Control of the Contro		100	
2		0		0	0					CONTRACTOR OF THE PROPERTY OF	
TOTAL	# 86 SERVICE AND A SERVICE SER	182,800		451,720	634,520	24.1	TO SECURE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	0.0	48.00		100
AVERA	GE.	5,897		14,572	20,468	1.9		0.0		e e e	100



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

See Page	2 for Instructions.							
L Genera	Water System Information for the Month	Year of	April, 2005					
Consecuti	ve System Name: Holiday Haven					PW	S Identification Numb	er: 3354886
		Community Non-Tran	nsient Non-Community		Transient Non-Community			
Number o	f Service Connections at End of Month:	127			Total Pop	pulation Served a	at End of Month:	381
	ve System Owner:	Aqua Utilities Florida			···			
Contact P		Brian Heath				Person's Title: Ar		<u> </u>
	erson's Mailing Address:	PO Box 490310			City: Leesburg			Code: 34749
	erson's Telephone Number:	(352) 787-0980			Contact P	Person's Fax Nun	mber: (352	2) 787-6333
Contact P	erson's E-Mail Address:	beheath@aquaameric	ca.com			····		
II. Daily	Distribution System Disinfectant Residual	Data for the Month Year of	A	pril, 20	05	·	····	
	isinfectant Residual Maintained in Distribu		Free Chlorine		Combined Chlorine (Chloramin	nes)	Chl	orine Dioxide
		Emergency or Abnorm	al Operating Conditions;			F.	mergency or Abn	ormal Operating Conditions;
	Lowest Residual Disinfectant		ice Work that Involves		Lowest Residual Disin		- ·	
		_		Day of		****	_	enance Work that Involves
Day of the	Concentration at Remote Point		m Components Out of	the	Concentration at Remo	Same and the same		ystem Components Out of
Month	in Distribution System, mg/L	Оре	ration	Month	in Distribution System	i, mg/L	1. 10 m 1 m 1 m	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 8.	16			23				
9	1.6			24 25	2.0			
10			-	26	2.0			
11	1.8			27	1.8			
* 12	<u> </u>			28	1.0			
13	1.0			29	1.6			
14				30				
15	1.0			31,			·····	
16								
//				<u> </u>				·
	ication by Authorized Representative authorized to sign this report on behalf of t	he consecutive system identified	in Part I on this report. I certify t	hat the in	formation provided in this report	t is true and accu	rate to the best of my	knowledge and
			Larry White				C70	082
Signature	and Date		Printed or Typed Na	me			Lic	ense Number or Title

PLANT NO: 573
PLANT NAME: Holiday Haven

Control of the Contro 0.22 0.0 055'ELS 445,550 131,000 TOTAL the second of th 0 0 7 0 0 Ŧ 0 0 L8\$601 **E872** Iε 990, EE 23,260 008'6 0 30 084,22 15,230 9.1 104935 052'L **L8SZ** 67 75,480 15,230 057'L 0 82 15,140 19,340 4,200 8.1 101889 7445 L7 12,140 19,340 4,200 0 97 LSS'tI 0.2 060'61 19886 ££5,4 2358 57 LSS't1 060'61 ££\$'\$ 0 74 LSS'tI 060'61 0 4,533 0 23 551'91 554'81 2.2 76776 2,700 2222 77 551'91 33455 2,700 17 25,840 14,390 057'11 2.2 50 50816 8917 25,840 14,390 054'11 0 61 2.2 18,133 ££9'£I \$2688 005't 1636 81 ££1,81 ££9'£I 005,4 0 LI 18,133 ££9'£1 005'₺ 0 91 077,410 17,920 0.1 84832 1,850 1804 ςŢ 044,410 15,920 1,850 0 ħΙ 014,71 15,310 15228 7,400 L9L1 13 0.1017,71 15,310 7,400 0 15 0 8.1 061'11 13,623 68164 **L95'E** 6141 П 061'71 13,623 195'E 0 10 061'11 13,623 **L95'E** 0 6 14,540 061,71 75102 059'7 1612 8 9. I 061'11 14,540 0 2,650 0 L 8.1 13,480 11,830 72194 1,650 655 I 9 13,480 11,830 0 059'1 0 ς LES'91 LEI'EI 4.1 87869 3,400 1259 Þ LES'91 LEI'EI 0 3,400 0 ε 7 LES'91 LEI'EI 0 0 3,400 33,710 018'87 L8859 006'7 I ħ.I 1454 (CL2 RES(LAB) **TAKEN** FLOW CALS. 90069 CYT2' SLEI **b**KEA STAITINI Conditions **FOMEST NOMBEK** (0)2\8" READING (00)4" READING RT **TOTAL OPERATOR** LIME **IsmnondA** DISTRIBUTION BACT'S C_LZ INTERCONNECT MASTER METER ΣVα Page I of 1 April, 2005 **KEPORTING MONTH:**

705,81

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9/2,41

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AVERAGE



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

See 1	Page	2	for	Instr	uctions.
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See Page	2 for Instructions.					
I. Genera	il Water System Information for the Month	Year of: March, 2005				
Consecuti	ive System Name: Holiday Haven				PWS Identification Number: 3354886	***************************************
		Community Non-Transient Non-Community	[]1	ransient Non-Community		
Number o	of Service Connections at End of Month:	127		Total Population Ser	ved at End of Month:	381
Consecuti	ive System Owner:	Aqua Utilities Florida				
Contact P		Brian Heath		Contact Person's Title	e: Area Manager	
	Person's Mailing Address:	PO Box 490310	C	City: Leesburg	State: FL Zip Code: 34749	9
Contact P	'erson's Telephone Number:	(352) 787-0980		Contact Person's Fax	Number: (352) 787-6333	
Contact P	'erson's E-Mail Address:	beheath@aquaamerica.com				
	Distribution System Disinfectant Residual		March, 200			
Type of I	Disinfectant Residual Maintained in Distribu	ution System: Free Chlorine	e 「 (Combined Chlorine (Chloramines)	Chlorine Dioxide	
		Emergency or Abnormal Operating Condit	tions:		Emergency or Abnormal Ope	erating Conditions:
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involv	- 44	Lowest Residual Disinfectant	Repair or Maintenance Wo	-
	Concentration at Remote Point		Day of	Concentration at Remote Point	Taking Water System Cor	
Day of the Month	in Distribution System, mg/L		1 4 1	and the first of the second of	 In the first of the second Techniques with the authorized the second techniques. 	Sep [®] Chall Still Live Lewis and Section 1 to 11
1		Operation	, Month	in Distribution System, mg/L	Operation	<u> </u>
2	1.6		17	1.2		
3	2.0		18	· 0.7		
4	1.7		20			
5	1.,/		21	0.6		
6			22	0.0		
7	0,6		23	1.1		
8	0.7		24	1.2		
9 .	2.2		25	1.1		
10.	2.2	1	26			
- 11	2.0		27			
12			28	0.8		· · · · · · · · · · · · · · · · · · ·
13			29			
.14	0.6		30	1.4		
415	2.0		31	1.4		
16	1.8					
III Certi	fication by Authorized Representative					
		the consecutive system identified in Part I on this report. I d	certify that the infor	mation provided in this report is true and	accurate to the best of my knowledge ar	nd
0,		Paul Thomps			A7251	
Signature	and Date	Printed or Ty	rped Name		License Number	or Title

PLANT NAME:

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

March, 2005

Page 1 of 1

REPORT	'ING MONTH:	Marc	h, 2005								Page 1 of 1
DAY		INTERCO	ONNECT MASTEI	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	630	GALS.	23447	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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						1
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		100		and the second	Page 14.2	Mark to the second
2		0		0	0			100			Section 1
		79,400	100	424,400	503,800	26.9		0.0			
AVERA	GE	2,561		13,690	16,252	1.3		0.0			de la



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

See Page	2 for Instructions.								
I. Genera	1 Water System Information for the Month	Year of:	February, 2005						
Consecuti	ve System Name: Holiday Haven					PWS Identification Nu	ımber: 3354886		
Consecuti	ve System Type:	Community	Non-Transient Non-Community	Г	Transient Non-Community				
Number o	f Service Connections at End of Month:		127		Total Population Ser	ved at End of Month:	381		
Consecuti	ve System Owner:	Aqua Utilities Flori	da						
Contact P	erson:	Brian Heath			Contact Person's Title	e: Area Manager			
Contact P	erson's Mailing Address:	PO Box 490310	·		City: Leesburg	State: FL	Zip Code: 34749		
Contact P	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333		
Contact P	erson's E-Mail Address:	beheath@aqu	uaamerica.com						
II. Daily	Distribution System Disinfectant Residual	Data for the Month Y	Year of: Feb	ruary,	2005				
Type of D	isinfectant Residual Maintained in Distribu	ıtion System:	Free Chlorine		Combined Chlorine (Chloramines)	П	Chlorine Dioxide		
		Emergency or	Abnormal Operating Conditions;			Emergency or A	bnormal Operating Conditions;		
	Lowest Residual Disinfectant		laintenance Work that Involves		Lowest Residual Disinfectant		intenance Work that Involves		
	Concentration at Remote Point	.	ter System Components Out of	Day of	Concentration at Remote Point	· -	r System Components Out of		
Day of the		Taking wa		the	I A CONTRACT OF THE CONTRACT O		1		
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L		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				
10	2.4			25					
11	2.4			26					
12	2.4			27	2.0				
13 :				28 29	2.0				
14				30					
15:.	1.8			31					
16	2.0			2),1					
100	2.0			ij					
III. Certit	lication by Authorized Representative								
I am duly belief.	authorized to sign this report on behalf of t	he consecutive system	m identified in Part I on this report. I certify t	hat the int	formation provided in this report is true and	accurate to the best of r	ny knowledge and		
			Paul Thompson				A7251		
Signature	and Date		Printed or Typed Na	me		License Number or Title			

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

February 2005

REPORT	ING MONTH:	Februa	ry, 2005								Page 1 of 1
DAY		INTERCO	NNECT MASTE	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal	TIME	OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	0	GALS.	424174	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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				3.13			
5		0		0	0	1			one and the second		
TOTAL	7.00	65,848		358,027	423,875	39.1	200 April 200 Ap	0.0	100		
AVERA	GE	2,124		11,549	13,673	2.2		0.0			



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

See Page	2 for Instructions.								
I. Genera	d Water System Information for the Month	Year of:	Janua	ary, 2005			-		
Consecut	ive System Name: Holiday Haven						PWS Identification	Number: 3354886	
		Community	Non-Transient Nor	n-Community		Transient Non-Community			
	of Service Connections at End of Month:		121			Total Population	Served at End of Month	: 282	
	ive System Owner:	Aqua Utilities F	lorida						
Contact F		Brian Heath				Contact Person's	Title: Area Manager		
	'erson's Mailing Address:	PO Box 490310				City: Leesburg	State: FL	Zip Code: 34749	
	'erson's Telephone Number:	(352) 787-0980				Contact Person's I	Fax Number:	(352) 787-6333	
Contact P	erson's E-Mail Address:	beheath@a	quaamerica.com						
H. Daily	Distribution System Disinfectant Residual I	Data for the Mon	th Year of :	Jan	uary, 2	005			
	Disinfectant Residual Maintained in Distribu			Free Chlorine	7,	Combined Chlorine (Chloramines)		Chlorine Dioxide	
		Emergency	or Abnormal Oper	ating Conditions:			Emergency or	Abnormal Operating	Conditions
	Lowest Residual Disinfectant					I Davidant Diningatan			1
			Maintenance Wor		Day of	Lowest Residual Disinfectan		laintenance Work tha	
Day of the	Concentration at Remote Point	Taking \	Water System Com	ponents Out of	the	Concentration at Remote Poin		ter System Componer	its Out of
Month	in Distribution System, mg/L	11.76	Operation	- Mag	Month	in Distribution System, mg/I	.	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:					J				
III. Certi	fication by Authorized Representative					10 B			
	authorized to sign this report on behalf of the	he consecutive sy	stem identified in Part I o	on this report. I certify t	hat the inf	ormation provided in this report is true a	and accurate to the best	of my knowledge and	
				Paul Thompson				A7251	
Signature	and Date			Printed or Typed Na	me		License Number or Title		

PLANT NAME:

Holiday Haven

PLANT NO:

573

REPORTING MONTH:

January, 2005

Page 1 of 1

REPORT	ING MONTH:	Januai	гу, 2005								Page 1 of 1
DAY		INTERCO	NNECT MASTER	R METER		CL2	DISTRIBUT	ION BACT'S	Abnormal TIME		OPERATOR
	4" READING	(00)	5/8" READING	(0)	TOTAL	RT	NUMBER	LOWEST	Conditions		INITIALS
PREV	0	GALS.	388281	GALS.	FLOW		TAKEN	CL2 RES(LAB)			
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				A Section 1		
2		0		0	0					1 W 14	
TOTAL	100 C	0	1 A 1 A 1	358,930	358,930	41.3		0.0			
AVERA	GE	0		11,578	11,578	2.2		0.0			1

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



AVG FLOW 2005	= 32,070
200>	

I. General Information		01/012005						
A. Public Water Syste								
PWS Name:	Leisure Lakes / Cov				· · · · · · · · · · · · · · · · · · ·	PWS Identification Number	r: 6280064	
PWS Type:	✓ Community	Non-Translent Non-Commu	nity 🔲 7	ransient Non-Com	munity	Consecutive	. 0280064	
Number of Service Conne		210				Total Population Served at End of l	Months (20	
PWS Owner:	Aqua Utilities Florid	la, Inc.			· · · · · · · · · · · · · · · · · · ·	2 operation between at Eint of 1	Молth: 630	
Contact Person:	Carolyn McFalls					Contact Person's Title:	Area Manager, South Florida	
Contact Person's Mailing		6960 Professional Parkway East, Suite	c 400		City: Sarasota			
Contact Person's Telephon		(941) 907-7470					Zip Code: (941) 907-0965	34240
Contact Person's E-Mail A		cfmcfalls@aquaamerica.cc	m			The state of the s	(241) 307-0303	
B. Water Treatment P							<u>·</u>	
Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-74	170
Plant Address:	101 Park View Circle				City: Lake Pla		Time to the second	33852
Type of Water Treatment I		✓ Raw Ground Water	Purchased Fini	shed Water			Zip Code.	33832
Permitted Maximum Day	Operating Capacity of P	'lant, gallons per day:		72,000				
Plant Category (per subsec	tion 62-699.310(4), F.A				P	lant Class (per subsection 62-699.3	310(4), F.A.C.): C	
Lead/Chief Operator:		Name		License Class	License Nun		(s) / Shift(s) Worked	
Other Operators:				С	8189	6 Days/Week - 1st shift	(-)(c) (Verned	
Onioi-Opciators	Donald P. Gavoni			С	5674	2 Days every other weekend		
	·							
1								
پرخاند ده								
								
	[
								
					·			
		·						
I Certification by Lea	d/Chief Operator	operator licensed in Florida, am						

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 Printed or Typed Name

8189

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

Oct

90

PWSII):			6280064		Plant Name:	Leisure Lak	cs.						
III. D	ally Data	for the M	onth/Year	of:		01/012005								
Means	of Achievi	ng Four-Lo	y Virus Inacti	vation/Remov	val: 🗸 Free		Calorine Die	eside	Ozone	Passal	ined Chlori	on (Chlore	nia	
	raviolet R		" Othe				Cimanoth		Ozone	Conte	med Calori	ne (Cinerat	mnes)	·
- Tune o	f Divinfac	tant Decid	nal Maintair	ed in Dietri	bution System:	▼ Free Chlo	rian [Combin	ed Chlorian	(Chloramine	<u></u>	Chlorine I	N- 11-	
Type 0	Distilled	tani icesia	uat iviaimtan							-		Chlorine	סטוכ כיייי	
					CT Calculations, or	r UV Dose, to	Demostate I	our-Log	Virus Inact	ivation, if A			Į I	
						CT Calc	ulations				UV	Dose]	
				1							·			:
]	,	Disinfectant	Lowest CT Provided					l .	·	
	Days Plant				Lowest Residual	Contact Time	Before or at	1	1			1	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			·	i	Minimum	Disinfectant	*
	Visited by		of Finished	ļ ;	Concentration (C)	Measurement	Customer	Į.	}	Minimum	Lowest	UV Dose		Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	1.3, .	Before or at First	Point During	During Peak	Temp of		CT	Operating	Required,	Remote Point in	
the	(Place	ai	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water,	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	("X"	Operation	gal.	Rato, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	scc/cm ²	System, mg/L	Out of Operation
1		24.0	34,000											
2		24.0	34,000											
3	X	24.0	33,000		1.8		<u> </u>		<u> </u>				0.8	
4	X	24.0	29,000		1.8					-			8,0	
_ 5	X	24.0	31,000		1.8								0.8	
6	X	24.0 24.0	35,000 30,000		1.8								0.8	· · · · · · · · · · · · · · · · · · ·
	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		ļi					ļ	0.8	<u> </u>
11	X	24.0	34,000		1.8								0.8	
12	X	24.0	34,000		1.8		 				·		0.8	
13	Х	24.0	33,000		1.8		 						0.8	
14	X	24.0	38,000		1.8		 					 	0.8	
15		24.0	31,000				1							
16		24.0	31,000									l		,
17	Х	24.0	32,000		1.8								0.8	
18	Х	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	ļ					ļ		0.8	
25 26	X	24.0 24.0	29,000 18,000		1.8		 	ļ	 				0.8	
27	X	24.0	42,000		1.8				<u> </u>		ļ		0.8	
28	X	24.0	40,000		1.8				 				0.8	
29	X	24.0		<u>-</u>	1.8		 		 	-	 	ļ	0.8	
30	$\frac{x}{x}$	24.0	34,000		1.8		 		 			 	0.8	
31	X	24.0	44,000		1.8				 				0.8	
[ola]		L	1,017,000			L		L	L	L	L——	L	L	I

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

32,806 44,000

Avgerage Maximum

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



See Pages 4 for Instr									
General Information			February, 2005						
. Public Water Systen	ı (PWS) Inform	ation							
PWS Name:	Leisure Lakes / Co	vered Bridge				PWS Identification Number	er: (5280064	
PWS Type:	✓ Community	Non-Transient N	lon-Community	Transient Non-Com	munity	Consecutive			
Number of Service Connect	ions at End of Month	1:	275		Т	otal Population Served at End of	Month:	530	
PWS Owner:	Aqua Utilities Flori	da, Inc.							······································
Contact Person:	Carolyn McFalls				C	ontact Person's Title:	Area Manager, S	outh Florida	1
Contact Person's Mailing A	ddress:	6960 Professional Parkw	ay East, Suite 400		City: Sarasola	State; Florida	12	Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7470		<u>·</u>	c	ontact Person's Fax Number:	(941) 907-0965		
Contact Person's E-Mail Ad		cfmcfalls@aquaa	merica.com						
Water Treatment Pl	ant Information	l .	·						
Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-7	470
Plant Address:	101 ParkView Circ				City: Lake Place	id State: Florida	2	Lip Code:	33852
Type of Water Treatment by		✓ Raw Ground Wa	ter Purchase	d Finished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000					
Plant Category (per subsect		'.A.C.):	IA			ant Class (per subsection 62-699	.310(4), F.A.C.):	C ·	
lecersed of entire		Name		License Class	License Num	ber Da	ay(s) / Shift(s) V	Vorked	
read/Chief Operators				С	8189	6 Days/Week - 1st shift			
Oliei Operators and	Donald P. Gavoni	·	······································	С	5674	2 Days every other weeken	nd		
and the second second second second									
(i)			·						
	1		- <u> </u>						
The second secon									
and of the later o									
	<u></u>	·							
()	I/Ct. i. C ()								
Certification by Lea					?	·			
, the undersigned wat	er treatment plan	t operator licensed in	Florida, am the lead/c	chief operator of the w	ater treatment	plant identified in part I of	this report. I c	ertify that	the informa
provided in this report	is true and accur	rate to the best of my l	mowledge and belief.	I certify that all drinl	king water trea	ment chemicals used at the	is plant conform	n to NSF	Internationa
Standard 60 or other a	pplicable standa	rds referenced in subs	ection 62-555.320(3)	, F.A.C. I also certify	that the follow	ing additional operations r	records for this	plant wer	e prepared e
day that a licensed ope	erator staffed or v	isited this plant during	g the month indicated	above: (1) records of	f amounts of ch	emicals used and chemical	d feed rates; and	(2) if ap	plicable,
appropriate treatment	process perform	ance records. Further	more, I agree to provi	de these additional op	erations record	ls to the PWS owner so the	e PWS owner c	an retain	them, togeth
with copies of this rep	ort, at a convenie	ent location for at least	ten years.	•	-				,
- 1	1				•				
Land	100 10	03/04/05	David V	V. Fac. th					•
Signature and Date	,		Printed	or Typed Name				icense Nun	ber

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

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER													30		
PWST	D:			6280064		Plant Name:	Leisure Lak	cs							_
	aily Data	for the M	lonth/Year	of:		February, 2005	5								= 6
			g Virus Inacti				Chlorine Di	oxide	i Ozone	ĭ Comb	in al Chlusi	(Chloren		,	
1	traviolet R	-	C Othe			•	Cindrate 17	C/AGC	((),(),()	i Com	omen Chilorn	ие (Сикла	intecs)		
Type	f Disinfe	ctant Resid	ual Maintair	ned in Distri	bution System:	▼ Free Chle	orine [Combin	ed Chlorine	(Chlorumine	s) [Chlorine I	Dioxide		۳,
17/1-	1		l .		CT Calculations, o								1		4-
200	:	95.0854		Marie War Fre Street	A CONTRACTOR SAME AND A SAME AS A SAME A S	Swar City	1	1.533 653 1.7		uvauoii, 11 A	TITA	Daren De			+
			· .			Photographs	Signature pro-	F		SUCCESSARIAN	13 Part - 1	1030	Harris Co.	and the state of t	.
	· francis		<u>.</u>	\$4.5 SA			Lowest CT			THE PERSON NAMED IN			TEMPLE THE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-ا
				i	Lowest Residual	Disinfectant	TIOVIGEG	1					13. 20. 20. 20. 20.	A STATE OF THE PROPERTY OF THE	Qu.
ì	Staffed or	j.	Net Quantity		Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Lowest Residual Disinfectant		<u>ک</u> و
i i	Visited by	Such a first	of Finished		Concentration (C)	Measurement	Customer			Minimum	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating	၂ က
	Operator	Hours plant	Water	كالتخصيص	Before or at First	Point During	During Peak	Temp of		СТ	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work th	2 IE
the Month		Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water,	pH of Water, if Applicable	Required, ing		sec/cm ²	Distribution	Involves Taking Water System Component	N N
1	X	24.0	32,000	Mate, Khar	1.8	antiotes .	milvi,		п уррпсавіе	mive	mW-sec/cm ²	sec/cm	System, mg/L 0.8	Out of Operation	Ⅎᇀ
2	X	24.0	36,000		1.8								0.8		닉톤
3	Х	24.0	32,000		1.8								0.8		コポ
4	X	24.0	36,000	<u> </u>	1.8	ļ							0.8		⊒ `
6	X	24.0	30,000 33,000	 	1.8	ļ		ļ			ļ	<u> </u>	0.8		4
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8	X	24.0	35,000		1.8			· · · · · · · · ·			· -		0.8	. (1
9	Х	24.0	34,000		1.8								0.8]
10	X	24.0	34,000 37,000		1.8	<u></u>		<u> </u>					0,8		7
12		24.0	34,000		1,8	 							0.8		-{
13		24.0	34,000												Ⅎℴ
14	Х	24.0	34,000		1.8								0.8		五五
15	Х	24.0	48,000		1.8								0.8		_ N
16	X	24.0 24.0	35,000 35,000	ļ	1.8			ļ					8.0		155
18	$\frac{\lambda}{x}$	24.0	32,000		1,8				 -			ļ	0.8		ᅴᄋ
19	X	24.0	32,000		1.8								0.8		4.4
20	Х	24.0	34,000		1.8								0.8		- ω
21	X	24.0	45,000		1.8								0.8		1
22 23	Х	24.0	46,000		1.8								0.8		7
24	x	24.0 24.0	19,000 41,000		1.8								0.8		-
25	X	24.0	39,000		1.8								0.8		-
26		24.0	33,000										0.0		1
27		24.0	33,000]
28	х	24.0	34,000		1.8								0.8		-
30				<u> </u>	-										- թ
31															\dashv
Total			985 000				لـــــــــــــــــــــــــــــــــــــ		<u> </u>			L	L		

35,179

48,000

Avgerage

Maximum

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

Signature and Date

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



PWS Identification Number: Consecutive Total Population Served at End of Month: Contact Person's Title: State: Florida Contact Person's Fax Number: (941) 907-09	6280064 630 er, South Florida - Zip Code: 34240
Consecutive Fotal Population Served at End of Month: Contact Person's Title: State: Florida	er, South Florida Zip Code: 34240
Consecutive Fotal Population Served at End of Month: Contact Person's Title: State: Florida	er, South Florida Zip Code: 34240
Contact Person's Title: State: Florida	er, South Florida Zip Code: 34240
Contact Person's Title: Area Manage State: Florida -	er, South Florida Zip Code: 34240
State: Florida -	- Zip Code: 34240
State: Florida -	- Zip Code: 34240
	
Johnson Turonis La Turinos. (771) 2010/	705
Plant Telephone Number:	(941) 907-7470
cid State: Florida	Zip Code: 33852
	1
lant Class (per subsection 62-699.310(4), F.A.C	C.): C
ber Day(s) / Shift(
6 Days/Week - 1st shift	
2 Days every other weekend	
plant identified in part I of this report.	I certify that the inform
atment chemicals used at this plant conf	form to NSF Internation
ds to the PWS owner so the PWS owner	er can retain them toget
	dioin, togot
•	
) C	at plant identified in part I of this report, catment chemicals used at this plant conving additional operations records for the chemicals used and chemical feed rates; ords to the PWS owner so the PWS own

Printed or Typed Name

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License Number

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

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other	L ax R
Means of Achieving Four-Log Virus Inactivation/Removal:	4a Lake
Type of Disinfectant Residual Maintained in Distribution System:	4a Lake
Type of Disinfectant Residual Maintained in Distribution System:	4a Lake
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations CT Calculations UV Dose UV Dose Lowest CT Disinfectant Provided Lowest Residual Contact Time Staffed or Net Quantity Disinfectant (T) at C First Disinfectant	4a Lake
CT Calculations UV Dose CY Superior CT Calculations Lowest CT Disinfectant Provided Days Plant Staffed or Net Quantity Disinfectant (T) at C First CT Calculations Lowest CT Disinfectant Provided Lowest Residual Contact Time Before or at Minimum Disinfectant Disinfectant (T) at C First	し の で
Days Plant Lowest Residual Contact Time Staffed or Net Quantity Disinfectant (T) at C First Lowest CP Lowest CP Lowest Residual Lowest Residual Minimum Disinfectant Disinfectant Disinfectant Lowest Residual Disinfectant Disinfectant	し の で
Days Plant Lowest Residual Contact Time Staffed or Net Quantity Disinfectant (T) at C First Lowest CP Lowest CP Lowest Residual Lowest Residual Minimum Disinfectant Disinfectant Disinfectant Lowest Residual Disinfectant Disinfectant	Lake
Days Plant Lowest Residual Contact Time Before or at Staffed or Net Quantity Disinfectant (T) at C First Minimum Disinfectant Disinfectant Disinfectant Lowest Residual Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant	TO O
Days Plant Lowest Residual Contact Time Before or at Staffed or Net Quantity Disinfectant The Before or at Minimum Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant Disinfectant	TO O
	ο Frating (Ω
Visited by Or Finished Concentration (C) Measurement Customer Minimum Lowest UV Dosc Concentration at Emergency of Abnormal C Day of Operator Hours plant by Water Point During Peak Temp of CT Operator Required Point During Peak to Conditions Peaks to Conditions Peak	erating (A
Day ut 1. Operator (China District Control of all Print 1 Prin	
the Producted Peak Flow Customer During Peak Flow, Flow, mg. Water, pH of Water, Required, mg UV Dose mW. Distribution Involves Taking Water System	o Work that C
the Chicago in Producted Peak Flow Customer During Peak Flow, Flow, nge Water, pH of Water, Required, mg UV Dose mW Distribution Involves Taking Water System Month Customer During Peak Flow, mg/L minutes min/L mV-sec/cm sec/cm System, mg/L Out of Operation	ombouenn (C
1 X 24.0 37,000 1.8 0.8	E
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	
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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	
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12 24.0 36,000	
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0,8	<u>_</u>
15 X 24.0 40,000 1.8 0.8 16 X 24.0 37,000 1.8 0.8	
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19 X 24.0 23,000 1.8	
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22 X 240 30,000 1.8 0.8 23 X 240 44,000 1.8	
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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	
31 X 24.0 37,000 1.8 0.8 Total 1,110,000	

35,806 44,000

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^{*} 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



General Information		April, 2005						
Public Water System (P	WS) Informati	ion			-			
PWS Name: Leis	ure Lakes / Covere	ed Bridge				PWS Identification Number	: 62800	064
PWS Type:	Community	☐ Non-Transient Non-Communit	y 🔲 Tr	ansient Non-Com	nunity 🔲 (Consecutive		
Number of Service Connections a	t End of Month:	275			Total I	opulation Served at End of M	Month: 630	
PWS Owner: Aqu	a Utilities Florida,	Inc.						
Contact Person: Care	olyn McFalls			· · · · · · · · · · · · · · · · · · ·		t Person's Title:	Arca Manager, South	
Contact Person's Mailing Address	s: 6	8960 Professional Parkway East, Suite 4	100		City: Sarasota	State: Florida	Zip C	ode: 34240
Contact Person's Telephone Num		941) 907-7470			Contac	t Person's Fax Number:	(941) 907-0965	
Contact Person's E-Muil Address		cfmcfalls@aquaamerica.com	<u>n</u>					
Water Treatment Plant	Information							
r 14212 2 11-21-1	ure Lakes					Plant Telephone Number:		907-7470
. Millis / securities	ParkView Circle S				City: Lake Placid	State: Florida	Zip C	ode: 33852
Type of Water Treatment by Plan		Raw Ground Water	Purchased Finis					
Permitted Maximum Day Operat	<u> </u>			72,000	, 			
Plant Category (per subsection 6:	2-699.310(4), F.A.			T		lass (per subsection 62-699.3		C
Elened Operation		Name		License Class	License Number		y(s) / Shift(s) Worl	ked
end/Chief Operator: Day				<u>c</u>	8189	6 Days/Week - 1st shift	· · · · · · · · · · · · · · · · · · ·	
Other Operators Dor	ıald P. Gavoni			С	5674	2 Days every other weekend	<u> </u>	
								· · · · · · · · · · · · · · · · · · ·
							· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·							<u></u>
								
I								
								
								

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.

05/06/05	zarra in Faircloth	818
Signature and Date	Prince See Typed Name	License Number

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

Oct

90

PWS II	D:			6280064		Plant Name;	Leisure Lak	cs							90
III. D	aily Data	for the M	ionth/Year	of:		April, 2005									
			g Virus Inacti				Chlorine Di	ida	: Ozone	Comb	oined Chloria	(Chl	-i\		_
I .	raviolet R	-	Othe				Cindinie Di	OMuc	· Ozone	: Com	illea Chiorn	ne (Cinorar	miscs)		
-			•		ibution System:	▼ Free Chlo	<u></u>	Combin	ed Chlorina	(Chloramine	»\	Chlorine I	Novide.		Ŋ
Type o	Distilled	rain Resid	uai iviaiitiaii							·		Chlorine	Jioxide I		Ù
İ	1			<u></u>	CT Calculations, or				Virus Inaci	ivation, if A			·		
		. ti.:r	;		12.		ulations		<u> </u>		ועט	Oose			
			·		Zin da	14.				P 11.18%			err erie		
				an algarat		Disinfectant	Lowest CT Provided							* * * * * * * * * * * * * * * * * * * *	严
	Days Plant	1			Lowest Residual	Contact Time	Before or at		1				Lowest Residual		Ò
	Staffed or		Net Quantity		Disinfectant	(I) at C	First					Minimum	Disinfectant	្ស	'n
	Visited by	l .	of Finished	1	Concentration (C)	Measurement	Customer	Į.	i	Minimum	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating	č
Day of		Hours plant		نىڭتاۋەمرە.	Before or at First	Point During	During Peak		1	CI	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that	Ņ
LL CO	(Place	in	Producted	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water, OC		Required, mg		mW-	Distribution	MINOTAGE TAKING MARCE CANDONNAME	_
Month 1	X X	Operatión 24.0	gal. 40,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable	min/L	mW-sec/em²	sec/cm ²	System, mg/L	Out of Operation	٦.
1 2	X	24.0		<u> </u>	1.8			 					0.8		\exists
3	X	24.0			1.8								0.8		. "
4	Х	24.0			1.8								0.8		
5	. X	24.0	38,000		1.8								0.8		
6	х	24.0			8.1								0.8		
7	Х	24,0			1.8						·		0.8		,
8	Х	24.0	39,000		1.8								0.8	•	
9	x	24.0 24.0	30,000 29,000		1.8				ļ			· · · · · · · · · · · · · · · · · · ·			
11	X	24.0	56,000	 	1.8		ļ <u></u>	 	ļ	<u> </u>			0.8		
12	X	24.0	36,000		1.8					<u> </u>			0.8		'n
13	Х	24.0	44,000	<u> </u>	1.8								0.8		4
14	X	24.0	38,000		1.8	· · · · · · · · · · · · · · · · · · ·							0.8		L)
15	X	24.0	44,000		1.8							<u> </u>	0.8		ú
16	Х	24.0			1.8								0.8		S
17	X	24.0	41,000	ļ	1.8								0.8		4
18	X	24.0		ļ	1,8								0,8		<u> </u>
20	x	24.0 24.0	39,000 43,000		1.8	 							0.8		. –
21	$\frac{x}{x}$	24.0			1.8				 -		l		0.8		
22	X	24.0	42,000		1.8			 					0.8		
23		24.0							 				0.0		
24	Х	24.0	34,000		1.8								0.8		_
25	Χ	24.0			1.8								0.8		
26	Х	24.0	32,000		1,8								0.8		
27	X	24.0	31,000	<u> </u>	<u> </u>				 						
28 29	X	24.0	31,000		1.8					 -	 -	 	0,8		0
30	X	24.0 24.0		 	1.8				ļ		<u> </u>	<u> </u>	0.8		N
31		∠4.0	30,000	 	1.8	· · ·		 	 	 -		 	0.8		ω
Total		L	1,169,000	-	<u> </u>	·	L	L	l	<u> </u>	L	L	<u> </u>	1	
Avgerag	c		38,967	1							٠,				

72,000

Maximum

^{*} Refer to the instructions for this report to the which alants must perforb this information

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



Public Water System					V	
WS Name:	Leisure Lakes / Cove		·		PWS Identification Number:	6280064
WS Type:	✓ Community	Non-Transient Non-Community	Translent Non-Com	munity 📙	Consecutive	· · · · · · · · · · · · · · · · · · ·
Number of Service Connec				Total	Population Served at End of Mont	h: 630
PWS Owner:	Aqua Utilities Florid	la, Inc.				
Contact Person:	Carolyn McFalls			,		Manager, South Florida
Contact Person's Mailing A		6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida	Zip Code: 34240
Contact Person's Telephone		(941) 907-7470		Conta	ct Person's Fax Number: (941) 907-0965
Contact Person's E-Mail A		cfmcfalls@aquaamerica.com				
Water Treatment P						
Plant Name:	Leisure Lakes				Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle			City: Lake Placid	State: Florida	Zip Code: 33852
Type of Water Treatment b			sed Finished Water	·		
Permitted Maximum Day (72,000			·
Plant Category (per subsec					Class (per subsection 62-699.310(4	
Eleased Operators		Name	License Class	License Number	717	/ Shift(s) Worked
Lend/Chief Operator:			C	8189	6 Days/Week - 1st shift	
Olbe Operators	Donald P. Gavoni		c	5674	2 Days every other weekend	
	<u> </u>					
	i			••		· .
त्याः । अस्तिक्षक्रक्षक्रम्	4					
- 1- KO-1 / KI			·····			
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A STATE OF THE STA						
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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

06/08/05

David W. Faircloth
Printed or Typed Name

8189

License Number

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

Oct

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															_
PWS II):			6280064		Plant Name:	Leisure Lak	CS							_0
		for the M	onth/Year (if:		May, 2005									·,
_			g Virus Inacti		val: Free		Chlorine Die	oxide	Ozone	Comb	ined Chlorin	ne (Chloran	nines)		
	raviolet R		┌ Othe			•			•	, 001110	THICO CLEOTIS	10 (3)1101411	u	ng.	· N
_					bution System:	▼ Free Chlo	sine	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide		_ 0
		,	Car Mantean											are the laborer him	D
100		62800		20000	CF Calculations, o	UV Dose, to	Demostate I	our-rog	VIRIS IDEC	ivation, it A	pplicable		194N-2 Y-	A Landin Veni	
10 a			34	A special and the	Tau y seliung	Francis Cli Calc	ulations			AL COUNTY AND	UVI	Jose Andrea	25,250,230	App.	
	10.22	-	38433	4 A 1 A 1 A 1	de actieles et ten T	and the	I Arriad (T	7		Tall the section	กอสราเ		Arguninista.		Γ
						Disinfectant	Provided	7		20 27 45	7.6		Seattle Marie	(at Dear) and	팢
	Days Phant	F-F-ST	dies.	A YAMMALINIY	Lowest Residual	Contact Time	Before or at	-	ļ		جسودة البا	The State of the Land	Lowest Residual	American Committee Committ	Ō
	Staffed or		Not Quantity		Disinfectant	(T) at C	First	٠	Ş		The second secon	Minmon	Disinfectant		"
1	Visited by		of Finished		Concentration (C)	Meannement	Customer	. ا	i	Minimum	Lowest	UV Doso	Concentration at		ے د
	Operator	Hours plant		ا منظم المنظمين المنظم الم المنظم المنظم	Before or at First		During Peak	Tempof		СТ	Operating UV Dose,	Required, mW-		Conditions; Repair or Maintenance Work th	
the	(Place	in.	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg- min/L	waitz,	if Applicable	Required, mg min/L	mW-sec/cm ²	sec/cm ²	Distribution	Involves Taking Water System Component Out of Operation	, ~
Month	' "X") · · · · · · · · · · · · · · · · · · ·	Operation 24.0	gal. 29,000	Rate, gpd.	Peak Flow, mg/L	пинися	MINL		и уфристри	umar	mw-tec/cm	sec/cm	System, mg/L 0.8	Out of Operation	€
1 2	X	24.0	34,000		1,8		<u> </u>		 				0.8		
3	Х	24.0	31,000		1,8			 			 		0.8		- τ
4	X	24.0	33,000		1.8								0.8		_
5	х	24.0	29,000		1.8								8.0		_
6	Х	24.0	30,000		1.8	'							0.8		
7		24.0	30,000												-
8		24.0	30,000	ļ		· · · · · · · · · · · · · · · · · · ·					<u> </u>	ļ			<u> </u>
9	X	24.0	31,000		1.8			ļ	<u> </u>				0.8		_
10	X	24,0 24,0	30,000 30,000		1.8		<u> </u>	<u> </u>	<u> </u>		<u> </u>	ļ	0.8		_
12	X	24.0	27,000		1.8			-					8.0		-,,
13	X	24.0	31,000		1.8				 				0.8		<u>~</u> ~
14	X	24.0	27,000		1.8			-					0.8		- r
-15	Х	24.0	30,000	<u> </u>	1.8								0.8		_ K
16	Х	24.0	32,000		1.8			İ					0.8		_ ç
17	Х	24.0	30,000		1.8			L					0.8	<u></u>	<u> </u>
18	Х	24.0	35,000		1.8	·			ļ				0.8		_;
19	Х	24.0	26,000		1.8	· · · · · ·					<u> </u>		0.8		u
20	X	24.0 24.0	30,000		1.8		ļ	 	 	 		<u> </u>	0.8		
21 22	ang ng ang	24.0	29,000 29,000			 		-	 	 					_
23	х	24.0	29,000	 	1.8			 	}	 	 		0.8		-
24	$\frac{\hat{x}}{x}$	24.0	32,000		1.8				 		 		0.8		
25	$\frac{x}{x}$	24.0	27,000		1.8				 				0.8		_
26	X	24.0			1.8								0.8		-
27	Х	24.0	17,000		1.8								0.8		-:
28	х	24.0			8.1								0.8		<u>^</u> -
29	Х	24.0			1.8		<u> </u>		ļ	<u> </u>	<u> </u>		0.8		<u>~</u> ;
30	Х	24.0		<u> </u>	1.8	 -		ļ			 	<u> </u>	0.8		-",
31	Х	24.0		ļ	1.8	<u> </u>	l	<u> </u>	<u></u>	L	l	I	0.8	<u> </u>	-
Total			921.000	1								•			

29,710 38,000

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Maximum

^{*} Refer to the instructions for this report to determine which plants most provide deal formation.

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

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FLORIDA	
	r

See Pages 4 for Ins							
General Information	<u> </u>	June, 2005		·			
Public Water Syste	m (PWS) Informa	tion				.•	
WS Name:	Leisure Lakes / Cover			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PWS Identification Number:	6280064
WS Type:	✓ Community	☐ Non-Translent Non-Commu	nity 🗌	Translent Non-Com	munity 🔲	Consecutive	
umber of Service Conne	ctions at End of Month:	275			Total	Population Served at End of Mont	h: 630
WS Owner:	Aqua Utilities Florida	, Inc.					
ontact Person:	Carolyn McFalls				Conta	et Person's Title: Area	Manager, South Florida
ontact Person's Mailing		6960 Professional Parkway East, Suit	e 400		City: Sarasota	State: Florida	Zip Code: 34240
ontact Person's Telephor		(941) 907-7470			Conta	ot Person's Fax Number. (941) 907-0965
ontact Person's E-Mail		cfmcfalls@aquaamerica.co	om	·			
Vater Treatment I							
ant Name:	Leisure Lakes		<u> </u>			Plant Telephone Number:	(941) 907-7470
ant Address:	101 Park View Circle				City: Lake Placid	State: Florida	Zip Code: 33852
pe of Water Treatment		✓ Raw Ground Water	Purchased F			. ,	•
		lant, gallons per day;		72,000	<u> </u>	The second second second second second second second second second second second second second second second s	1.
	ction 62-699.310(4), F.A			·		Class (per subsection 62-699.310(4	
Justical Olications		Name		License Class	License Number		/Shift(s) Worked
रवस्त्रियाचे (जीवस्थाक)			- 	C	8189	6 Days/Week - 1st shift	
tro Operator	Donald P. Gavoni			_ <u> c</u>	5674	2 Days every other weekend	
17.00	ļ ————	<u> </u>					
	400						
	1 1 2 2	·					San galanda San mada a Maria Agamat III
	.				. [
				- 	<u> </u>		
	·					<u> </u>	
A CONTRACTOR OF THE PARTY OF TH							
	-				<u> </u>	<u> </u>	
ertification by Le	ad/Chief Operator		1 1 1				
			n the lend/obie	f operator of the n	ptor tractment alo	Aido-Aigodin AT . Calic	report. I certify that the informa
me undersigned wi	rt in true and ecoure	to to the heat of our learned as	n inc leadent	a oberator of me a	ater deadlicht plan	it idenuited in part I of inis i	report. I certify that the informa
Ovided in this repo		ie to the best of thy knowledge	enno denei, lo	erury that an drin	ong water treatmen	it chemicals used at this pla	nt conform to NSF Internationa
andard ov or other	applicable standard	s referenced in subsection 62-	555.320(3), F.	A.C. I also certify	that the following	additional operations recon	ds for this plant were prepared e
ny that a licensed of	perator statica of vis	ited this plant during the month	n indicated abo	ove: (1) records o	t amounts of chemi	cals used and chemical feed	I rates; and (2) if applicable,
				these additional op	erations records to	the PWS owner so the PW	S owner can retain them, togeth
rith copies of this re	port, at a convenien	t location for at least ten years.			**		
· , A	1 -						
1 Janto	0 h-	07/08/05	David W. F	aircloth			
ignature and Date			Printed or T	vncd Name			License Number

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

PWS	ID:			6280064		Plant Name:	Leisure Lak	cs						0
111).	Daily Data	for the N	lonth/Year	of:		June, 2005	<u> </u>	-						σ
_			g Virus Inact		val: Free		Chlorine Di	ovide	COzone	☐ Com	in a China	on (Chlasse		
	Itraviolet R	-	C Othe			•	Cinofine Di	OMUÇ	1 Ozone	Com	other Chien	не (Спютаг	nines)	: :
-			hal Maintai	nod in Dietri	ibution System:	₩ Free Chlo	ring [Combin	ed Chlorine	(Chloramine	-1 [-	Chlorine I	Navida	<u></u>
Type	Of Distilled		Legende	·						•	<u> </u>			0)
		7.54		المناسبين والمناسبة	Peak Flow, mg/fi.	LUV Dose, to	Demostate.	our-Log	Virus Inac	tivation, if A	applicable.	<u> </u>		
		ALC:				CLC L	mations 3				VU KS	Doseni 🕬	A 100 14 1 100	77
								100		A STATE OF THE STA			SELECTED HER	
						Diamfectante	Provided			1	Action on the widowing	190000000000000000000000000000000000000		O CONTRACTOR OF THE PARTY OF TH
32	Daya Plant	72 . 70 . 60	Property in		Lowest Residualit	Contact Time:	Before or at	XX 170	Constant	Salar Salar	5	Contraction of the	Lowest Regions	The state of the s
	Staffed or	TA COLOR	Net Quantity	Z A WALL	Disinfoctant	Dic.	First	Shirtening.				Minimum	Dimnfoctant?	The state of the s
2	Autority		of Finished		Concentration (C)	Measurement	Costomer		10	4 Minimanns	Lowesta	UV Dosa	Concentration at	Emergency of Abnormal Operating
20.0	(a) Table	Trees of the	TAN COM	2000	Before or a First	Point During	During Peak	lemp of		CT	Operating	Required.	Remote Point in	Conditions Repair or Maintenance Work tha N Involves Taking Water System Components (
Moni			Toductod	Leaf Lion	Peak Flow, mg/b;	Peak Flow	Llow, me	O.V.	N.Co. Welfe	Kerritor m	UV Dose		Distribution	hivolvea Taking Water System Components (
1	X	24.0	52,000	ix Icans, Spur	1.8	nunuca	- min/1/		пемрисани	- min/L	m W-sec/cm	#aco/cm	System, mg/L	Out of Operations
2	X	24.0			1.8							 	0.8	<u> </u>
3	X	24.0	···		1.8							 	0.8	·
4		24.0	27,000							 				
5		24.0	27,000					:						N
6	X	24.0			1.8					·			0.8	
7	Х	24.0			1,8			<u> </u>					. 0.8	1.1
9	X X	24.0	27,000		1.8			:			<u> </u>		0.8	
10	$\frac{\hat{x}}{x}$	24.0	24,000	 	1.8	<u> </u>				<u> </u>		 	0.8	
11	$\frac{x}{x}$	24.0	24,000	i	1.8	:					 		0.8	
12	X	24.0	26,000		1.8						<u> </u>	 	0.8	
13	Х	24.0	29,000		1.8							 	0.8	(n
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	J J
17	X	24.0	29,000		1.8								0,8	0
18	· 	24.0 24.0	25,000			*.**								4
20	X	· 24.0	25,000 26,000		1.8									ω
21	X	24.0	28,000	- -	1.8	<u> </u>			ļ		<u>.</u>		0.8	
. 22	. X	24.0		!	1.8								0.8	
23	X	24.0			1.8	Maria Tara	-	(4) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	go. Telly, etc.	45.*	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iger and	0.8	
. 24	X	24.0	27,000		1.8					<u> </u>		15K 11.	0.8	
25	X	24.0	24,000		1.8					<u> </u>			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	ļ:	1.8									FLUSHED LINES
30	X	24.0	107,000		1.8				ļ.,					FLUSHED LINES
31	<u> </u>	24.0	20,000	 	1.8							<u> </u>	0.8	
Total	ئـــــــــــــــــــــــــــــــــــــ		1.039.000	 		L:			L	L	L	J	L	<u> </u>

34,633

107,000

Avgerage

Maximum

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

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

	OPERATION REPOR	I FUR PW35	INCATING KAW	GROUND WATE	IN ON FU
AND DESCRIPTION OF THE PARTY OF					
11 JEG- 1					

SITIONIDA								
See Pages 4 for Instr	uctions.	·				· · · · · · · · · · · · · · · · · · ·	·····	
General Information	<u> </u>	July, 200	05					
. Public Water System	ı (PWS) Inform	acion				•		
PWS Name:	Leisure Lakes / Cov					PWS Identification Number	er: 6280064	
PWS Type:	✓ Community	Non-Transient Non-Com	munity [Transient Non-Com	munity	Consecutive		
Number of Service Connect	ions at End of Month	275			T	otal Population Served at End of	Month: 630	
PWS Owner:	Aqua Utilities Flori	da, Inc.						
Contact Person:	Carolyn McFalls				c	ontact Person's Title:	Area Manager, South Florida	ì
Contact Person's Mailing Ac	ddress:	6960 Professional Parkway East, S	Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7470			c	ontact Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Ad		cfmcfalls@aquaamerica	.com					
. Water Trea ment Pl	ant Information	1				·		
Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-7-	470
Plant Address:	101 ParkView Circl				City: Lake Plac	id State: Florida	Zip Code:	33852
Type of Water Treatment by		Raw Ground Water	Purchased	Finished Water	·			
Permitted Maximum Day O				72,000		·		
Plant Category (per subsecti			/	Ir: o		ant Class (per subsection 62-699		
Licensed Operators		Name		License Class	License Num		ay(s) / Shift(s) Worked	
	David W. Faircloth Donald P. Gavoni			C	8189	6 Days/Week - 1st shift		
Other Operators:	Donald P. Gavoni			C	5674	2 Days every other weeker	1d	
30.00		-						
		·						
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No. and the property of the Control		· · · · · · · · · · · · · · · · · · ·						
Sex similar and branch configuration in								
							· · · · · · · · · · · · · · · · · · ·	
I. Certification by Lead	I/Chief Operato	r	1		1			
I the undersigned water	er treatment plan	t operator licensed in Florida,	am the lead/chi	ief operator of the w	ater 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.

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David W. Faircloth Printed - Typed Nos

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MONTHLY ODER ATION DEPORT FOR DIMING THEATING DAW COOLIND WATER OF DURCHASED FINISHED WATER

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	j:			6250ccs1		Plant Name:	Leis Lak	es			*****			
Hi. D	aily Data	for the M	opth/Year ((f)		July, 2005								
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remo	val: 🗸 Free		Chlorine 171	oxide	Ozone	Comb	oined Chlori	ne (Chlora	.:nes)	
: UI	traviolet R	adiation	Othe	r									·	
Туре	f Disinfec	tant Resid	ual Maintair	ned in Distri	bution System:	Free Chlo	orine i	Combin	ed Chlorine	(Chloramine	rs) [Chlorine l	Dioxide	
				(CT Calculations, or	r UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A	Applicable*			The second second second
	1			Pager Sections	- Enderly on the Control	CT Calc			:			Dose	1	A Company of the Comp
		1				٠.							1	
				A Region Control	And the second s	Districtions	Lowest CT Provided				ļ			
	Days Plant			}	Lowest Residual	Disinfectant Contact Time	Before or at			ľ	Ì		Lowest Residual	
	Staffed or	, .	Net Quantity		Disinfociant	(T) at C	Fint					Minimum	Disinfectant	-A-1
	Visited by	.	of Finished	1	Concentration (C)	Measurement	Customer			Minimum	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant		مونون د استاست	Before or at First	Point During	During Poak	Temp of		СТ	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in ^	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	water,	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X") X	Operation 24.0	gal. 21,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 0.8	Out of Operation
	$\frac{\hat{\lambda}}{\lambda}$	24.0	18,000		1.0		ļ	<u> </u>	ļ		 	ļ	0.8	
3	X	24.0	23,000		1.8			1	1	 		<u> </u>	0.8	
4	Х	24.0	25,000		1.8			<u> </u>			 		0.8	
5	Х	24.0	20,000		1.8								0.8	<u> </u>
6	Х	24.0	21,000		1.8								0.8	
7	X	24.0 24.0	19,000		1,8			ļ					0.8	<u> </u>
9		24.0	20,000 19,000		1.8								0.8	
Ĺΰ	·	24.0	19,000					<u> </u>	 					
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 24.0	20,000		1.8				ļ				, 0.8	
16	X	24.0	20,000 15,000		1,8			ļ			·		0,8	
17 -	$\frac{\lambda}{X}$	24.0	22,000		1.8	<u> </u>		<u> </u>	L	L		L., .,	0.8	
18	X	24.0	22,000		1.8								0.8	
19	Х	24.0	20,000		1.8								0.8	
20	X	24.0	19,000		1.8								0.8	
	X	24.0	20,000		8.1								0.8	
22	X	24.0 24.0	18,000 20,000		1.8								0.8	
24		24.0	20,000					-						
25	X	24.0	19,000		1.8								0.8	
26	Х	24.0	21,000		1.8								0.8	
27	Х	24.0	20,000		1.8								0.8	
28	Х	24.0	19,000		1.8								0.8	
29	X	24.0	20,000		1.8					·			0.8	· · · · · · · · · · · · · · · · · · ·
30	X X.	24.0 24.0	16,000		1.8				·	<u> </u>			0.8	
otal	L * 1	24.0	28,000 624,00^		1,8		!	L	L		L	<u></u>	0.8	
vgerag			20,125											
4aximu			28,000											

URCHASED FINISHED WATER

	Y OPERATION REPO	ORT FOR PWSs TRE	EATING RAW GROUN	ID WATER OR P
FLORIDA				

3						
See Pages 4 for Instru General Information		August, 2005				
		Adgast, 2000				
. Public Water System						**
PWS Name:	Leisure Lakes / Covered Bridge				PWS Identification Number:	6280064
PWS Type:			ansient Non-Comi		Consecutive	
Number of Service Connecti		275		Te	otal Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.				P 201	0 451 11
Contact Person:	Carolyn McFalls	down Fort Suits 400			ontact Person's Title: Area Manager, State: Florida	South Florida
Contact Person's Mailing Ad		arkway East, Suite 400		City: Sarasota	ontact Person's Fax Number: (941) 907-096	Zip Code: 34240
Contact Person's E-Mail Add		Jaamerica.co-			ontact reisons Pax Number: (941) 907-096	<u> </u>
. Water Treatment Pla		300000000000000000000000000000000000000				
Plant Name:	Leisure Lakes				Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.		7	City: Lake Plac	id State: Florida	Zip Code: 33852
Type of Water Treatment by	Plant: Raw Ground	Water Purchased Finis	shed Water			
Permitted Maximum Day O	perating Capacity of Plant, gallons per day		72,000			
	on 62-699.310(4), F.A.C.):	IV			ant Class (per subsection 62-699.310(4), F.A.C.)	
Licensed Operators:		e .	License Class	License Num) Worked
Lead/Chief Operator:		· · · · · · · · · · · · · · · · · · ·	С	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni		С	5674	2 Days every other weekend	
Fill of the state						
7.74						11
پورو د گذاک ادار ق-اداد قابله فاجهان مجار مارسند نید.						
and the first control of the state of the st						
Il Certification by Leac	I/Chiaf Operator					
		in Florida um the lead/shi-f-	- C11		alant identified in most I of this man art	

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

D	with	89/113/05
Signature and Date	-)

David W. Faircloth

8189

P. A or Typed Name

. License Number

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

Oct

0

PWS II				6280064		Plant Name:	Leisure Lak							TED WATER
		for the M	lonth/Year o			August, 2005	1							
:vicans		ng Four-Lo	g Virus Inacli Othe	vation/Rema			Chlorine Di	oxide	Охоне	Comb	ones Chlori	ne (Chlorai	nines)	
Туре о	f Disinfec	tant Resid	lual Maintain	ned in Distri	bution System:	Free Chl	orine l	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
				(CT Calculations, or	UV Dose, to	Demostate I	our-Log	vr: :s Inac	livation, if A	pplicable*		1	··
							culations			-	ועט	Dose	i	
	Daya Plant		·		Lowest Residual	Disinfectant Contact Time	Lowest CT Provided Before or at						Lowcal Residual	·
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	T		Minimum	Lowest	UV Dose	Concentration at	
Day of the	Operator (Place	Hours plant in	Water Producted	Peak Flow	Before or at First Customer During	Point During Peak Flow	During Peak		all of Water	CT Required, mg	Operating UV Doce,	Required, mW-		Conditions; Repair or Maintenance Work that
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	Flow, mg-	°C	if Applicable		mW-sec/cm²	sec/cm²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1	X	24.0			1.8						11111 300 0111	3000	0.8	
2	Х	24.0			1.8								0.8	
3	Х	24,0			1.8								0.8	
4	X	24.0			1.8								0.8	
6	X	24.0 24.0			1.8				ļ	<u> </u>			0.8	
7		24.0							ļ					
8	Х	24.0			1.8		 		 				0.8	<u> </u>
9	X	24.0			1.8		1						0.8	
10	Х	24.0	20,000		1.8								0.8	
11	Х	24.0			1.8								0.8	
12	X	24.0			1.8								0.8	
13	X	24,0 24.0	15,000 21,000		1.8								0.8	
15	X	24.0	19,000		1.8 1.8		 		<u> </u>				0.8	
16	X	24.0			1.8								0.8	
17	X	• 24.0			1.8		-		-				U.8	
18	Х	24,0			1.8		1		<u> </u>				0.8	
19	Х	24.0	14,000		1.8					<u> </u>			0.8	
20		24.0	7,000											
21		24.0	7,000											
22 23	X	24.0 24.0	7,000 73,000		1.8		 						0.8	
24	X	24.0			1.8		 						0.8	
25	X	24.0			1.8		+		 	 			0.8	
26	Х	24.0			1.8				 	 			0.8	
27	Х	24.0			1.8				· · · · · · · · · · · · · · · · · · ·				0.8	
28	Х	24.0			1.8								0.8	
29	X	24.0			1.8								0.8	
30	X	24.0			1.8		 		ļ. <u>.</u>	<u> </u>			0.8	
31 Total	х	24.0	25,000 650,000		1.8	L	<u> </u>	L	L	L	L	<u> </u>	0.8	<u> </u>
Average			20.060	J										

Maximum

73,000

Refer to the Same of the

a this report to de-

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



WS Name:	Leisure Lakes / Co			•		PWS Identification Number:	. 628006	4
WS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Com	····	Consecutive		
Number of Service Com						opulation Served at End of M	Ionth: 630	
WS Owner:	Aqua Utilities Flor					<u> </u>		
Contact Person:	Carolyn McFalls				Contac	t Person's Title:	Area Manager, South Flo	orida
Contact Person's Mailin	g Address:	6960 Professional Parkway Es	st, Suite 400		City: Sarasota	State: Florida	Zip Cod	le: 34240
Contact Person's Teleph		(941) 907-7470			Contac	t Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail		cfmcfalls@aquaamer	ica.com					
Water Treatment	Plant Informatio	n					-	
Plant Name:	Leisure Lakes				-	Plant Telephone Number:	(941) 9	07-7470
Plant Address:	101 Park View Cir	cle S.			City: Lake Placid	State: Florida	Zip Cod	le: 33852
Type of Water Treatme	nt by Plant:	✓ Raw Ground Water	☐ Purchas	ed Finished Water				-
				72.000			-	
Permitted Maximum Da	y Operating Capacity of	of Plant, gallons per day:		72,000		 		
Permitted Maxismum Da Plant Category (per sub	section 62-699.310(4),		IV			lass (per subsection 62-699.3		
Plant Category (per sub-	section 62-699.310(4),	F.A.C.): Name	IV	License Class	Plant C License Number	Day	10(4), F.A.C.): C (s) / Shift(s) Worke	xd
Plant Category (per sub Accessed Operato Fend/Enter Operato	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd
Plant Category (per sub-	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	īv		License Number	Day	(s)/Shift(s) Worke	xd
Plant Calegory (per sub Alcensed Operato Read/Enicl Operato	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd
Plant Calegory (per sub Lacensed Operato Lead/Enicl Operato	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd
Plant Calegory (per sub Alcensed Operato Read/Enicl Operato	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd
Plant Category (per sub Extremsed Operation Pend/Chies Operation Other Operators:	section 62-699.310(4), David W. Fairclot	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xl
Plant Category (per sub Attention of Operation Pend/Chief Coperation Other Operators:	Donald P. Gavoni	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd
Plant Category (per sub- l'Alcensed Operation <u>Pead/Chics Operation</u> Other Operators:	Donald P. Gavoni	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd.
Plant Category (per sub- Inscensed Operato Read/Enics Operato Other Operators:	Donald P. Gavoni	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	d.
Plant Category (per sub- Inscensed Operato Read/Enics Operato Other Operators:	Donald P. Gavoni	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd.
Plant Category (per sub- l'Alcensed Operation <u>Pead/Chics Operation</u> Other Operators:	Donald P. Gavoni	F.A.C.): Name	IV		License Number 8189	Day 6 Days/Week - 1st shift	(s)/Shift(s) Worke	xd.

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

Signature and Date

with copies of this report, at a convenient location for at least ten years.

David W. Fairclott.
Printed or Typed Name

License Number

8189

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

Oct

WS (D):			6280064		Plant Name:	Leisure Lak	es						
I. D:	illy Data	for the M	onth/Year (of:		September, 200)5							
	of Achievin	-	Virus Inacti		val: Fr∞	Γ	Chlorine Die	oxide	Ozone	☐ Comb	ined Chlorit	e (Chloran	nines)	
			•			Fig. out		Combin	ed Chlorin e	(Chlorumine		Chlorine I	Nordda	
ype of	Disinfec	tant Residi	ual Maintair		bution System:	Free Chlo								
Philip		ineres.	The second		CT Calculations, or	UV Dose, to	Demostate I	OUT-LOS	Virus Inact	ivation, if A				A Administration of the Control of t
	-			Tours Most	TO SHEET TO THE TANK	CT Calc	ulations					Oose 11		to the state of th
	ا المجانب ما روي الأو	ga	10 6 104			W. 1	-	1	्रा <u>स्थ</u> ान	- 10 mg	र विकास स्थापना । संस्थान	المسادة والمساجون	Tille.	100
				O STEE MAN SECTION	र क्रिक्टा ।		Lowest CT	(A)	· · · · · · · · · · · · · · · · · · ·				nast	Section 10 Proports
		- S - S		4.850	Lowest Residual	Disinfectant	Provided Before or at First		7.7				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10 Telegram 1
	Days Plant	是成为政治	No Carly	ar joyana z a	Lowest Kesigusi	Conlact Time	Before or at	. tr			61	Minimum	District to 10	0 3 5 1 5 1 5 2 5
	Vi	क्षान्त्र	of Finished	253	Concentration (C)	Measurement	Costomer	71.33	- C.	Minimum	Lerwood	UV Does	Concentration at	Emergency or Abnormal Operating
niv or	Operator	Hours plant	Water	۔۔۔ خد	Before or at Pinst	Point During	During Peak	Temp of	- transcri	CT CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work th
tho	(Place	in	Producted,	Peak Flow	Costomer During	Peak Flow,	Flow, mg-	Water,		Required, mg	UV Dose,	mW-2	Distribution:	Involves Taking Water System Component
10nth	"X")	Operation	gall	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	°C.	if Applicable	min/L	mW-scc/cm2	scc/cm²	System, mg/L	Out of Operation
1	Х	24.0	21,000		1.8					1			0.8	
2	Х	24.0	19,000	[1.8								0.8	
3	X	24.0	20,000	<u> </u>	1.8								0,8	
4		24.0	32,000				ļ							
5	X	24.0	32,000		1.8		 						0,8	
7	X	24.0 24.0	19,000 24,000		1.8 · 1.8	<u> </u>		<u> </u>					0.8	
8	X	24.0	24,000		1.8					<u> </u>			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	Х	24.0	28,000		1.8								0.8	
13	х	24.0	- 32,000		1.8								0.8	
14	Х	24.0	33,000		1.8								0.8	
15	. Х	24.0	27,000		1.8								0.8	
16	Х	24.0	28,000		1.8		<u></u>			<u> </u>	ļ	<u></u>	0.8	
17		24.0	30,000		<u> </u>	ļ	ļ			<u></u>				
18	ļ	24.0	30,000		ļ <u>-</u>		 	ļ	 	ļ		<u> </u>		
19	X	24.0	29,000	ļ	1.8	 	L	 		ļ		<u> </u>	0.8	
20 21	X	24.0 24.0	30,000 31,000	 	1.8		L	 	l			 	0.8	<u> </u>
21 22	X	24.0	23,000	· · · · · · · · · · · · · · · · · · ·	1.8	l	 	 	 	 	<u> </u>	 	0.8	
23	x	24.0	34,000	 	1.8	 		 		 		 	0.8	
24	$\frac{\lambda}{X}$	24.0		 	1.8	 	 			<u> </u>	 	 	0.8	
25	X	24.0	34,000	1	1.8	 					 		0.8	
26	X	24.0	39,000		1.8	1							0.8	
27	x	24.0			1.8								0.8	
28	х	24.0	33,000		1.8								0.8	
29	х	24.0	37,000		1,8			<u> </u>		<u> </u>			0.8	
30	Х	24.0	32,000		1.8							<u> </u>	0.8	3
31				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
otal			856,000	I										

Maximum

39,000 were the second than the second of the secon

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



See Pages 4 for In	structions.						·	
General Informat	ion	October	2005					
Dublic Water Sys	tem (PWS) Informa	tion						
PWS Name:	Leisure Lakes / Cover					PWS Identification Number:	6280064	# to ye.
PWS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive		
	nections at End of Month:	275			Tota	Population Served at End of Mo	onth: 630	
PWS Owner:	Aqua Utilities Florida	, Inc.						
Contact Person:	Glenn P. LaBrecque				Cont	act Person's Title: A	arca Manager, South Florida	
Contact Person's Mailin	g Address:	6960 Professional Parkway East, S	Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Teleph		(941) 907-7470	·		Cont	act Person's Fax Number: (9	941) 907-0965	
Contact Person's E-Mai								
. Water Treatment	Plant Information	· · · · · · · · · · · · · · · · · · ·				. _T		
Plant Name:	Leisure Lakes				T	Plant Telephone Number:	(941) 907-74	
Plant Address:	101 ParkView Circle				City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatme		Raw Ground Water	L_I Purchase	ed Finished Water				
	ay Operating Capacity of Posection 62-699.310(4), F.A.		.7	72,000	l man	Class (per subsection 62-699.31	0(4), F.A.C.); C	
Licensed Operato		Name	<u> </u>	License Class	License Numbe	<u> </u>	s) / Shift(s) Worked	
	David W. Faircloth	TVAINO		C	8189	6 Days/Week - 1st shift	3) / DIIII(3) WORKED	
	Donald P. Gavoni			c	5674	2 Days every other weekend		
and the state of t	24.					T,,		
								
Old Control of the Co	aledia of a					1		
and the second	· s/d							
A CONTRACTOR OF THE PARTY OF TH								· · . · . · . · . · . · . · . · . ·
					<u> </u>	<u> </u>		
Cartification by	.ead/Chief Operator							
		operator licensed in Florida	am the lead/o	chief operator of the v	vater treatment ni	ant identified in part I of th	is report. I certify that	the information
		te to the best of my knowled						
		ls referenced in subsection 6						
		sited this plant during the mo						
		nce records. Furthermore, I						
		it location for at least ten yea		reo areae administrati of	on actoria towings	er from the emiler so die f	1, 5 owner our round	monn, rogerica
with cobies of this	report as a convenien	ii locadon loi at icasi ten ye.	цэ,			•		
	(, +=	11/08/05	David	W. Faircloth				818
- xu	()]	-C.: \11/08/03		w. Faircioin			Licensa Nur	

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PWS II)			628006-1		Plant Name:	Leisure Lak	US .							0
III. D	aily Data	for the M	onth/Year (of:	• .	October, 2005							****		თ
	of Achievir		g Virus Inacti Othe		val: i√ Free	Г	Chlorine Die	oxide	Ozone	Comb	oined Chlorin	ne (Chlorur	nines)		<u></u>
•			•		bution System:	V Free Chlo	rine l'	Combin	ed Chlorine	(Chloramino	rs) [Chlorine I	Dioxide		82
				Sagardas (CT Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inact	ivation, if A	oplicable*			Burney Constitution	ΔÙ
4	e sand	Supplied to	A. T. A.	aggint.	in the state of th	CT Calc			· . · ·	vac_		Dose ***			
er er e		450.10	- ikak		and a substitution of the second of the seco	- managap	Lowest CT	200	3	- Marie	stagen for a .	A STATE OF	to the selection		
		, , , , , , , , , , , , , , , , , , , ,	. Notes Add		a contracting to	Disinfectant	Provided					ĺ			L
	Days Plant				Lowest Residual	Contact Time	Before or at					** ** *	Lowest Residual	• :	조
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	ļ				Minimum	Disinfectant		Œ
	Visited by	1	of Finished		Concentration (C)	Measurement	Customer		1	Minimum	Lowest	UV Dosc	Concentration at	Emergency or Abnormal Operating	ഗ
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Temp of		CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that	, <u>C</u>
the	(Place	in	Producted,		Customer During	Peak Flow,	Flow, mg-			Required, mg		roW-	Distribution	Involves Taking Water System Components	N
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	°C	if Applicable	min/L	mW-sec/cm²	sec/cm ²	System, mg/L	Out of Operation	•
11		24.0	45,000												٤
2		24.0	45,000												Ē
3	X	24,0	44,000		1.8								0.8		່າວ່
4	χ	24,0	25,000		1.8								0.8		_
5	Х	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	Х	24.0	33,000		1.8								0.8		_
9	_ X	24.0	39,000		1.8							ļ	0.8		_
10	X	24.0	43,000	·	1.8	· · · · · · · · · · · · · · · · · · ·							0.8		_
11	- ^ X	24.0 24.0	36,000 48,000		1.8								0.8		_
13	X	24.0			1.8	·							0,8		ωĖ
14	X	24.0	40,000 43,000		1.8			<u> </u>					0.8		4-
15		24.0	44,000		1.0		ļ						0.8		
16		24.0	44,000												100
17	X	24.0	43,000		1.8	· · · · · · · · · · · · · · · · · · ·			ļ						101
18	X	24.0	45,000		1.8								0.8		041
19	X	24.0	55,000		1.8				 				0.8		 #
20	X	24.0	48,000		1.8						ļ- -		0,8		$-\omega$
21	X	24.0	52,000		1.8							ļ	0.8		1
22	X	24,0	37,000		1.8	····									┨
23	X	24.0	50,000		1.8								0.8		4
24	X	24.0	72,000		1.8					-	_		0.8		1
25	х	24.0	28,000		1.8								0.8		1
26	X	24.0	28,000		1.8								0.8		1
27	X	24.0	30,000		1.8				 				0.8		1
28	X	24.0	29,000		1.8		·		 	·			0.8		1
29		24.0	31,000						 				····		┪╼
30		24.0	31,000		· · · · · · · · · · · · · · · · · · ·										┨・
31	х	24.0			1.8				 				0.8		423
Total			1,246,000				·	·			<u> </u>	L	1	I	ت پر

40,194

72,000

Avgerage

Maximum

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

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S PLONDA											
Sec Pages 4 for Ins General Informati		IN _C	vember, 2005		-						
. General imormati	<u> </u>	140	veriber, 2003								
A. Public Water Syst	em (PWS) Inform	ation									
PWS Name:	Leisure Lakes / Co							Identification Numb	er:	6280064	
PWS Type:	✓ Community	Non-Transient Non	-Community	Transie	nt Non-Com	munity	Conse	cutive			
Number of Service Conn	ections at End of Month	n: 27	5				Total Popula	tion Served at End o	f Month:	632	-
PWS Owner:	Aqua Utilities Flori	ida, Inc.									
Contact Person:	Glenn P. LaBrecqu	c					Contact Perso	on's Title:	Area Manager,	South Florida	<u> </u>
Contact Person's Mailing	Address:	6960 Professional Parkway	East, Suite 400			City: Sarasot	State:	: Florida		Zip Code:	34240
Contact Person's Telepho	one Number:	(941) 907-7470					Contact Pers	on's Fax Number:	(941) 907-0965	<u>i</u>	
Contact Person's E-Mail						_					
3. Water Treatment	Plant Information	1									_
Plant Name:	Leisure Lakes						Plant	Telephone Number:	<u> </u>	(941) 907-7	470
Plant Address:	101 ParkView Circ	:le S.				City: Lake Pl	acid State:	: Florida		Zip Code:	33852
Type of Water Treatmen	nt by Plant:	✓ Raw Ground Water	Purch	nased Finished	Water						
Permitted Maximum Da	y Operating Capacity of	l'Plant, gallons per day:	-	72,00	00						
Plant Category (per subs	section 62-699.310(4), E	F.A.C.):	IV				Plant Class (p	er subsection 62-69	9.310(4), F.A.C.):	· c	
Licensed Operator	rs.	Name		Lic	ense Class	License Nu	mber	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operato	David W. Faircloth	1		С		8189	6 Day	ys/Week - 1st shift			
Other Operators:	Donald P. Gavoni			С		5674	2 Day	ys every other weeke	nd .		
No. 7 managements											
	*										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
v. settare		-				l					
	Sec.						I				
1. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.											· · · · · · · · · · · · · · · · · · ·
H Certification by L											
I, the undersigned v	vater treatment plar	nt operator licensed in Fl	orida, am the lea	ad/chief opera	ator of the w	vater treatmei	nt plant idea	ntified in part I o	of this report. I	certify that	t the informa
provided in this rep	ort is true and accu	rate to the best of my kn	owledge and bel	licf. I certify	that all drin	king water tre	eatment che	emicals used at t	his plant confo	ma to NSF	Internationa
Standard 60 or othe	er applicable standa	ards referenced in subsec	tion 62-555.320	0(3), F.A.C.	l also certify	that the follo	wing addit	tional operations	records for thi	s plant wer	re prepared e
		visited this plant during t									
		ance records. Furtherme									
		ent location for at least to						,			,
						•					
1000 J	Le le	12/09/05		vid W. Faircloth					_		
Signature and Date			iri.	nted or Typed Na	ame			· ·		icense Nur	nber

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baz ii);			780064		Plant Name:	Leisure Lak	es			·				0,
III. D	aily Data	for the N	lonth/Year c	ıf.		November, 200	05								ō
			g Virus Inacti		val: y Free		Chlorine !		··		bined (. 71.1			. ()
ł	traviolet R	· .	Othe				Cincome.	XIGU		Com	omea (i a a titoriii	i		1
l'Une o	f Disinfec	tant Resid	lual Maintain	ed in Distri	ibution System:	▼ Free Chle	orine [Combin	ed Chlorine	(Chloramine	(25	Chlorine I	Dioxide		•••
· . · P = •					CT Calculations, or					·			1		- 83 - 13
					CT Calculations, or	CT Cale		LOM-TOR	AHO2 HIMC	avadon, n z	UV		4		Ù
	10,000	·			" " * * * * * * * * * * * * * * * * * *	. CI Care	illations			·	- UV	Dose	1	i Nint .	
			্জ		87 78 B 3		Lowest CT	1	1			1	1	•	
				· ·		Disinfectant	Provided	İ		ì			!		_
100	Days Plant	•			Lowest Residual	Contact Time	Before or at	ì]	Lowest Residual		Σ Ω
l	Staffed or	•	Net Quantity		Disinfectant	(T) at C	First	1				Minimum	Disinfectant		ô
Day of	Visited by Operator	Hours plant	of Finished Water	No tree souther	Concentration (C) Before or at First	Measurement	Customer	Temp of		Minimum	Lowest Operating	UV Dosc	Concentration at	Emergency or Abnormal Operating	/۵
the	(Place	in in	Producted.	Peak Flow	Customer During	Point During Peak Flow.	During Peak Flow, mg-	Water.	pH of Water,	CT Parriand and	UV Dose,	Required, mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work th	46,
Mor	"X")	Operation	gal.	Rale, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	sec/cm²	System, mg/L	Involves Taking Water System Components Out of Operation	Ņ
1	Х	24.0	35,000		1.8.			<u> </u>					0.8	Out of Observed	- "
2	х	24.0	29,000		<u>,</u> 1.8								0.8		- ڇ
3	Х	24.0	38,000		8.1								0.8		- =
4	X	24.0			1.8			ļ					0.8		- TO
5	X	24.0 24.0	24,000 26,000		1.8			 				<u> </u>	0.8		_
7	- â	24.0			1.8			 _		<u> </u>	 	<u> </u>	0.8		_
8	x	24.0			1.8		 	 			 		0.8		-
9	Х	24.0			1.8				<u> </u>				0.8		-
10	Х	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					ļ							_ _
15	X	24.0 24.0	33,000 71,000	<u> </u>	1.8		<u> </u>		 	· · · · · · · · · · · · · · · · · · ·		ļ	0.8		4
16	$\frac{\lambda}{x}$	24.0	42,000		1.8		 	ļ			 		0.8		- N
17	<u> </u>	24.0	14,000		1.8		 	-	ļ				0.8		_ (1)
18	X	24.0	43,000		1.8						 	<u> </u>	0.8		- 2
19	X	24.0	32,000		1.8						<u> </u>		0.8		4
20	Х	24.0	28,000		1.8					<u> </u>			0.8		$\neg \overline{\omega}$
21	X	24.0	38,000		1.8								0.8		1
22	X	24.0 24.0	33,000		1.8		ļ						0.8		
24	_^_	24.0	34,000 30,000		1,8		 				<u> </u>		0.8		_
25	X	24.0	31,000		1.8										4
26		24.0	33,000								 	<u> </u>	0.8		-
27		24.0	33,000										 		-
28	Х	24.0	34,000		1.8								0.8		-
29	X	24.0	24,000		1.8								0.8		1_
30	Х	24.0	29,000		1.8								0.8		ייַ[
7.1	LJ		10/2055		L		<u> </u>		L		1	.] <u>u</u>
Total			1,042,000 34 133											•	<u>_</u>
Avgerag Maximu			71,000												
			, ,,,,,,,												

[•] Refer to the instructions for this report to determine which plants must provide this information



FLORIDA								
See Pages 4 for Instr						_	•	
General Information		December, 2	2005					
. Public Water Systen	n (PWS) Informati	ion						
PWS Name:	Leisure Lakes / Covere					PWS Identification Number	6280064	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity Tr	ansient Non-Com	munity	Consecutive	. 0280004	
Number of Service Connect	tions at End of Month:	276				Population Served at End of A	Month: 632	
PWS Owner:	Aqua Utilities Florida,	lnc.					7	
Contact Person:	Glenn P. LaBrecque			····	Cont	act Person's Title:	Arca Manager, South Flor	rida
Contact Person's Mailing A	ddress:	60 Professional Parkway East, Suite	400		City: Sarasota	State: Florida	Zip Code:	
Contact Person's Telephone	Number: (941) 907-7470			Cont	act Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Ad	ldress:							
. Water Treatment Pl	ant Information							
Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907	1-7470
Plant Address:	101 Park View Circle S	3.			City: Lake Placid	State: Florida	Zip Code:	: 33852
Type of Water Treatment by			Purchased Finis	shed Water				
Permitted Maximum Day O				72,000				
Plani Category (per subsect						Class (per subsection 62-699.3	310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	Day	y(s) / Shift(s) Worked	
Lead/Chief Operator:			·	С	8189	6 Days/Week - 1st shift		
Other Operators:	Donald P. Gavoni			С	5674	2 Days every other weekend		
7.50 A.S.								
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				·	· - 	!		
Certification by Lead	d/Chief Operator		4 1					
		perator licensed in Florida, am	the lead/chief o	nerator of the w	eter treatment nie	nt identified in part Laft	bio romant I contifu th	
provided in this report	t is true and accurate	e to the best of my knowledge a	and belief I see	rperator of the w	ater u caunent pra	nt incumen in bati t of t	inis report. I certify the	nat the information
Standard 60 or other a	rnlicable standards	referenced in our aution 62.5	411.0 DENEJ. 1 CEN SS 220(2) E A	C. I also and the	dig water treatme	ent chemicals used at this	s plant conform to NS	F International
destitute licensed one	ppiicabic standards	referenced in sul rection 62-55	33.320(3), 1°./\.	C. I also certify	that the following	additional operations re	ecords for this plant w	cre prepared eac
day mat a neenses ope	negono nestramento	ted this plant during the month	maicated above	(1) records of	anounts of chen	ucais used and chemical	reed rates, and (2) if	applicable,
appropriate treatment	process performand	ce records. Furthermore, I agre	e to provide the	se additional op	erations records t	o the PWS owner so the	PWS owner can retai	n them, together
with copies of this rep	ort, at a convenient	location for at least ten years.			•	•		•
1	α . I	-1						
become L	J. To	01/06/0-	David W. Faire	loth		· · · · · · · · · · · · · · · · · · ·		
Signature and Date	<. \		Printed or Type	ed Name			License N	imber

PWS ID	:			6280064		Plant Name:	Lisure Lake	:5						
III. Da	ily Data	for the Al	onth/Year o	جيد ٿا		December, 200	5							
				tion Kemova:	. •		any in in	··.vite	wone	Lymn	ined Chlori	oc IC moran	nines)	
	raviolet Ra		Othe										,	i
			ral Maintain	ed in Distrib	ution System:	Free Chlo	rine :	Combin	ed Chlorine	(Chloramino	s) :	Chlorine I	Dioxide	
ypc o,	Disinico	tant resid	Jan Iviaitimity		CT Calculations, or						6		1	
1	1		_	<u> </u>	1 Calculations, or			rour-Log	Virus Inac	iivanon, n A	UV	2000		
- ; -					790 6.35	CT Calc	ulations		T		001	.X080	1	
1					- C. C. C. C. C. C. C. C. C. C. C. C. C.		Lowest CT	1				l	1	
1	٠.		· · · · · · · · · · · · · · · · · · ·	ä.		Disinfectant	Provided	1				ŀ		
ı				:.	Lowest Residual	Contact Time	Before or at						Lowest Residual	
1	Days Plant			/h/	Disinfectant	(L) N C	First	, ·				Minimum	Disinfectant	
	Staffed or		Net Quantity		Concentration (C)	Measurement	Customer	l	ł		Lowest	IJV Dose Required	Concentration at	Emergency or Abnormal Operating Conditions;
		Hours plant	of Finished Water	D. 10 Ph. 11	Before or at First	Point During	During Peak	Term of	-17 of 17/sec-	Minimum CT Required, mg		mW-	Remote Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
the Month	Operator (Place "X")	in.	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm²	sec/cm ^x	System, mg/L	Operation
1	X	24.0	34,000	Totales, River	1.8	inprotes	- IIIBDE	,,,,,,,	I Tippitode 10		11111-300-01		0,8	- Opti-
2	x	24.0	34,000	T	1.8							 	0.8	
3	х	24.0	34,000		1.8						<u> </u>	Ī	0.B	
4	х	24.0	33,000		1.8		1						0.8	
5	х	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				<u> </u>	-	····		0.8	
8	X	24.0	33,000		1.8		<u> </u>				ļ	<u> </u>	0.B	
9	X	24.0 24.0	31,000 47,000		1.8				<u> </u>		ļ		0,8	
11		24.0	47,000	 			 		 -		ļ		·	
12	· X	24.0	46,000	 	1.8		L	 	 	1			0.8	
13	х	24.0	125,000	Γ i	1.8	•		i – –	 	 		 	0.8	
14	х	24.0	26,000		1.8								0.8	
15	х	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	х	24.0	31,0(~	I	1.8	<u></u>		L	ļ	L	L	 	0.8	
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20	<u>x</u> x	24.0 24.0	27,000 25,000	<u> </u>	1.8			 	ļ	ļ	L	 	8.0	
21	X	24.0	25,000	 	1.8		 	 	 		ļ 		0,8	
23	x	24.0	25,000	 	1.8		 			 			0.8	
29		24.01 	16 viv	└──	1:0		<u>'</u>	L	.t i		1	 	L " "	
25		24.0	26,000			<u> </u>	 	<u> </u>	 	 		 		
26	Х	24.0	25,000		1.8					<u> </u>	 		0.8	
27	х	24.0	30,000		18		<u> </u>						0.8	
28	х	24.0	28,000		1.8								0.8	
29	Х	24.0	27,000		1.8		<u> </u>				ļ		0.8	
30	Х	24.0	27,000	ļ	1.8	· · · · · · · · · · · · · · · · · · ·				ļ		 	0.8	
	Х	24.0	23,000		1.8	L	<u> </u>	l	L	<u></u>	<u> </u>	L	0.8	L
Total			1,046,000										•	
Avgerage			33,742 125,000			••								
Maximu	11		L 123,000	J										

^{*} Refer to the instruct.

ir this report to determine wi

DVI	S ID:	6280064	Plant Name:	Lcisure Lake		·
	D 1D.					on or Manganese Sequestrant for the Year: * 2005
Λ	. Is any polymer containing the mor	nomer acrylamide used at the wate	r treatment plant?		✓ No	the polymer dose and the acrylamide level in the polymer are as
	Polymer Dose ppm =				Acrylamide Level, %1=	
В	Is any polymer containing the mos polymer are as follows:	nomer <u>epichlorohydrin</u> used at the	water treatment pla	nt?	☑No FY	es, and the polymer dose and the epichlorohy drin level in the
	Polymer Dosc ppm =				Epichlorohydrin Level, %'=	
C	. Is any iron or manganese sequestr	ant used at the water treatment pla	nt?	□ No	Yes, and the type of s	equestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphospha	te or sodium silicate):	Pholyphosphate			
	Sequestrant Dose, mg/L of phosph	nate 22 PO4 or mg/L of silicate as S	SiO ₁ =	lmg/L		
	If sodium silicate is used, the amo	unt of added plus naturally occurr	ing silicate, in mg/L	as SiO ₂ =		
	* Complete and submit Part IV of the	nis report only with the monthly op	eration report for D	ecember of eac	n year and only for water treatme	ent plants using polymer containing acrylamide,

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.

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



General Information		January, 2006									
Public Water System	(PWS) Informa	tion									
PWS Name:	Leisure Lakes / Cove						- PV	VS Identification Num	ber:	6280064	
PWS Type:	✓ Community	Non-Transient Non-Community	y Tran	sient Non-Com	munity		-	secutive		0200001	
Number of Service Connect	ions at End of Month:	276			,	Īτ		ulation Served at End	of Month:	632	
PWS Owner:	Aqua Utilities Florid	a, Inc.									
Contact Person:	Glenn P. LaBrecque			-		Ic	ontact P	rson's Title:	Area Manager	South Florid	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, Suite 4	00		City:	Sarasota	St	ite: Florida	8	Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7470					ontact P	erson's Fax Number:	(941) 907-096		
Contact Person's E-Mail Ad	dress:										
Water Treatment Pl	ant Information				-						
Plant Name:	Leisure Lakes						PI	ınt Telephone Numbe	г:	(941) 907-7	470
Plant Address:	101 ParkView Circle	: S.			City:	Lake Plac	id St	ite: Florida		Zip Code:	33852
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finishe	d Water							_
Permitted Maximum Day C	perating Capacity of I	lant, gallons per day:	72	,000							
Plant Category (per subsect	ion 62-699,310(4), F.A	A.C.): IV				P	ant Clas	(per subsection 62-6	99.310(4), F.A.C.)	: C	
Licensed Operators.		Name	I	icense Class	Lice	nse Num	ber]	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 week	end		
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	Artistation and a										
L Certification by Lea			1 1 1/1: 6	. 6.1					Cit		
		operator licensed in Florida, am t									
		ate to the best of my knowledge ar									
		ds referenced in subsection 62-55									
-		sited this plant during the month i							-		•
appropriate treatment	process performa	nce records. Furthermore, I agree	to provide these	additional of	peratio	ns recor	ds to th	e PWS owner so	the PWS owner	r can retain	them, together
with copies of this rep	ort, at a convenier	nt location for at least ten years.	•	-		•					
De cent	<u> </u>	02/08/06	David W. Faircle			·					818
Signature and Date	~7		Printed or Typed	Name						License Nu	mber

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	8.0		I		l]	B'1	l	33,000	24.0	X	18
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	8.0		÷						8.1		000'17	24.0	x	91
	8.0								81	 	30,000	24.0	x	Si
	8.0								8-1		23,000	0.4.0	X	14
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	8.0		l						81		32,000	24.0	x	Ε.
	8.0	 		 		 			8.1		31,000	0.42	x	Z
	8.0		 	<u> </u>	l				8.1		32,000	24.0	x	1
Obestion	J/Sun monsks	פָבר/מוז,	'my sec/an	7/000	oldsoilqqA Y	O 'PORPAL	1/om	manuca	Peak Flow, mg/L	Rate gpd				
Teking Water System Components Out of	Distribution	-Wan		Sm baninpa M	TO UT	D0 =1411	Piow, mg	Peak Flow,	Contorner During	Post Plog	Water Producted, gal	200	Operator	dinoM
Repair or Maintenance Work that Involves	Remote Point in			Minimum CT		Terms T	During Peak	Burnd miod	Before or at First		backini Tio			Day of
			kawo.l	<u> </u>			Customer	Meesurement	Concentration (C)	l ,	Met Quantity		Steffed or	J3~Q
	Disinfectant	muminiM	}]	ļ	Fust	o to (T)	Disinfectans		J	ļ '	Days Plant	[
161561	Lowest Residual		į			1	Before or at	Contact Time	Lowest Residual		1	****		[
Caracteristic Commence of the	17.5				*****		Provided	Disinfectant	and the second s	443	toria	1.0		
	25	<u> </u>		A-management			TO WEST CT		Action of the state of the stat	and the first factor of the	alaster, married at l'arefair L'are d'are	(g)) Commission	washed	otan garagia
April 4 Marie		100	406-724			Marine.								
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	ZINY(W/	Chlorine D	((Chloramine	ad Chlorine I	nidmoD	∍ _{nú}	N Free Chlor	ution System:	idinisiQ ni b	onietnieM lsu	tant Residi	Diainfec	o ogy]
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		 -	ninoldD boni	Comb	ozozo _	oxide	Chorine Dio			ion/Removal	evitoenl euriV	god-wol g	gnivəidəA Te	ด ยกสอใจ
		 -	ninoldD boni	dmoD]	onozO]	xiqe	Chlorine Dio	3002 , Yaenne L		ion/Removal		god-wol g	gnivəidəA Te	ด ยกสอใจ

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

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See Pages 4 for Instru	ctions.	Februa	N							
. General Information		January, 2	2006		-					
. Public Water System	(PWS) Informat	tion		-						
PWS Name:	Leisure Lakes / Cover	red Bridge					PWS Identification Number	T:	6280064	
PWS Type:	✓ Community	■ Non-Transient Non-Comm	unity 🔲	Transient Non-Com	munity		Consecutive			
Number of Service Connection	ons at End of Month:	276				Total 1	Population Served at End of	Month:	632	
PWS Owner:	Aqua Utilities Florida	, Inc.								
Contact Person:	Glenn P. LaBrecque					Contac	t Person's Title:	Area Manager,	South Florida	
Contact Person's Mailing Ad	dress:	6960 Professional Parkway East, St	ite 400		City: Sarasot	<u>a</u>	State: Florida		Zip Code:	34240
Contact Person's Telephone l	Number:	(941) 907-7470				Contac	t Person's Fax Number:	(941) 907-0965		
Contact Person's E-Mail Add										
B. Water Treatment Pla	nt Information									
Plant Name:	Leisure Lakes						Plant Telephone Number:		(941) 907-74	170
Plant Address:	101 ParkView Circle				City: Lake P	lacid	State: Florida		Zip Code:	33852
Type of Water Treatment by		Raw Ground Water	☐ Purchased FI							
Permitted Maximum Day Or				72,000						·
Plant Category (per subsection	on 62-699.310(4), F.A			Y			lass (per subsection 62-699.		C	
Licensed Operators.		Name		License Class		mber		y(s) / Shift(s)	Worked	
Lead/Chief Operator.				С	8189		6 Days/Week - 1st shift			
Other Operators:	Donald P. Gavoni			С	5674		2 Days every other weeken	d		
et escar										
All the same of the					 		· · · · · · · · · · · · · · · · · · ·			
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AND DESCRIPTION OF THE PERSON					ļ					
					 					
					 					
Land to a comparation of the contraction					<u> </u>					
II Certification by Lead	/Chief Operator									
		operator licensed in Florida,	am the lead/chie	f operator of the v	vater treatme	nt plai	nt identified in part I of	this report. I	certify that	the information
neoraided in this report	is true and accure	ate to the best of my knowled	ge and belief 1	certify that all drin	king water tr	eatme	nt chemicals used at th	is plant confo	m to NSF	International
broakter in mis tehour		ds referenced in subsection 6	2.555.320(3) E	AC I also certif	without the follow	ouzina	additional operations	records for thi	e plant wer	e prepared each
Standard of or other a	bbucanie standard	as reactered in subsection of	nth indicated ab	ova: (1) racorda	f amounts of	chere	icale used and chemics	I feed rates a	nd (2) if an	nlicable
day that a licensed ope	rator statted or vi	sited this plant during the mo	nui indicated ab	ove. (1) records (or amounts of	CHCIN	AL DUICE AND THE CHETHICA	a DUIC overs	oon retoin	privation, them together
appropriate treatment	process performa	nce records. Furthermore, I	gree to provide	these additional o	perations reco	oras ta -	the PWS owner so the	e LM2 owner	can retain	mem, together

David W. Faircloth

Printed or Typed Name

8189

License Number

Signature and Date

with copies of this report, at a convenient location for at least ten years.

ws id);			6280064		Plant Name:	Leisure Lake	s						
H. ' D.	illy Data	for the M	onth/Year o	if:		Jenuary, 2006	epru	LINA	2000					
leans o	f Achievin	g Four-Log	Virus Inactiva	tion/Removal			Chlorine Die		C Ozone	Comb	ined Chlorir	e (Chloren	nines)	
~ Ult	raviolet Ra	uliation	[Otha	Г		,				,		io (Ginorai		
'vne o	f Disinfec	tant Desido	tal Maintain	ed in Distrib	ution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
7,000	Distilloo	mili Acsidi	Jai Waintan									- CHIOTHIO I	1	
٠,					CT Calculations, or									
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	4.1		٠.				Lowest CT	}						
				!		Disinfectant	Provided	l	1	ļ	ľ		1	<u> </u>
				Ì	Lowest Residual	Contact Time	Before or at					ł	Lowest Residual	·
	Days Plant				Disinfectant	(T) at C	First	}		Ì		Minimum	Disinfectant	
	Staffed or		Net Quantity	1	Concentration (C)	Measurement	Customer		i		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Condition
Day of			of Finished		Before or at First	Point During	During Peak	7:		Minimum CT		Required.	Remote Point in	Repair or Maintenance Work that Involves
the .	Operator	, in	Water	Peak Flow	Customer During	Peak Flow,	Flow, ma	Tembor	pH of Water, if Applicable	Required, mg		mW-	Distribution	Taking Water System Components Out of
Month 1	(Place X-)	Operation 24.0	Producted gul 50,000	Rate, god.	Peak Flow, mg/L	minutes	min/L	Water, C	in Whiteropto	mm/L	mW-sec/cm²	sec/cm²	System, mg/L	Operation
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4		24.0	32.000	-					 	 		 	 	
		24.0	32,000					 	 	 		 		
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9	Х	24.0	36,000		1.8								0.8	
10	Х	24.0	33,000		1.8								0.8	
11	х	24,0	38,000		1.8			ļ	<u> </u>	ļ			0.8	
12	х	24.0	30,000		1.8		<u> </u>	ļ	<u> </u>	ļ		 	0.8	
13	Х	24.0	33,000		1.8			 	<u> </u>	 	<u> </u>		0.8	
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Avgerag			38,214	4		•					•		•	
Vioximu	um		56,000	J							•			

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

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General Information		March, 2	2006						
Public Water Systen	r (PWS) Informa	tion							
PWS Name:	Leisure Lakes / Cove						PWS Identification Number:	6280064	
WS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	munity	П	Consecutive	0280004	
Number of Service Connect	ions at End of Month:	276	,				Population Served at End of Month:	632	
WS Owner:	Aqua Utilities Florid	a, Inc.					operation out yet at this or month.	032	
Contact Person:	Glenn P. LaBrecque					Contac	et Person's Title: Area M	lanager, South Florida	
Contact Person's Mailing A	ldress:	6960 Professional Parkway East,	Suite 400	****	City: Sarasota		State: Florida	Zip Code:	34240
Contact Person's Telephone		(941) 907-7470					ct Person's Fax Number: (941) 9	07-0965	34210
Contact Person's E-Mail Ad	dress:				A				
Water Treatment Pl	ant Information								
Plant Name:	Leisure Lakes						Plant Telephone Number:	(941) 907-7	470
lant Address:	101 Park View Circle	S			City: Lake Pla	ıcid	State: Florida	Zip Code:	33852
Type of Water Treatment by		✓ Raw Ground Water	Purchased	Finished Water					
ermitted Maximum Day O	perating Capacity of P	lant, gallons per day:		72,000					
lant Category (per subsect			V				Class (per subsection 62-699.310(4),	F.A.C.): C	
Licensed Operators		Name		License Class	License Nur	nber	Day(s)/S	shift(s) Worked	
ead/Chief Operator.				С	8189		6 Days/Week - 1st shift		
Other Operators:	Donald P. Gavoni			С	5674		2 Days every other weekend		
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STATE OF THE STATE				!			<u> </u>		
Certification by Lead	I/Chief Operator	•							
			am the lead/obi	of appreton of the w		1 1	nt identified in part I of this rep	and Y and Cash of	Al - i- C
							nt chemicals used at this plant		
							additional operations records		
							cals used and chemical feed ra		
				these additional of	erations reco	rds to	the PWS owner so the PWS	owner can retain	them, togeth
vith copies of this rep	ort, at a convenier	it location for at least ten yes	ars.		-				
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200	(i) -	04/07/06	David W.	Faircloth					
Signature and Date	< 1		Printed or	Typed Name				License Nun	aber

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Estir Description			·						6'\$		152,000	24.0	X	82
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	01								17		000,44	0.142	x	92
	z ¹ 1								23		37,000	0.45	x	57
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	8.0		L	!					8'l		000,24	24.0	X	01
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Constant O	Jym money?	\$00/CED	MW-wc/cm ³		a Applicable	O DEW	J/aim	minace	Peak Plow, mg/L	Rate, gpd	lay bosoubort	Operation		WORLD I
Taking Water System Components Out of	modudinada	-W.m	UV Dose,	gen boumpos	Hof Water,	1 comp at	-gar, wolf	Peak Flow,	Cistome Duing	Peak Flore.	Mer.	т.	Operator	PQD .
Repair or Maintenance Work that Involves	ari bairo Ponna A	Required	SpiringO	TO minimized Minimized CT		_	During Peak	Spirit Daing	Betfore or at First	100 3 4	badzini 1 lo			Day of
Exergency or Abnormal Operating Conditions;		UVDose	Lowest]		Customer	Mesurment	Concentration (C)	1	Net Quentity		Stuffed or	7
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Page 1	parata i		*sldspilqq	A li "noitsvi	Virus Inact	go I-100	Jenostate F	UV Dose, to l	T Calculations, or				40.000.00	
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					************		Leisure Lake	Plant Marne:		\$9008 Z9			:	CI SM
AIGUED ANGIEU														

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



	See Pages 4 for Instr	uctions.								
Ι.	General Information				······································					
A.	Public Water System	(PWS) Information								· · · · · · · · · · · · · · · · · · ·
	PWS Name:	Leisure Lakes / Covered Bridge					PWS Identification Number	ner•	6280064	
	PWS Type:	✓ Community	inity Tr	ransient Non-Com	munity		Consecutive	UI.	0200004	
	Number of Service Connect						Population Served at End of	Month	632	
	PWS Owner:	Aqua Utilities Florida, Inc.				, Otal I	Ophilation Served at End of	Molidi.	032	
	Contact Person:	Glenn P. LaBrecque			1	Contac	et Person's Title:	Arca Manager,	Courb Florida	
	Contact Person's Mailing Ac		te 400		City: Sarasota		State: Florida	Alca (viatiaget,	Zip Code:	34240
	Contact Person's Telephone				· · · · · · · · · · · · · · · · · · ·		t Person's Fax Number:	(941) 907-096		34240
	Contact Person's E-Mail Ad-	dress:					TO TO TO THE PARTY OF THE PARTY	(>11)>07-050		
В.	Water Treatment Pla	ant Information								
	Plant Name:	Leisure Lakes					Plant Telephone Number:		(941) 907-74	470
	Plant Address:	101 ParkView Circle S.			City: Lake Pla		State: Florida		Zip Code:	33852
	Type of Water Treatment by	Plant: Raw Ground Water	Purchased Finis	shed Water			<u> </u>		12-17 0000.	0.002
	Permitted Maximum Day O	perating Capacity of Plant, gallons per day:		72,000						
	Plant Category (per subsecti	on 62-699.310(4), P.A.C.):			P	lant C	lass (per subsection 62-699	.310(4), F.A.C.):	: C	
	Licensed Operators	Name		License Class	License Nun			y(s) / Shift(s)		
	Lead/Chief Operator:	David W. Faircloth		С	8189		6 Days/Week - 1st shift	.4.34	*	***
	Other Operators:	Donald P. Gavoni		С	5674		2 Days every other weeken	nd		
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	A CONTRACTOR OF THE CONTRACTOR									
Ш	. Certification by Lead			(* 1					
		er treatment plant operator licensed in Florida, a								
		is true and accurate to the best of my knowledge								
	Standard 60 or other a	pplicable standards referenced in subsection 62-	·555.320(3), F.A	.C. I also certify	that the follow	wing :	additional operations	records for thi	is plant wer	e prepared each
	day that a licensed ope	rator staffed or visited this plant during the mon	th indicated abov	e: (1) records o	famounts of c	hemi	cals used and chemica	ıl feed rates; a	nd (2) if ap	plicable,
	appropriate treatment	process performance records. Furthermore, I ag	rce to provide the	ese additional or	erations recor	ds to	the PWS owner so the	e PWS owner	can retain	them, together
	4.4 .	ort, at a convenient location for at least ten years	•	•	•		•			, 0
		(•		•					
	1)	05/08/06	David W. Fair	cloth	•		•			8189
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Taking Water System Components Out of	Dutinbution	Wш	UV Dose	gan heniupasi	M of Water,	Tempor	-Ban, 1905-i	Peak Flow	Customer During	Peak Flow	Water	<u> </u>	Operator	ÞΨ
Repair or Maintenance Work that Involves	ni mioq stoms Я	Required	gniteragO	TO muniniM			During Peak	Point During	Before or at First		bodeurs to	Inelq ewoll		To YEC
Emergency or Abnormal Operating Conditions		UV Dose	Lowcat		('		Customer	Мевлиталия	Concentration (C)		Net Quantity	l ·	Staffed or	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Contact Person's E-Mail Address: Water Treatment Plant Information Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-74	rne: Leisure Lakes / Covered Bridge pe:	S Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064 S Type: Consecutive Non-Translert Non-Community Translert Non-Community Consecutive Total Person: Great Person's Title: Area Manager, South Florida Lated Person: Glenn P. LaBreque Contact Person's Title: Area Manager, South Florida Lated Person: Glenn P. LaBreque Contact Person's Title: Area Manager, South Florida Lated Person: Glenn P. LaBreque Contact Person's Title: Area Manager, South Florida Lated Person: Glenn P. LaBreque Contact Person's Fax Number: Q941) 907-7470 Lated Person's E-Mail Address: Contact Person's Fax Number: Q941) 907-7470 Lated Person's E-Mail Address: Contact Person's Fax Number: Q941) 907-7470 Leisure Lakes Plant Telephone Number: Q941) 907-7470 Lot Surveilla Person's Fax Number: Q941) 907-7470 Lot Surveilla Person's Fax Number: Q941) 907-7470 Lot Surveilla Person's Fax Number: Q941) 907-7470 Lot Lake Placid State: Florida Zip Code: 33852 Lot Surveilla Person's Fax Number: Q941) 907-7470 Lot Lake Placid State: Florida Zip Code: 33852 Lot Surveilla Plant Plant Replaced Finished Water Purchased Finished Water Purchased Finished Water Lot Surveilla Plant Plant Replaced Finished Water Purchased Finished Water Lot Surveilla Plant Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Lot Surveilla Plant Replaced Finished Water Lot Surveilla Plant Repl	eneral Information		May, 20	06					
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umber of Service Connections at End of Month: 276 WS Owner: Aqua Utilities Florida, Inc. Ontact Person: Glenn P. LaBrecque Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: Ontact Person's Telephone Number: (941) 907-7470 Contact Person's E-Mail Address: Vater Treatment Plant Information Lant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-7470 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-965 City: Lake Placid State: Florida Zip Code: Ontact Person's E-Mail Address: Plant Telephone Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Lake Placid State: Florida Zip Code: Ontact Person's Fax Number: (941) 907-965 City: Lake Placid State: Florida Zip Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Lake Placid State: Florida Zip Code: Ontact Person's Fax Number: (941) 907-965 City: Lake Placid State: Florida Zip Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907-965 City: Code: Ontact Person's Fax Number: (941) 907	of Service Connections at End of Month: 276 Total Population Served at End of Month: 632 vner: Aqua Utilities Florida, Inc. Person: Glenn P. LaBrecque Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240 Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Person's E-Mail Address: Treatment Plant Information une: Leisure Lakes City: Lake Placid State: Florida Zip Code: 33852 Water Treatment by Plant: Plank View Circle S. City: Lake Placid State: Florida Zip Code: 33852 Water Treatment by Plant: Plank gallons per day: 72,000 stegory (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Sidd Operators: Name License Class License Number Day(s) / Shift(s) Worked Chief Operator: David W. Faircloth Day(s) / Shift(s) Worked Chief Operator: David W. Faircloth	nber of Service Connections at End of Month: 276 S Owne: Aqua Utilities Florida, Inc. Itated Person's Gleen P. LaBrecque Itated Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarstota State: Florida Zip Code: 34240 Itated Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarstota State: Florida Zip Code: 34240 Itated Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Itated Person's Fax Number: (941) 907-096	VS Name:	Leisure Lakes / Cove	red Bridge				PWS Identification Number:	6280064	
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Ant Name: Leisure Lakes Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Purchased Finished Water Treatment by Plant: Park View Circle S. Purchased Finished Water Treatment by Plant: Plant Class (per subsection 62-699.310(4), F.A.C.): C Ticensed Operators: Name License Class License Number Day(s) / Shift(s) Worked cad/Chief Operator: David W. Faircloth C	Person's E-Mail Address: Treatment Plant Information Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Leisure Lakes Inc: Lake Placid State: Florida Zip Code: 33852 Inc: State: Florida Zip Code: 33852	tact Person's E-Mail Address: atter Treatment Plant Information at Name: Leisure Lakes Plant Telephone Number: (941) 907-7470 at Name: I Category (Park View Circle S. Plant Telephone Number: (941) 907-7470 at Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 be of Water Treatment by Plant: Raw Ground Water Purchased Finished Water 72,000 at Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C idensed Operators: Name License Class License Number Day(s) / Shift(s) Worked add/Chief Operators: David W. Faircloth C 8189 6 Days/Week - 1st shift her Operators: Donald P. Gavoni C 5674 2 Days every other weekend Donald P. Gavoni C 5674 2 Days every oth	ontact Person's Mailing A	idress:	6960 Professional Parkway East,	Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
Ant Name: Leisure Lakes Plant Telephone Number: (941) 907-74 ant Address: 101 Park View Circle S. Appendix Maximum Day Operating Capacity of Plant, gallons per day: 72,000 ant 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 and Chief Operator: David W. Faircloth Leisure Lakes Plant Telephone Number: (941) 907-74 City: Lake Placid State: Florida Zip Code: 72,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operator: David W. Faircloth C 8189 6 Days/Week - 1st shift	Treatment Plant Information me: Leisure Lakes Plant Telephone Number: (941) 907-7470 Idress: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 Water Treatment by Plant: Park Ground Water Purchased Finished Water d Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Itegory (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Isoch Operators: Name License Class License Number Day(s) / Shift(s) Worked Chief Operator: David W. Faircloth C 8189 6 Days/Week - 1st shift	At Name: Leisure Lakes Plant Telephone Number: (941) 907-7470 At Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 See of Water Treatment by Plant: Paw Ground Water Purchased Finished Water Treatment Day Operating Capacity of Plant, gallons per day: 72,000 At Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Idensity Operating: Name License Class License Number Day(s) / Shift(s) Worked Add/Chief Operator: David W. Faircloth C 8189 6 Days/Week - 1st shift Add P. Gavoni C 5674 2 Days every other weekend Donald P. Gavoni C Shift	ontact Person's Telephone	Number:	(941) 907-7470			Conta	t Person's Fax Number: (941) 907-0965	
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ant Address: 101 Park View Circle S. ype of Water Treatment by Plant: which is a proper of Water Treatment by Plant: which is a proper of Water Treatment by Plant: which is a proper of Water Treatment by Plant: which is a proper of Water Treatment by Plant: which is a proper of Water Treatment by Plant: ### Plant Class (per subsection 62-699.310(4), F.A.C.): ### Plant Class (per subsection 62-699.310(4), F.A.C.): ### Class (per subsection 62-699.310(4)	thress: 101 Park View Circle S. Water Treatment by Plant:	In Address: 101 Park View Circle S.	/ater Treatment Pl	ant Information							
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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	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 of the water treatment plant identified in part I of this report.										
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 rovided 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.	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 informated 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 Internation	ovided 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 Internation									
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 rovided 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 I tandard 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	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 informated 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 Internationard 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	ovided 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 Internation and ard 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		erator staffed or vi	sited this plant during the m	onth indicated abov					
rovided 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 I 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 ay 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 applicables are considered as a constant of the conformal content of the conformal content of the conformal content of the conformal content of the conformal content of the conformal conformal conformal conformal conformal conformal conformation in the conformal conformation is conformal conformation.	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 informal led 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 Internation and 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 at 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,	ovided 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 Internation									

Printed or Typed Name

License Number

Signature and Date

باندس	ı.			6250064	i i	Piani Name:	Leisure Lake	5						
III. Da	ily Data	for the M	onth/Year o	ď:		May, 2006								
Means o	f Achievin	g Four-Log	Virus Innctiva	tion/Removal	: Free	r	Chlorine Die	oxide	C Ozone	Comb	ined Chlorin	e (Chloren	nines)	
⊏ ∪լե	raviolet Ra	adiation	┌ Othe	r		•	C11.07 11.0 D1.	,,,,,,,	, ozono	i Como	ulca Chicata	is (Cinoria	nuics)	1
Type o	f Disinfec	tant Resid	ual Maintain	ed in Distrib	ution System:	Free Chle	rine [Combin	ed Chlorine	(Chloramine	8)	Chlorine I	Dioxide	
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					JI Calculations, or	O V DOSe, to	Demostrio	Ont-Lon	Virus inaci	IVAUOII, II A	DAICEDIC	\	Turk to the second	
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	Samuel 1		The second second second				Lowest CT	32,105						
"		F 3-45	and the second second			Disinfectant	Provided	eser in the second						
					Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Days Plant				Disinfectant	(T) at C	First	· ·				Minim.m	Disinfectant	
Day of	Staffed or	W	Net Quantity		Concentration (C)	Measurement	Customer			\ <i>(</i> '-:	Lowest Operating	UV Dose Required		Emergency or Abnormal Operating Conditions:
the.	Onerator	TINGES DIRECT	of Finished	Deale Filoso	Before or at First Customer During	Point During Peak Flow	During Peak Flow, mg	Temp of	nH of Wei-	Minimum CT Required, mg		mW-	Remote Point in	Repair or Maintenance Work that Involves Taking Water System Computerity Out of
Month	(Place Tyn	Operation	Water Producted gal	Rate god	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-scc/cm²	sec/czn	System, mg/L	Operation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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ND WATER OR PURCHASED FINISHED WATER	MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROU

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e PWS owner so the PWS owner can retain them, together							
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ditional operations records for this plant were prepared each							
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MONTHLY OPERATION REPORT FOR PW'85 TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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MONTHLY OPERATION REPORT FOR PWS3 TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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	and Depart				- Carrier Contract
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			ADRIA DUDOLO MEN (A)	Anna Conscience of Di	O vaC manital latinos
City: Lake Placid		<u> </u>		TO MIKATEN CHER	Dys of Water Descended by
					Place Address:
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			0617-508(106)		SACRETAL PRINCIPLE ENGINEERS
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Contract		· · · · · · · · · · · · · · · · · · ·		Olem P. L. Branch	Control Parco:
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with copies of this report, at a convenient location for at least ten years. appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner as the PWS owner and retain them, together 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, 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 provided in this report is true and securate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to MSF International

Printed or Typed Name redomiN sersoil David W. Faircloth 6818

1007 100 150

PWS ID	:			6280061		Plant Name:	Laisur Lake							
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[•] Refer to the instructions for this report to determine which plants must provide this information.



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PWS Name: Leisure Lai PWS Type: Z Comm. Number of Service Connections at End of PWS Owner: Aqua Utility Contact Person: Glenn P. L. Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Water Treatment Plant Inform Plant Name: Leisure Lai Plant Address: 101 Park V. Type of Water Treatment by Plant: Permitted Maximum Day Operating Cap Plant Category (per subsection 62-699.3 Licensed Operators Lead/Chief Operator: David W. F. Other Operators: Donald P. of Certification by Lead/Chief Of I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	ss / Covered Bridge unity Non-Translent Non-Commu Month: 276 ss Floridu, Inc. Brecque 6960 Professional Parkway East, Suite (941) 907-7470 sation		munity Contact City: Sarasota	Consecutive opulation Served at End of Month: 1 Person's Title: Area M State: Florida	632
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Plant Name: Leisure Lal Plant Address: 101 Park V. Type of Water Treatment by Plant: Permitted Maximum Day Operating Cap Plant Category (per subsection 62-699.3 Licensed Operators Lead/Chief Operator: David W. F. Other Operators: Donald P. of the Undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	S				
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Plant Category (per subsection 62-699.3 Licensed Operators Lead/Chief Operator: David W. F. Other Operators: Donald P. G.	w Circle S.		City: Lake Placid	State: Florida	Zip Code: 33852
Plant Category (per subsection 62-699.3 Licensed Operators Lead/Chief Operator: David W. F. Other Operators: Donald P. o Certification by Lead/Chief O I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	✓ Raw Ground Water	Purchased Finished Water			
Licensed Operators Lead/Chief Operator: Other Operators: Donald P. O Donald P. O Certification by Lead/Chief O I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	city of Plant, gallons per day:	72,000			
Certification by Lead/Chief O I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	0(4), F.A.C.): IV			ass (per subsection 62-699.310(4),	
Other Operators: Donald P. o Certification by Lead/Chief O I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	Name	License Class	License Number	Day(s) / S	Shift(s) Worked
Certification by Lead/Chief O I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	ireloth	С	8189_	6 Days/Week - 1st shift	
I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff	avoni	С	5674	2 Days every other weekend	
I, the undersigned water treatme provided in this report is true an Standard 60 or other applicable day that a licensed operator staff					
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provided in this report is true an Standard 60 or other applicable day that a licensed operator staff					
Standard 60 or other applicable day that a licensed operator staff					
day that a licensed operator staff	accurate to the best of my knowledge	and belief. I certify that all drink	king water treatmen	t chemicals used at this plant	conform to NSF International
day that a licensed operator staff	tandards referenced in subsection 62-	555.320(3), F.A.C. I also certify	that the following a	additional operations records	for this plant were prepared ea
	d or visited this plant during the mont	h indicated above: (1) records of	famounts of chemic	cals used and chemical feed r	ates; and (2) if applicable,
appropriate treatment process pe		ree to provide these additional ope	perations records to	the PWS owner so the PWS	owner can retain them, together
	formance records. Furthermore, I agr			v.	
	formance records. Furthermore, I agravenient location for at least ten years.				8
Signature and Date	formance records. Furthermore, I agr	David W. Faircloth			

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Fruitville

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To ItO emonograph Components Date Water	noindinaia	-Wm	UV Dose,	Required, mg	pH of Water,	Tenno of	-gm ,woFi	Peak Flow,	Customer During	Peak Flow	Water	. ut	Operator	ञ्या
Repair or Mendament Work that Involves	Remote Point in	Required		TO moniniM		1	During Peak	grinu(I Inio)	Before or at First	ľ		smalq encell		Dayof
Emergency or Abnormal Operating Conditions;		UV Dose	Lowest			1	Customor	устанстви	Concentration (C)		Vet Quantity		TO DOTANG	1
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							Leisure Laker	Nant Name:	<u> </u>	<u> </u>	<u>,</u>			OI SW4

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



Dec I afer 4 101 Innii actions.	Instructions.	for	4	Pages	Sec
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General Information	ACTULIS.	September, 2006				
Public Water System	(DWS) Information				***	
PWS Name:	Leisure Lakes / Covered Bridg	ρ			PWS Identification Number:	6280064
PWS Type:		on-Transient Non-Community	Transient Non-Com	munity []	Consecutive	0280004
Number of Service Connecti		276			Population Served at End of Month:	632
WS Owner:	Aqua Utilities Florida, Inc.	270		130121	operation butter it but in termin.	
Contact Person:	Glenn P. LaBrecque			Contac	t Person's Title: Area Mar	nager, South Florida
Contact Person's Mailing Ad		Sessional Parkway East, Suite 400		City: Sarasota	State: Florida	Zip Code: 34240
Contact Person's Telephone					t Person's Fax Number: (941) 907	
Contact Person's E-Mail Add					(2,7)	-
Vater Treatment Pla						
lant Name:	Leisure Lakes				Plant Telephone Number:	(941) 907-7470
lant Address:	101 ParkView Circle S.			City: Lake Placic	State: Florida	Zip Code: 33852
ype of Water Treatment by	Plant: ✓ Ra	w Ground Water Purc	hased Finished Water			
ermitted Maximum Day O	perating Capacity of Plant, galle	ons per day:	72,000			
ant Category (per subsection	on 62-699 310(4), F.A.C.):	IV			lass (per subsection 62-699.310(4), F.	
Licensed Operators		Name	License Class	License Number	Day(s) / Sh	ift(s) Worked
ead/Chief Operator:	David W. Faircloth		c	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni		C	5674	2 Days every other weekend	
2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4						
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	UCI : CO					
Certification by Leau	/Cine Operator		ad/ahiaf amorator of the	ueter treetment plan	t identified in part I of this repo	ort. I certify that the informa
, the undersigned water	or treatment plant operato	r ncensed in Florida, and the	Sautomer operator of the v	valei deaulielik piai Isina matas tsaatsaa	at shemicals yeard at this plant of	onform to NCV International
provided in this report	is true and accurate to the	e best of my knowledge and be	ener. I certify that an erm	king water deadner	nt chemicals used at this plant of	onioni to NSI international
standard 60 or other a	ppheable standards refere	meed in subsection 62-555.32	u(ع), F.A.C. I also certif	unat the following	additional operations records for	or uns plant were prepared e
ay that a licensed ope	rator staffed or visited thi	s plant during the month indic	ated above; (1) records of	t amounts of chemi	cals used and chemical feed rat	les; and (2) if applicable,
ppropriate treatment	process performance reco	ords. Furthermore, I agree to p	provide these additional of	perations records to	the PWS owner so the PWS or	wner can retain them, togeth
	ort, at a convenient location		•			
	•	-	•			

David W. Faircloth

Printed or Typed Name

8189

License Number

Signature and Date

Fruitville

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



	See Pages 4 for Instr								
I.	General Information			October, 2006					
A.J	Public Water System	(PWS) Inform	ation						
1	WS Name:	Leisure Lakes / Cov					PWS Identification Num	nber: 6280064	
1	WS Type:	✓ Community	Non-Translent No	on-Community	Transient Non-Com	munity	Consecutive		
1	lumber of Service Connect			76			Total Population Served at End	of Month: 632	
1	WS Owner:	Aqua Utilities Florid							
	Contact Person:	Glenn P. LaBrecque					Contact Person's Title:	Area Manager, South Florid	la .
-	Contact Person's Mailing Ac		6960 Professional Parkwa	y East, Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
	Contact Person's Telephone		(941) 907-7470				Contact Person's Fax Number:	(941) 907-0965	
	Contact Person's E-Mail Ad								
B. <u>'</u>	Water Treatment Pla	ant Information							
1	lant Name:	Leisure Lakes					Plant Telephone Number	r: (941) 907-	7470
12	lant Address:	101 ParkView Circl				City: Lake Pla	acid State: Florida	Zip Code:	33852
1	ype of Water Treatment by	Plant:	✓ Raw Ground Wate	r Purchase	ed Finished Water	-			
-	ermitted Maximum Day O				72,000				
	lant Category (per subsecti	on 62-699,310(4), F.		IV			Plant Class (per subsection 62-69		
	Licensed Operators		Name		License Class	License Nur	nber I	Day(s) / Shift(s) Worked	
		David W. Faircloth			С	8189	6 Days/Week - 1st shift		-
- 19	Other Operators:	Donald P. Gavoni		·····	С	5674	2 Days every other week	end	
									_
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į	The state of the s								
	4 D 100 COURS IN 1800								
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	0.020								
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	Charles and Charles	UChiat Opposite							
	Certification by Lead			3 - 2 d - Al - 1 - 2/	1.6.4.64			PAT 4 A T TO A	
ì	, the undersigned water	er treatment plant	operator licensed in F	iorida, am uie lead/o	cnies operator of the w	ater treatment	t plant identified in part I o	or unis report. I certify the	t the information

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.

Derre	11/08/06
Signature and Date	

David W. Faircloth
Printed or Typed Name

License Number

Page 1

PWS II	D:			6280064		Plant Name.	Leisure Lake	C.S			···			-
III. D	aily Data	for the V	lonth/Year o	of:		October, 2006								
			Virus Insctiv		l: Free		Chlorine Di	ioride	Ozone	(° ° - '		- (0) 1		
i .	traviolet R	-	Othe		(*	ı	CHOOSE D	Oxide	. Ozone	Comb	ined Chlori	ne (Chlorai	ninca)	
-			•		oution System:	Free Chlo		Combie	ed Chlorine	(Chloramine	1	Chlorine I	N44-	
Type o) Distilled	tani Kesid	uai iviaintain										Dioxide	
		- 2 - 2 -		1	CT Calculations, or					tivetion, if /			100	nich kom wie de Green in der
		2752.c			With a 1977 to a	CT Calc	ulations	:			UVI		and the second s	Francisco de la companya del companya de la companya del companya de la companya del la companya de la companya
							Lowest CT	17-15	1		Mari-tal-			
		e anciente carrie	g signale sa Marian sa sa pagabahan p	Ten of the second	Marie of out they be had.	Disinfectant	Provided	" "		The states were	and Company and Co.		, hite	Carlotter
l.,					Lowest Residual	Contact Time	Before or at		*******	te de la companya de	ak see is a see.	print 12 commer .	Lowest Residual	 Fig. 18 (2) and the control of the con
l .	Days Plant			i	Disinfectant	(T) at C	First	1			i ser e	Minimum	Disinfectant	
	Statfed or)	Net Quantity			Measurement	Customer	l			Lowest	UV Dosa	Concentration at	Emergency or Abnormal Operating Conditions;
Day of			of Finished		Before or at First	Point During	During Peak	Tain -		Minimum CT	Operating	Required.	Remote Point in	Repair or Maintenance Work that Involves
Month	Operator (Pisco "X")	in	Water Producted, gal	Peak Flow.	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg-	Trans or	ph of Weter,	Required, mg	UV Dose,	mW-	Distribution	Taking Water System Components Out of Operation
1	X	24.0		vener fiba.	PORK Flow, mg/L	ununca	min/L	WARCE, C	и Аррисавіе	mive	mW-sec/can ²	- sec/cm²	System, mg/L	
2	X	24.0		 	3.0		ļ ——		 	 -			1.3	
3	$\frac{x}{x}$	24.0		 	3.2		 	 	 	 			1.2	
4	X	24.0			3.0			-	 				1.2	
5	X	24.0		 	3.2			 	 				1.5	
6	х	24.0	20,000	-	3.0								1.3	
7		24.0	23,000						·					
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9	Х	24.0	23,000		2.8								1.1	
10	Х	24.0	26,000		3.0								1.3	
11	Х	24.0	27,000		3.2								1.2	
12	х	24.0	33,000		3.4								1.3	
13	Х	24.0	23,000		2.8								1.2	
14	X	24.0	17,000		3.1	····		<u> </u>					1.3	
15	X	24.0 24.0	27,000		2.7								1.1	
16	$\frac{x}{x}$	24.0	23,000 23,000		3.0			<u> </u>	ļ ———				1.3	
18	$\frac{\lambda}{X}$	24.0	23,000	-	3.4		 	 				L	1.4	
10	X	24.0	25,000		3.5								1.5	
20	$\frac{\hat{x}}{\hat{x}}$	24.0	19,000		3.4			 					1.3	
21		24.0	27,000		- , 3,4					 -			1.3	
22		24.0	27,000											
23	х	24.0	28,000		3.2								1.2	
24	х	24.0	31,000		3.3	·							1.4	
25	х	24.0	28,000		3.2								1.5	
26	Х	24.0	22,000		3.3								1.6	
27	х	24.0	24,000		3.1						-		1.4	
28	Х	24.0	20,000		3.0								1.4	
29	X	24,0	26,000		2.8								1.3	
30	х	24.0	27,000		3.0								1.4	
31	х	24.0	24,000		3.4			<u> </u>					1.5	
Total			745,000											
Avgerag	•		24,032	j		•					•			•

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

33,000



	See Pages 4 for Instru	uctions.							
l.	General Information		November, 20	06					
_		(DVUC) T-C	A7 .						
A	Public Water System						PWS Identification Number:	6280064	
		Leisure Lakes / Cove	Non-Transient Non-Communit	<u>, Пъ</u>	ansient Non-Comi	muniby I	Consecutive	6280004	
	PWS Type:		276	<i>y</i>	ansient Non-Com	· · · · · · · · · · · · · · · · · · ·	Population Served at End of Mon	nth: 632	
	Number of Service Connecti PWS Owner:					Liotai	opulation served at End of Mon	iun: 632	
	Contact Person:	Aqua Utilities Florid	a, Inc.			Come	at Person's Title: Are	ea Manager, South Florida	
	Contact Person's Muiling Ad		6960 Professional Parkway East, Suite 4	100		City: Sarasota	State: Florida	Zip Code:	34240
	Contact Person's Telephone	· · · · · · · · · · · · · · · · · · ·	(941) 907-7470					11) 907-0965	34240
	Contact Person's E-Mail Add		(341)307-7470		***	Come	a i cisotts i an i tuttoci. (54	11) 907-0903	·
R	Water Treatment Pla				*· 				
1,0	Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-7	470
	Plant Address:	101 ParkView Circle	S.			City: Lake Placid	State: Florida	Zip Code:	33852
	Type of Water Treatment by			Purchased Finis	shed Water	0.00			
	Permitted Maximum Day O			.,	72,000				
	Plant Category (per subsecti					Plant C	lass (per subsection 62-699.310((4), F.A.C.): C	
	*Eicensed Operators		Name		License Class	License Number		/ Shift(s) Worked	
	Pead/Chief Operator?	David W. Faircloth			С	8189	6 Days/Week - 1st shift		
	Other Operators:	Donald P. Gavoni			c	5674	2 Days every other weekend		
									
			10.7				· · · · · · · · · · · · · · · · · · ·		
	Contraction of the contraction o								
				*					
П	Certification by Lear	I/Chief Operator				_لسائينس			
	I, the undersigned water	er treatment plant	operator licensed in Florida, am t	the lead/chief of	operator of the w	ater treatment plan	it identified in part I of this	report. I certify that	the information
	provided in this report	is true and accura	ate to the best of my knowledge ar	nd belief. I ce	rtify that all drinl	king water treatmen	nt chemicals used at this pl	lant conform to NSF	international
	Standard 60 or other a	pplicable standar	ds referenced in subsection 62-55	5.320(3), F.A	.C. I also certify	that the following	additional operations reco	rds for this plant wer	e prepared each
	day that a licensed ope	rator staffed or vi	sited this plant during the month i	indicated abov	e: (1) records of	famounts of chemi	cals used and chemical fee	ed rates; and (2) if ap	plicable,
	appropriate treatment	process performa	nce records. Furthermore, I agree	e to provide the	ese additional op	erations records to	the PWS owner so the PV	VS owner can retain	them, together
			nt location for at least ten years.	•	•	•			
,		,			•	_	·		
	1)	w. + 3	12/05/06	David W. Fair	cloth				8189
	Signature and Date			Printed or Typ				License Nun	nber
	Digitatule and Date	1							•

PWS II);			6280064		Plant Name:	Leisure Lak	es						
III	aily Data	for the X	louth/Year	of:	4 7	November, 200	36							
			Virus Inactiv		d: Free									
1	raviolet R	-	Othe		i. p 100	ı	Chlorine Di	onde	Ozone	l Com	bin⊃l Chlori	ine (Chlorai	nines)	
j -			•			Gr ou	· -	- Comphi		(Oh)		- CI ! !	~	
Type c	i Dismlec	tant Resid	ual Maintain		ution System:	▼ Free Chle			_	(Chloramine		Chlorine l	Diomide	
					CT Calculations, o			Four-Lo	g Virus Inac	tivation, if 1			La Allien	And the first the total dealers, the first spirite
	and the second of the second o			A	official soci	CT Cal	culations		· · · · ·	The strategic	UV	Dose		transfer year addedicate the CVIII of the CV
	ا المعروضة والرام	one temperature		100	Mary Market Comment	SF	36/6/72	7.5 (47.8)	100	Was been				Anking Seal of the
			1 199	1000	186	Disinfecturat	Lowest CT Provided			i .			A street in the	The second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section of the second section of the second section of the second section of the second section of the sectio
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the same and a second		Lowest Residual	Contact Time	Before or at			20 20 000			Lowest Residual	The stability what is a propertient or a waller
	Days Plant		<u></u>		Disinfectant	(T) et C	First				l	Minimum	Disinfectunt	
1.	Staffed or		Net Quantity		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions
Day of		Hours plant		2002	Before or at First	Point During	During Peak	T	<u> </u>	Minimum C7	Operating	Required,	Remote Point in	
Month	Operator	in	Water Producted, gal	Peak Flow	Customer During	Peak Flow,	Flow, mg-	i camp or	pH of Weter, if Applicable	Required ma	UV Dose,	mW-	Distribution	Taking Water System Components Out of Operation
1	X	24.0		KARA, SPOL	Peak Flow, mg/L 3.3	munuca	muvi.	Water, C	a whiteone	- IMINE	mW-scc/cm ³	BOC/CET1	System, mg/L	
1 2	$\frac{\hat{x}}{x}$	24.0		 	3.4	-		 	 		 -		1.4	
3	X	24.0		 	3.5		 		· · · · · · · · · · · · · · · · · · ·			 	1.6	<u> </u>
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10	X	24.0			3.4		├ ──		 		 -	 -	1.4	
12	$\frac{\lambda}{x}$	24.0			3.3		 	 	 		 -	<u> </u>	1.4	
13	X	24.0			3.0		 	 			-		1.2	
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28	х	24.0		 	3.1					Ì			1.2	
29	х	24.0	 _		3.3		<u> </u>			1			1.4	FLUSHED FIRE HYDRANTS
30	х	24,0		l"	3.3								2.4	
												<u> </u>		
Total			1,101,000	1										
Avgerag	e	<u> </u>	36,700	1		•		•			•			
Maxim	tere .		136,000	1										

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

8189

License Humber

MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



Public Water System (PWS) Information PWS Identification Number: 6280064	See Pages 4 for Instruct	one.	·								
PNP Name: Leleur Latine / Covered Bridge PNP Type:	to near Information		Decem	ber, 2005				 			
PWS Nence Laisurs Labors (Covered Bridge Non-Transfers Non-Community Transfers Non-Community Constant Non-Community	Public Water Swaters (P	WA) Informat	lom								
PWB Type:]	PW8 Identification Numb	er:	6280064	
Content Provide Consections at Earl of Month: 276 Total Population Staywel at Earl of Month: 652			Non-Transfert Mon-Co	mmunity 1	ransient Non-Comm	numby		onsecutive			
PWS Owner: Agen Utilities Florida, Inc. Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Malling Address: Contact Person'th Shade Address: Water Truntment Plant Information Water Truntment Plant Information Plant Telephone Number: Contact Person'th Shade Person'th Fax Number: (941) 907-0965 Contact Pe						1	otal P	opulation Served at End of	f Month:	632	
Contact Person's Clean P. Lakirecque Contact Person's Malling Addres: George Person's Contact Person's Part San Number: Contact Person's Part San Number: (941) 907-7470 Contact Person's Part Number: Contact Person's Part Number: (941) 907-7470 Water Treatment Plant Information Plant Relevant Information Plant Relevant Information Plant Relevant Information Plant Number: (941) 907-7470 Plant Number: (941) 907-7470 City: Lake Plant September: (941) 907-7470 Plant Relevant September: (941) 907-7470 Plant Relevant September: Plant Relevant September: (941) 907-7470 Plant Relevant September: (941) 907-7470 Plant Relevant September: (941) 907-7470 Plant Relevant September: Percentage Plant Information Plant Number: (941) 907-7470 City: Lake Plant September: (941) 907-7470 Plant Relevant September: (941)			lnc.				,				
Contact Person's Malling Address: 6960 Professional Parkway Esst, Shifs 400 City: Barsaota State: Florids Zig Code: 34240 Contact Person's Talephons Number: (241) 907-7470 Contact Person's E-Mail Address: (241) 907-7470 Contact Person's E-Mail Informations Plant Informations Plant Informations Plant View Circle 3. Plant Telephone Number: (241) 907-7470 City: Lake Placid State: Florids Zigo Code: 33852 Type of Water Treatment Plants Informations Plant Name: Liniury Lakes Plant Telephone Number: (241) 907-7470 City: Lake Placid State: Florids Zigo Code: 33852 Type of Water Treatment by Plant: Plants State: Florids Zigo Code: 33852 Type of Water Treatment by Plant: Plants State: Florids Zigo Code: 33852 Type of Water Treatment by Plants Class (2699310(4), F.A.C.): C Plant Category (per subsection 62-699310(4), F.A.C.): Name License Class License Number: Davy(s) / Shirt(s) Worked David W. Paircloth C State State View Code: 1 State View View Code: 1 State View View Code: 1 State View View Code: 1 State View View Code: 1 State View View Code: 1 State View View Code: 1 State View View Code: 1 State View View View Code: 1 State View View View Code: 1 State View View Code: 1 State View View Code: 1 State View View View View View Code: 1 State View View View Code: 1 State View View View View View View View Vie									Area Manager,		
Contact Person's Telephone Number: (941) 907-7470 Contact Person's Telephone Number: (941) 907-7470 Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Plant Information Water Trenstresent Plant Information Water Trenstresent Plant Information Water Trenstress Plant Informat			6960 Professional Parkway East	400 Evide			_				34240
Crestact Person's E-Mail Address: Water Treatment Plant Information Water Treatment Plant Information Plant Telephone Number: (941) 907-7470 Plant Address: 101 Park View Circle 8. Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallone per day: Plant Category (per subsection 62-699-310(4), F.A.C.): Plant Category (per subsection 62-699-310(4), F.A.C.): Name License Class License Number David W. Paircloth Donald P. Cavoni C			(941) 907-7470		· · · · · · · · · · · · · · · · · · ·	c	Contract	Person's Pax Number:	(941) 907-0965		- , ,
Plant Telephone Number: (941) 907-7470											
Plant Name: Leissare Likes (241) 907-7470 Plant Address: 10) Perk View Circle 8. Type of Webs Trendment by Plant:											
Flant Address: 101 Park View Circle 3. City: Lake Placid State: Florida Zip Code: 33852							_				
Type of Water Treatment by Plans:) Park View Circle	8.			City: Lake Plac	<u> </u>	State: Florida		Zip Code:	33852
Permitted Maximum Day Operating Capacity of Flant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.); C		art:	✓ Raw Ground Water	Purchased Pin							
Plant Category (per subsection 62-699-310(4), F.A.C.); Name License Class License Number David W. Paircloth C 8189 6 Days/Week - 1st shift Donald P. Cavoni C 3674 2 Days avery other weekend	Pennitted Maximum Day Oper	uting Capacity of P	lant, gallons per day:		72,000						
Name License Class Dicense Number Davy(S) / Simu(S) worken Devid W. Pairchoth C S674 2 Days avery other weekend	Plant Category (per subsection	62-699-310(4), F.A	LC.):	[V	F- ,						
Donald P. Cavoni C 5674 2 Days away other weekend			Name						ay(s) / Zum(s)	MOUXOU	
DOMAGE F. CAVORS	D	avid W. Paircloth									
	D	onald P. Clavotti			C	3674		2 Days svery other weeks	<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	<u> </u>						
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	A Tor Day										
	4.344				J	1		L			
	4.44										
	provided in this report in Standard 60 or other sp	s true and accur plicable standar	nte to the best of my know the referenced in nubsection	wledge and belief. 10 on 62-555.320(3), F	erusy that all drie A.C. I also pertif we: (1) records (icing water the y that the follow of amounts of c	wing wing	nt caemican used at a additional operations icals used and chemic	records for this al feed rates; a	nn waar a plant wa nd (2) if a	re prepared opticable,
I, the undersigned water treatment plant operator licensed in Florida, and 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 elemicals used at this plant conform to NSF internation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment elemicals used at this plant conform to NSF internation 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 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, appropriates 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 the process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together the process performance records.	appropriate treatment p	roces perform	ince records. Furthermore not location for at least ten	e, I agree to provide t	hese additional o	perations room	rds to	the PWS owner so t	be PWS owner	can retain	them, toget

David W. Paircloth

Printed or Typed Name

Signature and Date

PW8 II) .			6250064		Plant Name:	Loisure Laks	•						
		5 . u t	11. It 3 . g			December, 2006	· · · · · · · · · · · · · · · · · · ·							
				tice/Renoval:	□ Free		Chlories Di	ا مائند		<u></u>	ined Calori	///		
T UM	ruviolet P	Indiation	□ Otbe			f '	CTROLETO DA	JOHOS I	Otone	1 Come	mes Calleri	na (Cancus	(XDCII)	
			•	ed in Distribution !	Surface:	Free Chlor		Combined	Chlorina (Chlorandia	-\ T	Chlorine I	Simila .	
<i>,</i> ,,			AND MANAGEMENT		зумы.						<u> </u>	Cabina	/1030116	
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22	Х	24.0			3.3	~		- +				 	1.3	
23	х	24.0	24,000		3.1							t	1.5	
24	Х	24.0			29								1.4	
25 26	X	24.0												
27	X	24.0		ļ	3.1			\vdash				<u> </u>	1.5	
"	×	24.0 24.0	27,000 26,000		3.4			$\vdash \rightarrow \vdash$					1.6	
<u> </u>	×	24.0			3.0			 			 	 	1.3	
10		240			J.U								 	
31		24.0												
el .			118,000					····						
			25,387											
rinem,) ,; [—]		31,000											

^{*} Rafter to the instructions for this report to determine which plants must provide this information.

8636552556

1007 100 150

dimple minimum and about					
					Washing ailinete is used, the smo
		7,801			Sequent and Dose, mall of phosph
			Pholyphosphats	्रकारमंद्र व्यक्तिक स्थापन	Type of Sequentrial (polyphospha
uestrant, sequestrant dose, ect., are se follows:	Yes, and the type of seq	QN 🗌	(Aut	alg treatfield total water treatment pag	C के क्ष्रि गरक रा करमहास्त्रक स्वतास्त्रक
	= 12 Lavel andydonolohing	1			Polynom Dose pane =
and the polymer dose and the epichloroly drin level in the	Mu (Yes,	यार	alq teadiesi vatere	ed) se been <u>grabydozoldbigg</u> wonoc	B. It easy polymer one failtens:
	= "H", Jaya, I abianaly no				Polymer Dose gons
s polymer dose and the easy lemido level in the polymer are as					A is any polymer containing the mon
2002 The Colline to miss a single of	wal him mederal and a	្រាសមន្ត្រាស) गांध पुल्त भूवा	nn been amane as a can	dort in a blue in anime? All
		esskal swais.I	Security Security	1900879	LANS ID:

polymer containing spiral-orohydrin, and/or an iron and mangames sequestrant.

Arrylamids and epichlorohydrin levels may be based on the polynex manufacturers certification or on third-party pertification.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

01/01/05 To:

01/31/05

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

Lake Placid, FL 33852

R001

3C

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

		Ficas	e read manuc	COMS DE	ore completing	y mis form.					
Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	centration		No. Ex	Frequency of Analysis	Sample Type
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru peatment plant	Sample Measurement	0.025	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, Carbonacious (5 day 200 C)	Sample Measurement					2.8	2.8	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacioua (5 day 200 C)	Sample Measurement					2.1		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement	70.7				20.0 Ann_Avg.		mg/L		Monthly	Grab
TS9, EFFLUENT	Sample Measurement					2.0	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Pernit Requirement				-	30, Monthly	60, Single Sample	mg/L		Monthly	Grab
153, EFFLUENT	Sample Measurement					2.0		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Pernit Requirement					20.0 Ann_Avg.		myt		Monthly	Grab
pH	Sample Measurement				7.4		7.7	s,u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		•		6.0, minimum	٠.	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 Phil)	SIGNATURE OF PARTICIPAL PLEADTIVE OFFICE	TELEPHONE NO.	DATE (YYMMYDD)
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.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

01/01/2005 To: 01/31/2005

Sarasota, Florda 34240

LIMIT:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

3C

GROUP: ~

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

Domestic

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	g	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	\$ а ттр ю Туре
Storet code Mon Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Gnab
COLIFORM, FECAL	Sample Measurement					5.7		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Pormit Requirement					200 ANN_AVG,		#100		Monthly	Grab
Chlorine, Total Residuel (For Disinfection)	Sample Measurement	A. K.			0.8			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Q.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (45 N)	Sample Measurement						0.6	mo/L		Monthly	Gmb
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	,					12, (:nax)			Monthly	Gnab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					732		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Messurement					118		mg/L		Monthly	Grab
000630 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

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 sware that there are significant penalties for submitting felse information including the possibility of fine and imprisonment,

1			
NAMEDITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PHN)	SIGNATURE OF PHINCHEN EXECUTIVE OF THE ON WITHORIES AGENT	TELEPHONE NO.	DATE (TYMMOD)
Wendell L. Faircloth		(863) 471-1400	05/02/23

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Month / Year: January-05

Three-month Average Daily Flow:

0.025

(TMSDF/Permitted Capacity)x100:

49%

Leisure Lakes / Covered Bridge

-	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				
ô	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		<u> </u>		
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			ļ	
	0.028					7.4	7,4		1.8				

PLANT	STAF	FING:
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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 I	Reclaimed Water	Reuse:		
Limited Wet Weather Discha	rge Activated: [☑ No: Not Applicable: ☑ If yes, o	cumulative days of	wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-520.910(10), Effective November 29, 1894 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

02/01/05 To:

02/28/05

Sarasota, Florida 34240

LIMIT:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	ıg	Qu	iality of Cond		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	0.026	0.023	MGO						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Moter
BOD, Carbonacious (5 dey 200 C)	Sample Measurement					2 U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.1		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROS9 VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Grab
189, EFFLUENT	Sample Messurement					1.0	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				ant deli e :	30, Monthly	60, Single Sample	mg/L		Monthly	Grab
T89, EFFLUENT	Sample Measurement					1.7		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				0.3		7.6	8 ,u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				9.0, minimum		8.5, (max)	8.U.		Daily 5.wk	Grab

I certify under penalty of law that I have personally exemined 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 penetities for submitting false information including the possibility of fine and imprisonment.

.	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SICHAT	UNE OF F	RINCIPA	L EXPOSITIVE OF FIGURE OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMA/DO)
	Wendell L. Faircloth		//			(883) 471-1400	05/03/24

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD .- From:

02/01/2005 To:

02/28/2005

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930 GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

3C **Dual Perc / Evap Ponds**

Please read instructions before completing this form.

Parameter			ity or Loadin	9	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Parcentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					5.7		#/100		Monthly	Grab
D31818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100 ·		Monthly	Grab
Chiorine, Total Residual (For Disinfaction)	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 (28 N)	Sample Measurement						1.8	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					430		mg/L		Monthly	Gnab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					286		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		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.

NAMEDITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATINE	OF PRINCIPAL EXECUTIVE OF	FICEN OR ADTHORIZED ASSOCI	TELEPHONE NO.	DATE (YYMM/DD)
Wendell L. Faircloth				(863) 471-1400	05/03/24

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

PermitNumber: FLA014388-001-DW3P

	Three-month Average Daily Flow:	0.025
Month / Year. February-05	(TMSDF/Permitted Capacity)x100:	49%
	Leisure Lakes / Covered Bridge	

					Leisur	e Lakes	/ Covere	d 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									Ì		
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 I	Reclaimed Water R	enze:		
Limited Wet Weather Dische	arge Activated: 🔲	No: Not Applicable: V If yes	, cumulative days of w	et 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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER: MONITORING PERIOD-From: FLA014388-001-DW3P

MAILING ADDRESS:

Sarasota, Florida 34240

LIMIT:

03/01/05 To:

03/31/05

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

Final

Minor

GROUP: Domestic

FACILITY: LOCATION:

DISCHARGE POINT NUMBER:

101 Parkview Circle S.

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

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
Storet code MonSite Na.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
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, Carbonacious (5 day 200 C)	Sample Measurement					3.1	3.1	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.3		mg∕t.		Monthly	Graib
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TS9, EFFLUENT	Sample Measurement					3.4	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TS9, 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
рН	Sample Measurement				7.4		7.6	3.U		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		1		6.0, minimum		8.5, (max)	€.42		Daily 5.wk	Grab

) 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)	SIGNATORE OF PRINCIPAL SALESTIVE CAPTURE ON ALTRICED AGENT	TELEPHONE NO.	DATE (YYMMMOD)
Wendell L. Faircloth		(863) 471-1400	05/04/25

PERMITTEE NAME

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From:

03/31/2005

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930 GROUP:

03/01/2005 To:

.. Domestic

DISCHARGE POINT NUMBE ROO1

FACILITY: LOCATION:

101 Parkview Circle S.

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Lake Placid, FL 33852 Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

Parameter		Quan	tity or Loadir	225.137 57 551105111 41.517					No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. "Site No.		Average	Maximum	Units	Minimum	Average	Maximu n	Units			1
COLIFORM, FECAL	Sample Measurement		1		10	NA	1ບ	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Parmit 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
060000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0,5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (89 N)	Sample Measurement						0.1	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					312		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
rsa, influent	Sample Measurement					387		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement		· · · · · · · · · · · · · · · · · · ·			REPORT MONTUH		mg/L		Monthly	Gnab

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 ON AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZIED AGENT	NENO. DATE (YYMMOD)
Wendell L. Faircloth	(863) 47	1-1400 05/04/25
A 03 M 47 LITO A 110 W/OL A 114 W/A 1 OF A 107 LIVE WALLE		

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

PermitNumber: FLA014388-001-DW3P

			Three-month Average Daily From
Month /	Year:	March-05	(TMSDF/Permitted Capacity)x100
			(· · · · = · · · · · · · · · · · · · ·

Three-month Average Daily Flow

0.026 51%

Leisure Lakes / Covered Bridge

					Leisur	e Lakes	/ Covere	d 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		i	
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 F	Reclaimed Water R	euse:		•
Limited Wet Weather Discha	uge Activated: 🗖	No: Not Applicable: V If yes, o	cumulative days of	wet weather discharge

DEP Form 62-520.910(10), Effective November 29, 1994

Version 5/18/98

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilitles Florida, Inc.

6980 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

04/01/05 To:

04/30/05

Sarasota, Florida 34240

LIMIT:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

MONITORING PERIOD-From:

R001

Lake Placid, FL 33852-

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	g	Qu	ality of Cond	centration		No. Ex	Frequency of Analysis	Sample Type
Storet code MonSite No.	}	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.022	0.023	MGD					į	Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0,050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious (5 day 2001 C)	Sample Measurement					20	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (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
T89, EFFLUENT	Sample Measurement					2.6	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	6), Single Sample	mg/L		Monthly	Grab
TS9, EFFLUENT	Sample Messurement					1.9		mg/L		Monthly	Grab
000630 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement		·			20.0 Ann_Av().		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.6	r.r.		Dally 5,wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mæ)	e.u.		Delly 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, occurate and complete. I am aware that there are algorithman penalties for submitting false information including the possibility of fine and imprisonment.

(1000)	· · · · · · · · · · · · · · · · · · ·			·		
NAME/TITLE OF PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PHI	CIPAL EXCOURAGE OFFICER ON A	PHOSEZED AGENT	TELEPHONE NO.	DATE (YYMMNOO)
Wendell L. Faircloth				<	(863) 471-1400	05/05/25

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

04/01/2005 To: 04/30/2006

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final Minor

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

5228P05930 **FACILITY ID:**

- GROUP:

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

Dual Perc / Evap Ponds

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	ng	Qu		No. Ex	Frequency of Analysis	Sample Type		
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Unite			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/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
031816 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#Y100		Monthly	Grab
Chlorine, Total Residual (For Distrifection)	Sample Messurement				0.8			mg/L		Daily 5,wk	Grab
050000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (66 N)	Sample Messurement						2.3	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (mm)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					164		mg/L		Monthly	Grab
090082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		mg/L		Monthly	Grab
TS9, INFLUENT	Sample Measurement					148		mg/L		Morithly	Grab
000530 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		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 ewere thet there are significant penalties for submitting false information including the possibility of fine and imprisonment.

1			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SKHATURE OF DESIGNATION EXECUTIVE OFFICE OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMADD)
Wendell L. Faircloth		(863) 471-1400	05/05/25

COMMENTS AND EXPLANATION OF ANY VICE "ONS (Reference all attachments here): (Attach ... Jdittonal sileets if necessary.)

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.024

Month / Year: April-05 (TMSDF/Permitted Capacity)x100:

49%

	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			
·8	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		,	
	0.0,0					· · · · ·				-		

1022

ESSIL DIVILLIAN				
Day Shift Operator	Class:	<u> </u>	Certification No.: 9088	Name:
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

PERMITTEE NAME:

Agua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

05/01/05 To:

05/31/05

Sarasota, Florida 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852.

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

		1 1043	e lean illounc	IIIOMS DEI	ore completing	9 (1112 1011111			No.		
Parameter		Quan	tity or Loadir	ıg	Quality of Concentration					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	0.017	0.023	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0,050 Ann_Avg.	MGD						Continuous	Flow Motor
BOD, Carbonacious (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, Carbonacious (5 day 200 C)	Sample Measurement					2.2		mg/L		Monthly	Grab
80082 Y EFA-O1 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.4	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	Gnab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Grab
рН	Sample Measurement				7.4		7.6	s.u.		Dailty 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mex)	8.U.		Duily 5, wk	Greb

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 OF FICER OR AUTHORIZED AGENT (Type of Phys)	SIGNATING OF BRICKING EXECUTION OF SICE ON WITHOUS ELL MOST IL	TELEPHONE NO.	DATE (YYAMAA'DD)
Wendell L. Faircloth		(863) 471-1400	05/06/24

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

MONITORING PERIOD-From:

Final

05/01/2005 To:

05/31/2005

Sarasota, Florda 34240

LIMIT: CLASS SIZE:

Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP:

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE R001

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

Parameter		Quant	Quality of Concentration					No. Ex	Frequency of Analysis	Sample Type	
Storet code MonSitte No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement			_		NA		#/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
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.8			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 (es N)	Sample Measurement						1.2	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement			•		228		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					124		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mp/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 PRINC)	
	DATE (YYAMADD)
Wendell L. Faircloth (963) 471-1400	00 05/06/24

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

PermitNumber: FLA014388-001-DW3P

	Three-month Average Daily Flow:	0.022
Month / Year: May-05	(TMSDF/Permitted Capacity)x100:	439
	Leisure Lakes / Covered Bridge	

					Leisui	e Lakes	/ Cavere	a priuge	··_ ·· · · · · · · · · · · · · · · · ·			
	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										i i	
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> </u>	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 Wate	r Reuse:				
Limited Wet Weather Dis	scharge Activated:	☐ No: ☐	Not Applicable:		yes, cumulative days of v	wet weather discharge
* Attach additional sheets	s if necessary to list	all certified o	perators.		V	
DEP Form 62-620.910(1	0), Effective Novem	ber 29, 1994	ı			

Version 5/18/98

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

96/01/05 To:

95/31/05 06

Sarasota, Florida 34240

LIMIT:

Final

CLASS SIZE:

Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

"PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		Pleas	e read instruc	tions ber	ore completing	this ionn.			No.		
Parameter		Quan	tity or Loadir	ng	Quality of Concentration					Frequency of Analysis	Sample Type
Storet code Man, .Site No.		Average	Maximum	Units	Minimum	Ачегаде	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.029	0.024	WGD						Continuous	Flow Motor
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Require	Report .conthly	0,050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious (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, Carbonacious (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	Parmit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
189, EFFLUENT	Sample Measurement					2.0		mg/L		Monthly	Greb
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
рН	Sample Measurement				7.4		7.6	8.U.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		·		6.0, minimum		8.5, (max)	8.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 individues immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significent pensities for submitting false information including the possibility of fine and imprisonment.

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATU	NE OF PRINCIPAL EXECUT	THE OFFICER OR ANTH	ORU:ED AGE T	_	TELEPHONE NO.	DATE (YYAMA/DD)
We 'ell: "aircloth					_(863) 471-1400	05/07/25

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

FLA014388-001-DW3P

06/01/2005 To:

06/30/2005

Sarasota, Florda 34240

CLASS SIZE: FACILITY ID:

PERMIT NUMBER:

Final

Minor

5228P05930

GROUP: **Domestic**

FACILITY: LOCATION: Leisure Lakes / Covered Bridge

101 Parkview Circle S.

DISCHARGE POINT NUMBE R031

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

		Please	e read instruc	tions be	fore completing	this form.					
Parameter		Quan	lity or Loadir	ng	Qu	Quality of Concentration					Sample Type
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Meximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentie)	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				1.2			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 (85 N)	Sample Measurement						3.0	mg/L	ļ	Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	-					12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					101		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					118		mg/L		Monthly	Qrab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Morithly	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)	SKNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.	DATE (YYAMAIDD)
Wendell L. Faircloth	(863) 471-1400	05/07/25

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.023

Month / Year: June-05

(TMSDF/Permitted Capacity)x100:

45%

_	1 7 1001.				Leisur	e Lakes	/ Covere	d Bridge				
	Flow (MGD)	influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u,) min.	pH (s.u.) max.	Fecal Collform 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	00630	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	<u> </u>		
4	0.036			+								
5	0.036				<u> </u>	7.5	7.5		1.2			
6	0.036 0.037			-		7.5 7.5	7.5		1.5			
7 8	0.037					7.5	7.5		1.4			
9	0.033					7.6	7.6		1.6			ļ
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		<u> </u>	
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		<u> </u>	
23	0.034					7.5	7.5		1.6			
24	0.026					7.5	7.5		1.9			
25	0.020		,			7.4	7.4		1.5			l
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			<u> </u>
.30	0.043					7.5	7.5		1.9			\
											1	

8 / BI ANT STAFFING

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 I	Reclaimed Water				
Limited Wet Weather Discha	rge Activated: 🕻	No: Not Applicable: 🗹 If yes, o	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

PERMITTEE NAME:

Agua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From:

07/01/05 To:

07/31/05

Sarasota, Florida 34240

LIMIT: CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

PLANT SIZE/TREATMENT TYPE:

3C

Lake Placid, FL 33852

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

only a distance to compa

Highlands

Please read instructions before completing this form

		FIEGS	e lead monac	dolla pel	ore completing	y (1115 1011)1.					
Parameter		Quan	tity or Loadin	ng	Qu	ality of Cond	centration		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 Meler
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Mater
BOD, Carbonecious (5 day 200 C)	Sample Measurement					2U	2U	mg/L		Monthly	Gnab
80082 1 EFA-01 EFRLUENT GROSS VALUE	Permit Requirement				•	30, Monthly	(O, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (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	Gmb
TSS, EFFLUENT	Sample Measurement					1.2	2.0	mg/L		Monthly	Gnab
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
000590 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Gnab
рН	Sample Measurement				7.3		7.6	\$. U,		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mæ¢)	B.U.		Daily 5.wk	Gnab

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)	SICI	ykruj	gt c	7	ang)	AL EXECUTIVE	OFFICER	OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMAOD)
Wendell L. Faircloth		\mathcal{L}	7	Ų	Z	7 −	le		(863) 471-1400	05/08/23

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From:

07/01/2005 To:

07/31/2005

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID: DISCHARGE POINT NUMBE RC01

5228P05930

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

Parameter		Quan	tity or Loadir	ng	Qu	ality of Conc	centration		No. Ex	Frequency of Analysis	Sample Typ
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Mædmura	Units			
COUFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031616 1 EFA-01. EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Parcentile)	800 (max)	#/100		Monthly	Grab
COUFORM, FECAL	Sample Measurement					5.6		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		W100		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 (38 N)	Sample Measurement						8.7	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					147		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		mg/L		Monthly	Grab
isa, influent	Sample Measurement					112		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		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 it quity 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 pensities for submitting false information including the possibility of fine and imprisonment.

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

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

PermitNumber: FLA014388-001-DW3P

	Three-month Average Daily Flow:	0,023
Month / Year: July-05	(TMSDF/Permitted Capacity)x100:	47%
	Leisure Lakes / Covered Bridge	

					Leisur	e Lakes	/ Covere	d 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				L	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							i				
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		٠	
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			

24,200 | = 2 Aug. | = 2

PLANT STAFFING:			1
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 F Limited Wet Weather Discha			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

9412550413

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

CLASS SIZE: Minor Sarasota, Florida 34240 :TIMIT Final 6960 Professional Parkway E., Suite 400 **WAILING ADDRESS:** MONITORING PERIOD-From: S0/1 C/80 :O1 90/10/80 PERMITTEE UAME: Aqua Utilities Florida, Inc. 45WG-100-886410AJT PERMIT NUMBER:

Lake Placid, FL 33852 PLANT SIZE/TREATMENT TYPE: 3C LOCATION: 101 Parkview Circle S. DISCHARGE POINT NUMBER: ROOM Leisure Lakes / Covered Bridge :YTIJIDA3 FACILITY ID: GROUP: Domestic 5228P05930

Highlands :YTNUOD Dual Perc / Evap Ponds TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

pp (or	anogaen deleft	ommi ele	urbhdhaí eand	1 to viluon vm	r. and heaved on	stand baltimous r	voltermoto)	adt diw sellmet	mo ben benia	pare coccoult and	I farit wat to vitaned tebru vittes (
Grab	Delily 5.WK		TI'S	,2.8 (xem)		գ.Օ, minimum				Pennik Requirement	000400 1 EFFLUENT GROSS YALUE
dana	Mw.2 VileCI		W.R	9.T		W.T				InemerusaeM elqma2	На
Grab	VirtinoM		убш		20.0 Sylphylligh					knemetiopeR firmeQ	OOO630 Y EFA-01 EFA-01
denO	VirtinoM		увш		6. t					memenusaeM elqriss	тер, еггиелт
da ə	VirthnoM		Увш	elgnis ,08 elgmes	Yhtin oM , QE					InernativpeSt increq	000630 1 EFA-01 EFFLUENT GROSS VALUE
Grado	VidnoM		7∕6₩	2.0	0,1					memensasiM elque2	TH3U.FHT.
dst2	Wonthly		7/ 6w		20.0 Ana_mar					JnemeriupeA प्रेतमञ्ज	PHANDAL GROSS VALUE 80062 Y EFA.01
den Ə	VirtnoM		7∕ 6ш		2.2					memerusselff elgme2	BOD, Carbonacious (5 day
danD	yitmoM		1 ∕2m	elgniS, Cingle Sample	30, Monthly					inemailupe H sime H	60062 1 EFA-01 EFFLUENT GROSS VALUE
denð	YktroM		נטסיך	nz	กร					InomotuzaoM elqma2	E day 200 C)
Flow	соприол						Мер	0.050 Ann_Avg.	Hopert Monthly	fnomoriupost skrmes	DECOSO 1 OTH-01
Moter Moter	Condinous						мер	0.026	ero.o	Semple Messurement	FLOW, In conduit or thru: FLOW, In conduit or thru:
			atinU	mumbusM	Average	muminiM	etinU	титьсьМ	9gs19vA		, old edic noth eboo tenal?
odfi odpe	Frequency	No.	Quality of Concentration					ity or Loading	itneu D		Parameter
eqy(T elqme2	waterioa		<u></u>		711101 5111	อีบกลเสนบดว อ.เ	2120 5110	NAD DOUG DEAL	perst t		

possibility of the and imprisonment. obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are algulificant princibility the t certify under penalty of law that it have personally examined and am families with the information submitted herein; and based on my inquiry of those individuals immediately responsible for

	(70	seement is steads (smallibbe daettA)	(0104 9		Selfe lie appraised a MOTAN VIOLATION STRUCTOR
92/60/90	0041-174 (538)	~ / /	711		Vende" ∵ Falroloth
OVIE (LLVWWOD)	TELEPHONENO,	PAL EUR UTTE OFFICER OR MUHKIRIZED AGENT	QUIRS 10	BULLAND	HAMINITIE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Princi)

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

08/01/2005 To: Final

08/31/2005

Sarasota, Florda 34240

Minor

CLASS SIZE:

5228P05930

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

DISCHARGE POINT NUMBE ROO1

LOCATION:

101 Parkview Circle S.

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	g	Qu	ality of Conc	No. Ex	Frequency of Analysis	Sample Type		
Storet code MonSite No.		Average	Maximum	Units	Minlmum	Average	Maximum	Unite			
COUFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Gnab
COLIFORM, FECAL	Sample Measurement					5.6		#/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				1.3			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			тд∕L		Daily 5.wk	Grab
NITROGEN, TOTAL (25 N)	Sample Measurement						0.5	mg/L		Monthly	Grab
000 0 00 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				-		12, (mw)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					112		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					86		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		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, accumite 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 TELEPHON	END. GATE (YYMMOD)
Wendell L. Faircloth	(863) 471	-1400 05/09/26

COMMENTS AND EXP ATION OF ANY VICEATIONS (Reference all attachments here): Attach additional sheets if necessary.)

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.024

Month / Year: August-06

(TMSDF/Permitted Capacity)x100:

48%

Leisure Lakes / Covered Bridge

	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										1		
8	0.019					7.6	7.6		2.0				
'9	0.020					7.5	7.5		1.8			ì	
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	۲.5		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	Clase:	C Cert	lification No.: 9	088 Na	me: Wendelt I	Faircloth
Evening Shift Operator	Class:	Cert	lification No.:	Na	me:	
Night Shift Operator	Class:	Cert	ification No.:	Na	me:	
Lead Operator	Class:	Cert	ification No.:	Na	me:	
Type of Effluent Disposal or Re	claimed Wat	er Reuse:		•		
Limited Wet Weather Dischar	ge Activated:	No: No	ot Applicable:	If yes, cumulative	days of wet weather	discharge

Version 5/18/98

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-620,910(10), Effective November 29, 1994

LIMIT:

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400 Sarasota, Florida 34240

MONITORING PERIOD-From:

09/01/05 To:

09/30/05

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

Final Minor

101 Parkview Circle S.

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

Lake Placid, FL 33852

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMEN' TYPE: R001

COUNTY:

Highlands

3C

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter			e read instruc		or completin	A mus mult					
. arameto		Quan	tity or Loadir	ng	Q	uality of Con		No. Ex	Frequency of Analysis	Sample Typ	
Storet code Mon. Site No.		Average	Maximum Units		Minimum	Average	Maximum Units				
FLOW, in conduit or thru beatment plant	Sample Measurement	0.017	0.024	MGD						Continuous	Flow
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Pérmit Requirement	Report Monthly	0,050 Ann_Avg.	MGD						Continuous	Flow
BOD, Carbonacious (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	60, Single Sample	mg/L		Monthly	Grab
BOO, Carbonacious (5 day 200 C)	Sample Measurement	-				2.3		mg∕L.		Monthly	Grab
80082 Y EFA-01 WINUAL GROSS VALUE	Pennit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
SSA EFFLUENT	Sample Measurement					1.0	2.6	ing/L		Monthly	Grab
000530 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement				•	30, Monthly	80, Single Sample	mg/L		Monthly	Grab
33, EFFLUENT	Sample Messurement					1.9		rng/L		Monthly	Grab
000530 Y EFA-01 WINUAL GROSS VALUE	Permit Requirement					20.0 Aлл_Avg.		mg/L		Monthly	Grab
н	Sample Measurement				7.5		7.6	3. U.		Daily 5.wk	Grab
000400 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement				6.Q minknum		8.5, (nsec)	4.V.		Delity 5.w/c	Grab

it 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 awars 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 PAIX)	sicity	liun	P P	RINGIPA	Descale.	VE OFFICES C	A AUTHORIZED AGEN	TELEPHONE NO.	DATE (YYAMMOD)
Wendell L. Faircloth				11		7			G112(11,111,111,110,11)
		Δ	$\mathcal{I}_{\mathcal{A}}$	ľ	7		<u>ر</u>	(863) 471-1400	05/10/11
COMMENTS AND EXPLANATION OF ALBUMAN ATIONS	-	_							

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

09/01/2006 To:

09/30/2005

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor 5228P05930

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

DISCHARGE POINT NUMBE R001

LOCATION:

101 Parkview Circle S.

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form

Parameter		Quan	tity or Loadin	ıg	Qu	ality of Cond	No. Ex	Frequency of Analysis	Sample Typ		
Storet code Mon Site No.		Average	Maximum	Units	Minimum	Average	mumixsM	Units			
COLIFORM, FECAL	Sample Measurement				1U	NA	10	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#V100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement	-				5.6		#/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Gnab
Chlorine, Total Residual For Disinfection)	Sample Meusurement				1.7			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NTROGEN, TOTAL (as N)	Sample Messurement						5.7	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)	 		Monthly	Grab
BOO, Carbonacious (5 day 200 C)	Sample Measurement					109		mg/L		Monthly	Greb.
080062 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
'94, INFLUENT	Sample Measurement					159		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		mg/L		Monthly	Greb

l 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. 3 3 4 3

	T	Λ				_			
IMAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	39G	yyn.	72.0	PR)Cir	ALD.	POURVE OFFICER OR AUTHORIZED AGENT	TELEPHONENO.	DATE (YYANADO)
Wendelf L Faircloth		ľ <i>j</i>	<i>' </i>		F /	//		(000) 474 4 400	05/10/11
Wendelf L. Faircloth	$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	A		1	1/	[]	<i></i>	(663) 471-1400	00/10/11

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

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.020

Month / Year. September-05

(TMSDF/Permitted Capacity)x100:

409

Monti	h / Year.	Year. September-05 (TMSDF/Permitted Capacity)x100; 4 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				<u> </u>	7.5	7.5	<u></u>	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				<u></u>	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		The street of the second	
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			1		7.6	7.6		2.2			
29	0.018				-	7.6	7.6		2.1			
30	0.018			······································		7.6	7.6		2.0			

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<i>'</i>) /	
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PLANT STAFFING:				, 1=12 // 1	
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 F	Reclaimed Water R	euse:			
Limited Wet Weather Discha	rge Activated: 🔲	No: Not Applicable:	☑ If yes, c	umulative days of	wet weather discharge
_			١		
					•

Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

FLA014388-001-DW3P

10/01/05 To:

10/31/06

Sarasola, Florida 34240

Final Minor

CLASS SIZE: FACILITY ID:

5228P05930

GROUP: Domestic

FACILITY:

Leisure Lakes / Covered Bridge

PERMIT NUMBER:

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	ıg	Qu	ality of Cond	No. Ex		Sample Typ		
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru realment plant	Sample Measurement	0.021	0.023	MGD						Continuous	Flow Meter
050050 1 OTH-01 NNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious 5 day 200 C)	Sample Measurement					2ህ	20	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Gnab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 NNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avç.		mg/L		Monthly	Grab
SS, EFFLUENT	Sample Measurement					2.2	2.0	mg/L		Monthly	Grab :
000590 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
ISS, EFFLUENT	Sample Measurement					2.0	35 7 (1) (4)	. mg/L		Monthly	Grab
000530 Y EFA-01 WINUAL GROSS VALUE	Permit Requirement					20.0 Anr_Avg.		mg/L		Monthly	Grab
жн	Sample Measurement				7.4		7.6	R.U.		Delly 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	8.V.		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, occurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

		_					<i></i>					T
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Philip	SION	dru	y£or	//	NÇ	MA	EATINE OF	PERO	A ALTH	KORKIZZED AGENT	*** TELEPHONE NO. /	DATE (YYARAYD)
Wendell L. Faircloth	L	7				U	17		J	1,37,201	(883) 471-1400	05/11/25

ı

PERMITTEE NAME

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

10/01/2005 To: 10/31/2005

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final Minor

52:28P05930

FACILITY ID:

GROUP:

Domestic

FACILITY:

Lelsure Lakes / Covered Bridge

DISCHARGE POINT NUMBE R001

1 OCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read Instructions before completing this form.

Parameter		Quan	Quantity or Loading Quality of Concentration								Sample Type
Storet code Mon Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	1บ	W100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentite)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.0		#/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				1.1			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						0.2	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement	-				289		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
rss, influent	Sample Measurement					246		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		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.

U			\mathcal{L}	-		-a		1		
HAMPUTTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	sign	/ ATUR	E/SF (THE	AL EUG	ym,	FICER OR A	VIHORIZED AGEN	TELEPHONE NO.	DATE (YYMMIDD)
Wendelf L. Faircloth	I		1					7	(863) 471-1400	05/11/28

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

PermitNumber: FLA014388-001-DW3P

		Three-month Average Daily Flow:	0,019
Month / Year.	October-05	(TMSDF/Permitted Capacity)x100:	389

					Leisur	e Lakes	/ Covere	d Bridge	- 10-20-2			
	Flow (MGD)	Influent CBOD5 (mg/L)	influent TSS (mg/L)	Effluent CBODS (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	0.028					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	2น	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 ST				'		·	•	***************************************				

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 Recialmed Water Reuse:

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

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

Version 5/18/98

Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

11/01/05 To:

LIMIT:

Final

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

Minor

GROUP: Domestic

11/30/05

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TIPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this force

		1 1043	e read motruc	dons net	ore completing	y mis form.					
Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	No. Ex	Frequency of Analysis	Sample Type		
Storet code Mon, Site No.		Average	Maximum	Units	Minimum	Averaçıe	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.022	0.023	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Pernii, Requirement	Report Manthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2 U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	(10, Single Sample	rng/L		Monthly	Grab
BOD, Carbonacious (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 Messurement					2.4	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	ngL		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.9		mg/L		Monthly	Grado
000530 Y EFA-01	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
рН	Sample Measurement				7.5		7.6	3. 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 (YYANM	MDD)
Wendell L. Faircloth	(863) 471-1400 05/12/2	:6

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

7" ."" 1000\ ellect

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

11/01/2005 To:

Sarasota, Florda 34240

CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930 GROUP:

Domestic

DISCHARGE POINT NUMBE R001

LOCATION:

101 Parkview Circle S.

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	g	Qu	ality of Conc		No. Ex	Frequency of Analysis	Sample Type	
Storet code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031816 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	500 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement		;			1.0		#/100		Monthly	Grab
031816 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
050000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (88 N)	Sample Measurement						2.4	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GRÓSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					251		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					106		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		mg/L		Monthly	Grab

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 pensities for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Phra)	S109.	ATÚP	€ of	RIN	CIPAL	2	EGYPVE OFFICER OR AUTHORIZED AGE	NT TELEPHONE NO.	DATE (YYMM/DD)
Wendell L. Faircloth	V			K				(863) 471-1400	06/12/26

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

PermitNumber: FLA014 388-001-DW3P

Three-month Average Daily Flow:

Month / Year: November-05

(TMSDF/Permitted Capacity)x100:

0.020 40%

·	Flow (MGD)	influer (CBODS (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	5005 0	80082	00530	80082	00530	00400	.00400	74055	50060	00620		
Mo⊓.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		<u> </u>
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	j	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	T				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	1 u	1.8	2.4	15:00	G
23	0.019					7,6	7.6		1.2			
24	0.022											
25	0.023	1				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 STA			Class:	c	Certificat				Name:	Wendell L.		



Day Shift Operator	Class:	C Certification No.: 9088	Name: W	endell 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 R	c slaimed Wat	er Reuse:		
Limited Wet Weather Dischar	ga Activated:	No: Not Applicable: V tryes	s, cumulative days of wet	weather discharge

9412550413

01.9

Lake Suzy WWTP

0ct 06 01:13p

Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E. Suite 400

MONITORING PERIOD-From:

FLA014388-001-DW3P

MAILING ADDRESS: Sarasota, Florida 34240

LIMIT:

12/01/05 To:

12/31/05

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

GROUP: Domestic

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

PERMIT NUMBER:

R001

LOCATION:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY: Highlands TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

Parameter		Quan	tity or Loadir	r Loading Quality of Concentration						Frequency of Analysis	Sample Type
Storet code MonSite No.	·	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.021	0.022	MGD						Continuous	Flow
D50050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious (5 day 200°C)	Sample Measurement					3.0	3.0	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg∕L		Monthly ·	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.4		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					7.0	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	Pennit Requirement				-	20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Messurement				7.5		7.8	9.U.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	-			6.0, minimum		8.5, (max)	3. 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.

NUMERITILE OF PRINCIPAL EXECUTIVE OF FICEN OR AUTHORIZED AGENT (Type of Phris)	SICH	TURE	OF PE	MICIPAL	DECVIO	e OFFICE	R OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMA/DD)
Wendell L. Faircloth	1/	1	Z	11		4	·	(863) 471-1400 ²	08/01/28
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	ttachm	nent	s her	re): (A	ttach a	dditiona	al sheets if necessa	ואָע.)	

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: 6960 Professional Parkway E., Suite 400

FLA014388-001-DW3P

MAILING ADDRESS:

MONITORING PERIOD-From:

12/01/2005 To:

12/31/2005

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor 5228P05930

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

DISCHARGE POINT NUMBE ROO1

3C

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	Quality of Concentration					Frequency of Analysis	Sample Type
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	- 10	#/100		Monthly	Grab
031816 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (mex)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.0		M/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				1.4			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			m g/ t.		Daily 5.wk	Grab
NITROGEN, TOTAL (25 N)	Sample Measurement						1.3	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacioua (5 day 200 C)	Sample Measurement					280		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					report Montlh		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					208		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.021

Month / Year. December-05

(TMSDF/Permitted Capacity)x100:

43%

	i / Teal.		INCI-VU	-	Leisur	e Lakes	/ Covere	d Bridge	emined Oal	эаску)х100:		43%
	Flow (MGD)	influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBODS (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										į	
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		i	
31	0.015						7.5		1.4			
PLANT ST	AFFING:						- 					
Day Shift O	perator	,	Class:	С	Certificat	ion No.:	9088		Name:	Wendell L.	Faircloth	
Evening Sh	ift Operator		Class:		Certificat				Name:			
Night Shift	Operator	,	Class:		Certificat	•			Name:			
Lead Opera	itor		Class:		Certificat				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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

01/01/06 To:

01/31/08

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

LIMIT:

Minor 5228P05930

Final

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		Pleas	e read instruc	uons per	ore completing	3 UNIS TORTIN.					
Parameter		Quan	tity or Loadir	ng	Quality of Concentration			No. Ex	Frequency of Analysis	Sample Туре	
Storet code Man, . Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	 		
FLOW, in conduit or thru treatment plant	Sample Measurement	0.023	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Motor
BOD, Carbonacious 5 day 200 C)	Sample Measurement		-			2U	วบ	mg/L		Monthly	Grado
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (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
iss, effluent	Sample Measurement					1.2	2.0	mg/L		Monthly	Grab
000630 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Messurement					2.3		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.	·	rng/L		Monthly	Grab
pH	Sample Messurement				7.4		7.7	B.U.		Dally 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.0, minimum		8.5, (max)	x.u.		Delly 5,wk	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT (Typo of Print)	SIGNATURE OF PRINCIPAL EXCEPTING OFFICER OR AUTHORIZED AGEN	TELEPHONE NO.	DATE (YYAMA'DD)
Wendell L. Faircloth		(863) 471-1400	08/02/23

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From: LIMIT:

FLA014388-001-DW3P

01/01/2008 To:

01/31/2006

MAILING ADDRESS: Sarasota, Florda 34240

CLASS SIZE:

Final Minor

FACILITY ID:

PERMIT NUMBER:

5228P05930

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

DISCHARGE POINT NUMBE R001

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	g	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon, Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/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					1.0		#/100		Monthly	Grab
031616 Y EFA-01 WINUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		<i>W</i> 100		Monthly	Grab
Chlorina, Total Residual (For Disinfection)	Sample Measurement				1.2			mg/L		Daily 5.wk	Gnab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Pennit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, YOTAL (24 N)	Sample Measurement						0.5	tng/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Gnab
BOD, Carbonacious (5 day 200 C)	Sampie Meesurement					209		mg/L		Monthly	Gnub
060082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					672		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Pormit Requirement					REPORT MONTUH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Talling Control of Parties	Three-month Average Daily Flow:
onth / Year: January-06	(TMSDF/Permitted Capacity)x100:
	Leisure Lakes / Covered Bridge

	Leisure Lakes / Covered Bridge											
	Flow (MGD)	Influent CBODS (mg/L)	influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) mln.	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				1		7.6		1.6			
4	0.025						7.7		1.8			
5	0.019						7.6		2.0		·	
6	0.017						7.5		2.2			
7	0.026											
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	0.016						7.5		1.8			
15	0.024						7.6		2.1			
.16	0.031						7.6		1.8			
17	0.023						7.5		1.9			
18	0.027						7.5		2.0			
19	0.021	209	672	2u	1.2		7.6	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	0.016						7.5		1.7			
29	0.024						7.5	ł	1.5			
. 30	0.020	-	··				7.5		1.4			
31	0.020											



PLANT STAFFING:				
Day Shift Operator	Class:	C Certification No.: 9	088 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 Re	claimed Wa	ter Reuse:	_	
Limited Wet Weather Discharg	• Activated:	No: Not Applicable:	If yes, cumulative days o	(wet weather discharge

0.022 44%

Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-820.910(10), Effective November 29, 1994
 Version 5/18/98

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

02/01/08 To:

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: Final LIMIT:

02/28/06

FACILITY:

Leisure Lakes / Covered Bridge

Sarasota, Florida 34240

CLASS SIZE:

Minor

5228P05930

101 Parkview Circle S.

FACILITY ID:

GROUP: Domestic

LOCATION:

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3Ç

COUNTY:

Highlands

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
Storet code Mon. ,Site No.	_	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru treatment plant	Sample Messurement	0.026	0.022	MGD	_					Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	WGD						Continuous	Flow Meter
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2U	2U	mg/L	'	Monthly	Gnab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	!				30, Monthly	60, Single Sample	mg/L		Monthly	Gnab
BOO, Carbonaclous (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	Gnab
TSS, EFFLUENT	Sample Measurement					1.6	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Regulrement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.4		mg/L		Monthly	Grab
000590 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Gnab
pH ,	Sample Measurement				7.4		7.6	€.U,		Dally 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	\$.U.		Daily 5.wk	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted trerein; 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 (Typ+ of PMM)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYARAYDD)
Wendell L. Faircloth	·	(863) 471-1400	06/03/27

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

02/01/2008 To:

LIMIT:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

Sarasota, Florda 34240

CLASS SIZE: FACILITY ID:

5228P05930 GROUP: **Domestic**

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE R001

02/28/2006

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

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
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				10	NA	10	#/100		Monthly	Grab
031816 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.0		#/100		Monthly	Grab
031616 Y EFA-01 NNUAL 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						0.2	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					375		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					report Montuh		mg/L		Monthly	Grado
TSS, INFLUENT	Sample Measurement					194		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.023

Month / Year: February-06

(TMSDF/Permitted Capacity)x100:

47%

			<u> </u>		Leisur	e Lakes	/ Covere	d 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 Collform 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	(NF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
11	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		i	
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			<u> </u>
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												
لسنتسك												

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				
Limited Wet Weather Disch	arge Activated: 🔲	No: Not Applicable: If yes	, cumulative days of	wet weather discharge

DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

03/01/08 To:

03/28/06

Sarasota, Florida 34240

LIMIT:

Final

CLASS SIZE:

Minor

FACILITY ID:

5228P05930

3C

GROUP: Domestic

FACILITY:

Leisure Lakes / Covered Bridge 101 Parkview Circle S.

DISCHARGE POINT NUMBER:

LOCATION:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

R001

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

		1 1603	o reno manoc	HONS DEN	ora completing	LIII TOTTIK					Sample Type
Parameter		Quant	lity or Loadin	g	Qu	ality of Cond	entration		No. Ex	of Analysis	Sample (the
Storet code Man., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, is 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, Carbonacious (5 day 200 C)	Sampie Measwoment	i				2.4	2.4	mg/L		Monthly	Gnab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (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	Pamit Requirement					30, Monthly	60, Single Sample	mg/l.		Monthly	Gnab
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	Gnab
рН	Sample Measurement				7.4		7.8	s,u.		Daily 5.wk	Greb
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum	-	8.5, (max)	\$.U.		Daily 5.wk	Grab

I certify under penalty of law that I have personally examined and am familiar with the information automitted 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)	SIN	my	RE,	ØF P	RINC	A	ACUTIVE O	FK)ER OI	R AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MW/DD)
Wendell L. Faircloth	V		7	T	V	7		H	ノ	(863) 471-1400	06/04/27

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

03/01/2008 To:

03/28/2006

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

LOCATION:

DISCHARGE POINT NUMBE R001

GROUP:

Domestic

101 Parkview Circle S.

PLANT SIZE/TREATMENT TYPE:

3C

Lake Placid, FL 33852

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	g		ality of Cond			No. Ex	Frequency of Analysis	Sample Type
Storet code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximurn	Units			
COUFORM, FECAL	Sample Measurement				5	NA	6	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Avarage)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement			}		1.3		#/100		Monthly	Grab
031516 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 (25 N)	Sample Measurement						0.04	mg∕L		Monthly	Gnab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					395		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/l.		Monthly	Grab
TSS, INFLUENT	Sample Measurement					188		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.024

Month / Year:

March-06

(TMSDF/Permitted Capacity)x100:

49%

					Leisur	e Lakes	/ Covere	d 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		ļ	
4	0.025				ļ <u>.</u>							
5	0,025						7.6		2.0			ļ
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		1	T
26	0.024						7.6	ļ	1.3			ļ
27	0.024						7.6		1.0		1	
28	0.036					 	7.5	 	1.2		 	
29	0.038						7.4	 	1.8			1
30	0.017					 -	7.6	 	2.0	 		
31	0.024					 	7.5		2.2		 	
						-	 				†	
Total Mo.Avg.	0.746 0.024	395	188	2.4	8.2	 	7.5	5	1.6	0.04		
PLANT ST		يتتنا										
Day Shift C			Class:	С	Certifics	tion No	9088		Name:	Wendell L	. Faircloti	n
· -		-	Class:	<u>`</u> _	•			-	Name:			
_	nift Operato				•			•	Name:			
Night Shift	-		Class:		•			•	Name:			
Lead Open	ator		Class:		· Cerunca	MON NO.		_	140111 C ,			

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

Type of Effluent Disposal or Recialmed Water Reuse:

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From:

04/01/06 To:

04/30/06

Sarasota, Florida 34240

LIMIT: CLASS SIZE:

Minor

Final

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

Lake Placid, FL 33652

PLANT SIZE/TREATMENT TYPE:

R001 3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

		17043	o read moude	HOIIS DEL	ore completing	y ans rome					7.
Parameter		Quan	tity or Loadin	ng	Qu	uality of Con-	centration		No. Ex	Frequency of Analysis	Sample Type
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, In conduit or thru reatment plant	Sample Measurement	0.021	0.022	MGD			1.			Continuous	Flow Meter
050050 1 OTH-01 WINUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious 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	60, Single Sample	mg/L		Monthly	Gnab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Grab
80082 Y EFA-01 INNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		пg∕L		Monthly	Grab
rss, effluent	Sample Measurement					5.4	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
159, EFFLUENT	Sample Measurement	•				3.0		mg/L		Monthly	Grab
000530 Y EFA-01 UNNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Gnab
H .	Sample Myasurement				7.1		7.8	5,µ.		Daily 5.wk	Grab
000400 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement		·		6,0, minimum		8.5, (max)	x.u.		Daily 5.wk	Grab

I contify 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.

		-					•	v				
NAME/TITLE OF PRINCIPAL E	EXECUTIVE OFFICER OR AUTH	ORIZED AGENT (Type of Print)	sig	ATUR	ep of	PRING	AND	, cary	E OFFICER O	R AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMOD)
Wendell L. Faircloth				7		1	//		1		(863) 471-1400	06/05/26

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

04/01/2008 To:

04/30/2006

Leisure Lakes / Covered Bridge

CLASS SIZE:

Final Minor

FACILITY:

FACILITY ID:

5228P05930

GROUP:~

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadin	ng	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Typ
Storet 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	Gtab
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 (25 N)	Sample Measurement						0.08	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					385		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					314		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement			<u> </u>		REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.024

Month / Year: April-06 (TMSDF/Permitted Capacity)x100:

47%

					Leisur	e Lakes	/ Covere	d 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			
19	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		<u> </u>
PLANT ST	AFFING:											
Day Shift C	Operator		Class:	С	Certifica	tion No.:	- 9088		Name:	Wendell L	Faircloth	
-	nift Operato	r	Class:		Certifica	tion No.:			Name:			
Night Shift	•		Class:		Certifica	tion No.:		•	Name:			
-	•											

Day Shift Operator	Class:	C Certification No.: - 9088	Name:	Wendell L. Faircloth
Evening Shift Operator	Class:	Certification No.:	Name:	i
Night Shift Operator	Class:	Certification No.:	Name:	
Lead Operator	Class:	Certification No.:	Name:	
Type of Effluent Disposal or Limited Wet Weather Disch			cumulative days o	f wet weather discharge

PERMITTEE NAME:

Aqua Utilitles Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD—From: UMIT: F

96/01/96 To: 06/39/06

Sarasota, Florida 34240

CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Duel Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tily or Loadin	79	Qı	mility of Con-	centration		No. Ex	Frequency of Analysis	Semple Typ
Rouge plon Site No.		Average	Madmum	Units	Minimum	Average	Maximum	Units	 		
FILOM, in conduit or thru minnert plant	Sample Massurement	9.018	6.022	MOED						Continuous	Pou
MALIAL AVERAGE DARLY	Permit Requirement	Report Monthly	D.050 Ann_Avg.	MGD						Continuous	Pour
BCO, Chibarecibus 5 day 200 (7)	Bemple Municipanies		}			20	25	mg/t.		Monthly	() mb
ACOR2 1 EFA-01 EPR-LIENT GROSS VALUE	Permit Requirement					30, Nonthly	80), Singha Semple	mar.		Monthly	Grab
BCID, Carbonaciona (5 day DO C)	Sample Messyramusi					2.3		mg/L		Manthly	Gab
80012 Y EFA-01 WHILIAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Manthity	Grub
188, EFFLUENT	Sample Massurement					10	2.D	mg/L		Monthly	Carab
COOSSO 1 EFA-01 FFILUENT GROSS VALUE	Parmit Requirement					30, Monthly	81), Single Gample	mg/L		Monthly	Chreip
353, EPPLUENT	Semple Measurement					2.0		mg/L		Monthly	Grab
DECESSORY BEAUTIFE	Parmit Regulement					20.0 Ang.Ang.		mgd.		Monitrly	Oraș
H	Comple Memurament				7.3		7.6	EU.		Delly IS wit	Grab
DODACO 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement	70 F F			B.O, minimum		B.II., (huma)	FIL		Daily Study	Grab

I confly under parally of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those included immediately responsible for exhibiting the information, I believe the submitted information is true, accurate and complete. I am swere that there are algorithmal paralleles for submitting false information including the paralleles for an imprisonment.

HAMBUTTLE OF PROMODAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pres)					
PRODUCTION OF PROPERTY CARDON CONTRACTOR DESCRIPTION (1) THE OPTICE)	and the same	THE STATE OF THE	R OR AUTHORIZED AGED!	TELEPHONE NO.	DATE (VYRANCE)
has a set many and					
Wurstell L Faircioth				(853) 471-1400	06/66/23
CONTRACTOR AND FURNISHED OF ADVISOR ATTOMORY		4400 11 "17"			

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

201711 PE 98

03/86/2007

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

95/01/2006 To:

MAILING ADDRESS:

6980 Professional Parkway E., Suite 400

MONITORING PERIOD-From: Final DE/38/2008

Sarasota, Florda 34240

LIMIT: CLASS SIZE:

Minor

FACILITY:

Lelsure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP:

Domestic

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE ROOT PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	lity or Loadin	ng	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Typ
iont code Mon., Sile No.		Average	Modmum	Units	Minimum	Average	Macdmum	Units			
DOUFORM, FEGAL	Sample Measurement				10	NA	10	87100		Monthly	Comp
231818 1 EFA-01 271LUENT DROSS VALUE	Permit Regulations				Report (Awaye)	(CD (SO Percentide)	800 (mm)	# 100		Montey	Cirab
COLIFORM, FEGAL	Semple Mountment			}		1.3		2 100		Mounthly	Crab
DO TOTAL GROSS VALUE	Pernit Requirement					WW/WAG		# 100		Morthly	Grab
Triantree, Total Residual For Chainfaction)	Sample Manautement				1.9			moA		Delty 5.w/c	Ciral
COCCOC 1 EFA-01 EFFLUENT GROSS VALUE	Pend Requirement				0.5 (min)			mg/L		Daily 5.wer	Gnab
STROGEN, TOTAL (= N)	Sample Neusaramera						0.10	mall		Monthly	Grab
000000 1 EFA.01 EFFLUENT GROSS VALUE	Pernit Regulament						92, (max)			Monthly	Grado
BOO, Castornacious (5 day 200 C)	Bampio Messurement					453		mol		Monthly	Gnab
ORDIONA O INF-01 PIPLUENT OROSS VALUE	Permit Requirement					REPORT MONTLY		ing/L		Monthly	Grain
TOR, INFLUENT	Semple Massurement					1200		ired		Monthly	Cirraio
DODESO O BIF-O1 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	0=2

Montt	/ Year:	Ma								Daily Flow.		0.02
,,,,,,,,	· / / •••		y-96	-	Lalgro	_ aba_	l Pays	(TMSDF/P M Bridge	ermitted Ca	pacity)ari 00;	•	40
	Flow (MGD)	Influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) mir.	pH (e.u.)	Fecal Colform Bectaria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (se N) (mg/L)	Time of cemple	Type samp (C/G
Code	50050	80062	00530	80082	00530	00400	00400	74055	50060	00820		
_	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			
. 8	0.015						7.6		2.0			
10	0.017						7.5		1.8			
11	0.014						7.8		2.1			
12	0.012						7.4		2.2			
13	0.017											
14	0.017											
15	0.016						7.5		2.1			
18	0.015						7.4		1.8	-		
17	0.018						7.5		2.3			
18	0.013						7.5		2.1			
19	0.010						7.4	<u> </u>	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	455					7.3		2.2		40.50	_
25	0.020	458	1200	20	10			1U	2.1	0.10	12:20	G
28	0.014						7.5		2.2			
27	0.014						7.€		1.8			
28	0.017			ļI								
29	0.018						7.5		1.3			
30	0.015						7.6 7.5		2.4			
31	0.018						7.5		£.4			-
Total	0.484	450	1200	21.1	1U		7.5	71.5	2.1	0.10		
No.Avg.	0.016	458	1200	20	10		1.3		£. 1	V. 14		
LANT ST				_	.	A1 A4_	****		Name:	Wendell L.	Falminin	
ay Shirt C	-		Closs:	<u> </u>	Certifica	•		•	Name:	-7 CI NOR L.		
•	ift Operator		Cieta:					-	Name:			_
light Shirt	•		C)200:		Certifica	,		•	Name:			
and Open	to r		Class:		Certifica	UUN NO.;		•	THE INC.			

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UITLIIY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6980 Professional Parkway E., Suite 400

Sarasota, Florida 34240

PERMIT NUMBER:

MONITORING PERIOD-FIRM:

FLA014388-001-DW3P DEPLOS To:

CLASS SIZE:

LIMIT:

Final Minor

FACILITY:

Leleure Lekes / Covered Bridge

FACILITY IO:

6228P05030

GROUP: Domestic

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBER:

R001

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE:

3C

TYPE OF EFFLUENT DISPOSAL:

I heat Perc / Evep Ponds

		P(02)	o read leatric	tions out	ore completing	this form.					
Parameter		Cum	tity or Loadle	Ng C	Qu	ality of Con	centration		EX	Frequency of Analysis	Barain 19
Showl code Man. Stee No.		Average	Meximum	Units	Minimum	Average	Madmum	Units	 		
PLCAV, in conduit or Byru Politingsof plant	Startiple Measurement	9.016	9.021	MOD						Cordinuous	Florer Medige
CROSSO 1 OTHOS UNLIAL AVERAGE DAILY	Permit Paquirernett	Report Monthly	D.OECI Ano_Avg.	MGD				****		Continuous	Plos
SCO, Cartenacious (5 day 200 C)	Comple Management		-			20	20	mgl.		Monthly	Chesh
MR62) EFA-01 EFFLUENT GROSS VALUE	Parrit Requirement					SO, Monthly	80, Simple Security	merl.		Monthly	Greb
200) Centonacions (5 day 100 C)	Durque Messesson per di					2.3		ingl.		Monthly	Orman
SCORE Y EPA-01 UMMAL GROSS VALUE	Parril Requirement				**	20,0 Ann_Aig.		mg/L		Marthly	G=20
	Surrepie Alimenuseradori					1.6	29	mgA.		Monthly	Grub
OCCUSO 1 EFACT FFLUENT GROSS VALUE	Partid Requirement					50, Menthly	Mi, Eingle Storple	mgL		Manifely	Compa
SE, EPPLUENT	Shrapho Mossanninseet					2.0		mg/l.		Monthly	Gres
OCCESO Y EFACT	Perruit Risquirement					20.0 Ann_Ang.		mgA		Marity	Comp
н	Simple Measurement				7.4		7.8	44		Daily & wit	Gash
DOMOQ T EFACT FTLUENT GROBB VALUE	Person Requirement		-		E.Q.		B.S. Orrest)	us.		Day Sak	Comple

I contify under penalty of here that I have personally exemined and am familiar with the information submitted baseln; and based on my impairy of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complain. I am aware that there are eignificant penalties for submitting falso information including the possibility of the and imprisorment.

				
NAME TALE OF PRINCIPAL EMEDITAR CAPACIES OR ALPHOPAZZED AND A (Type of PAVI)	SECULIAR OF PROPER	AT INSECTIONS CANDED ON WHITHOUSEND WHITH	TELEPHONE NO.	DATE (VYRANDO)
Wendell L. Feirabih		thin	(663) 471-1400	06/07/10
ACCOUNT ALL COMMENTS OF ALCOHOLD AND ALCOHOL			 ;	

MAJLING ADDRESS: PERMITTEE NAME: 6980 Professional Parkway E., Suite 400 Sarasote, Florda 34240 Aqua Utilities Florida, Inc. MONITORING PERIOD-From: PERMIT NUMBER: CLASS SIZE: FIRE FLA014388-001-DW3P 04/01/2006 To:

101 Parkview Circle S. Leisure Lakes / Covered Bridge

Highlands Lake Placid, FL 33862

COUNTY

LOCATION: FACILITY:

> 5228P05930

GROUP:

Domestic

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBE ROOT FACILITY ID: ក

TYPE OF EFFLUENT DISPOSAL: **Dual Parc / Evap Ponda**

		7 00001		Lan Stable	TO SIST COOKIS DEIDLE COMPANIES DISSIONIL	CHINOS SERIO					
Parameter		Quent	Quentily or Loading	ā	ם	Quality of Concentration	antration		₽ ₹	Frequency of Analysis	Sample (ga
Sharest acceles Maga., Shap Ma.		Average	Medinum		Minimum	Average	Mandraum	ş			
COLURCIBIA, PREAL	Sample Management				Ē	¥	R.	8		Hardly,	Ont.
BATTIBUL CAUCHANTE	Permit Requirement				Report: (Amongo)	ACD DO Parcardia)	(T.)	300		Morday	1
COLFORN FECAL	Baryah Masauruman					ಚ		97 00		Monthly	Ç.
MANUAL CHORS ANTHE	Pared Requirement					ANA JANA	,	9 18		Manably	D .
Chierton, Total Resident For Cherrhodian)	Sangio Massaganeri				1.			Ļ		Chally S. value	8
SATTA SSOME LIKENTAGE	Permit Requirement				D.S (Index)			4		Daily S. w.k	E
MINDORFY TOTAL (HE N)	Despis Messurement						2	Š		Monthly	•
COORDO 1 BFAO1	Parriet Requirement				,		grang 12			Morety	•
BOD, Canteractora (5 day 200 C)	Ownph Heatigeners					101		4		Monthly	î
ATTAM GSOBO JAGATLAN	Port Requirement					HUNOW		ķ	_	Morethy	9
TEX, SETUDAT	Bumple Managerament					*		ļ		Marrie	1
STIPKA GEOME LIGHTLAN	Pernil Regularism					NEWORT NEWTON		4		Horbit	ŧ

Permithumber: FLA014385-001-DWSP

Month / Year: Ame-66	Three-month Average Dully Flow:	0.018
MONTH / Year:Ame-00	(TMSDF/Permitted Capacity)x100:	36%

				Ţ	Leteu	re Lakes	/ Cover	ed Bridge				_
	Flow (MGD)	Influent CBODS (mg/L)	Influent T88 (mg/L)	Effuent CBODS (mg/L)	Effluent TBS (mg/L)	pH (s.u.) min.	pH (e.u.) meet	Fecal Cottorm Bacteria (\$/100ml)	TRC (For Olininfect.) (mg/L)	Nitrogen, Nitrote, Total (se N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00630	80082	00530	00400	00400	74055	50080	00620		
Mon.Site	FLOW-001	NF-001	INF-001	EFACEH	EFA-OOT	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012						7.4		2.1			
2	0.011						7.5		2.0		 -	
3	0.020						7.5		2.4			1
4	0.018						7.5		2.3			
5	0.017						7.5		2,1			1,
0	0.015						7.5		1.8			
7	0.018						7.8		1.6			
. 8	0.015						7.5		2.1			
-9	0.014						7.5		1.8			
10	0.015											
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	10	2.4	0.43	13:30	G
15	0.018						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			
10	0.021						7.4		2.2			
20	0.018											
21	0.017						7.5		1.9			
22	0.015			$\neg \neg$			7.4		2.1			
23	0.018						7.5		2.9			
74	0.016											14
25	0.018		1									
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.	0.018	101	76	2 U	1.8		7.5	10	2.2	0.43		

			• •	
PLANT STAFFING:	0 1	C Certification No.: . 9088	Name:	Wandell L. Faircloth
Day Shift Operator	Class: _	C Carundadan No.:	198175	***************************************
Evening Shift Operator	Cleas:	Certification No.:	Name:	
Wight Shift Operator	Class	Certification No.:	Name:	
and Operator	Ches:	Certification No.:	Name:	
Type of Elfwent Disposal or (Recisioned Water	Reuna		
Limited Wat Weather Dischi	ugo Activated: 🖸	No: Not Applicable: Wyes	, cumulative days of	wet weather discharge

2024/17102

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

97/01/98 To:

07/31/06

Sarasota, Florida 34240

LIMIT: CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930 R001 GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

MONITORING PERIOD-From:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		Pleas	e reed instruc	tions bet	are completing	this form.					
Parameter		Quan	tity or Loadin	g.	Qu	ality of Cond	entration		No. Ex	Fraguency ed Analysis	<u> Затріє Тури</u>
Scoret coods MonSits No.		Average	Madraum	Units	Minimum	Average	Mandimum	Units			
FLOW, in comball or thru restment plant	Surple Massurement	0.016	0.020	MGO						Continuous	Flow Makes
OSDOSO 1 OTHO! WINLAL AVERAGE DAILY	Permit Requirement	Report Manufaly	0.050 Ann_Avg.	MOO						Continuous	Figur Meter
BOD, Curbenaciosis I day 200 C)	Earnple Messurement					21)	20	mgL		Monthly	Grado
BOORZ (EFA-01 PFLUENT GROSS VALUE .	Panelt Requirement					. 30, Monthly	60, Elingio Simple	mol.		Monthly	Corab
SOD, Carbanacious (5 day sp. c)	Sangie Manaurunani					2.3		mg/L		Movibily	Greb
80082 Y EFA-01 NNUAL DROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mgt.		Moretaly	Ongo
M, EFRUENT	Semple Measurement	*				1,6	2.0	mgA.		Monthly	Chrash
ODDESIO 1 EFACI PRILUENT GROSS VALUE	Permit Requirement				····—	30, Monthly	00, Single Sample	m g f_		Municip	Geralo
SA, EFFLUENT	Sample Massurement					2.9		mg/L		Moretry	Greek
000830 Y EFA-01 NNUAL GROSS VALUE	Purnit Requirement					20.0 Ann_Avg		mg/.		Monthly	Grah
H	Sample Messurament				7.4		7.8	s.u.		Daily 5 w/s	Ges
000400 1 EFA-01 PFILLENT ORDES VALUE	Pernit Requirement			-	Q.Q. (History)		6.6. (max)	6.0		Daily Swk	Quah

countily under penulty of law that I have personally examined and are familiar with the information submitted human; and based on my impulsy of those individuals immediately responsible for obtaining the information, I before the externition in true, accurate and complete. I am aware that there are algorithmatic parables for externiting false information including the possibility of line and imprisonment.

INMEDITAL OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pring	29	4	L	9	m	y de	N. J	400	7	Z-FK	9/	AUTHORIZED AZE	3 1	TELEPHONE NO.	DATE (VYAMACIE)
Wendell L. Fairdoth	\mathbb{Z}	Z	Z	1		1		Z	7	J	<u> </u>			(863) 471-1400	06/06/16

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach from there); (Attach additional sheets if necessary.)

LIMIT:

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

Sarasota, Florde 34240

6960 Professional Parkway E., Suite 400

FLA014388-001-DW3P

MONITORING PERIOD-From: Final 07/01/2008 To:

07/31/2006

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

PERMIT NUMBER:

Minor 5228P05930

GROUP:

Domestic

LOCATION:

101 Parkview Circle 5.

DISCHARGE POINT NUMBE ROOT

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

COUNTY:

Highlands

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	entretion		No. Ex	Frequency of Analysis	Sample
Storet pade Man. Site No.		Average	Madmum	Unibs	Minimum	Average	Maximum	Units			
COLIFORNI, PECAL	Bample Measurement]	1	NA	1	#100		Monthly	Grab
OSTRYB 1 EFA-01 EFFLUENT GROSS VALUE	Parmit Requirement				Report (Aurys)	400 (90 Percentile)	ADD (m:au)	WICD		Monthly	Chresh
COLFORM FECAL	Sample Measurement		-			1.3		and)		Morthly	Grado
DM616 Y EFA-01 WHAVAL DROSS VALUE	Permit Raquirement					200 ANNLAVOL		#/100		Monthly	Grap
Orlonne, Total Residuel For Classification)	Sample Manascoment				1,4			mgA		Dully Suit	Grab
050050 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			ngt.		Delly S.wii,	Grado
WIROCEN, TOTAL (# M)	Semple Messurement						0.90	mg/L		Monthly	Carpa
000800 1 EFA.01 EFFLUENT GROSS VALUE	Permit Requirement						12, (mm)			Monthly	Grade
BOO, Certonaciosa (5 day 00 C)	Sample Messurument					86		u@/r		Monthly	Cres
000002 D NF 01 NFLUENT GROSS VALUE	Parroll Requirement					REPORT MONTLH		ngt.		Monthly	Grado
35, HIFLUENT	Sample Measus would					118		mg/L		Monthly	Comb
CODESCO G NF-01 NF-WEINT GROSS VALUE	Permit Requirement					REPORT		mg/L		Manthly	Cores

PermitNumber: FLAS14388-881-DWSP

84 at 4 ba		-month Average Daily Flow: 0.018
Month / Year: July-95	(TMS	F/Permitted Capacity)x100: '32%

	Leisure Lakes / Covered Bridge											
	Flow (MGD)	influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBODS (Mg/L)	Effluent TSS (mg/L)	pH (a.u.) min.	pH (e.u.) These.	Fecel Coliform Bacteria (W100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (se N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50080	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			
8	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						7.8		2.4			
11	0.025						7.5		1.9			
12	0.008						7.4		2.0			.,
13	0.006	65	118	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	0.018						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	0.009						7.6		2.0			
23	0.017						7.6		2.2			
24	0.022						7.5		1.6			
25	0.015						7.8		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	2 Ų	1.6		7.5	1	2.0	0.99		

PLANT STAFFING:				
Day Shift Operator	Close:	C Certification No.: 9088	Name:	Wendell L. Faircloth
Evening Shift Operator	Class:	Certification No.:	Nema:	
Night Shift Operator	Class:	Certification No.:	Name:	
Lead Operator	Class.	Certification No.:	Name:	
Type of Effluent Disposal or I				
Limbed Wat Weather Discha	voe Activated: 🗓	No: 🔲 Not Applicable: 🗹 If yes, cu	mulativo daya d	wet weather discharge

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

08/01/2006 To;

08/31/2006

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

3C

GROUP:

Domestic

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852 **DISCHARGE POINT NUMBE FRO01**

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadin	ng	Quality of Concentration				No. Ex	Frequency of Analysis	Sample Ty
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement			}	1u	NA	10	#/100		Monthly	Grab
091616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement.				Report (Avarage)	400 (90 Percentilo)	800 (max)	#/100		Monthly	Grub
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chloring, Total Residual (For Disinfection)	Sample Measurement				1.4			mg/L		Daily 5.wk	Grab
050090 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (43 N)	Sample Measurement						0.61	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					/ N. M.	12, (max)	7.1	Ī	Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measumment					175		mg/L		Monthly	Greb
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					268		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement		<i>,</i>			REPORT MONTUH	-	mg/L		Monthly	Gnab

PERMITTEE NAME:

Aqua Utilitles Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400 Sarasota, Florda 34240

MONITORING PERIOD-From: LIMIT:

08/01/2006 To:

08/31/2006

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

Minor 5228P05930

GROUP:

Domestic

FACILITY ID:

Final

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

Dual Perc / Evap Ponds

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Ty
Storet code Mon. Site No.		Average	Maximum	Units	Minlmum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement	•			10	NA	1U	#/100		Monthly	Grab
091616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Pércentile)	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
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NTROGEN, TOTAL (25 N)	Sample Measurement						0.61	mg/L		Monthly	Grub
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
SOD, Carbonacious (5 day 200 C)	Sample Measurement					175		mg/L		Monthly	Gnab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
rss, influent	Sample Measurement					268		mg/l.		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L.		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

	Three-month Average Daily Flow:	0.016
Month / Year: August-06	(TMSDF/Permitted Capacity)x100:	32%

			· 	_	Leisur	e Lakes	/ Covere	d Bridge				١
	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	l	
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						7.6		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	1 u	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	j	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 ST	AFFING:											

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 I	Reclaimed Water	Reuse:		
Limited Wet Weather Discha	urge Activated: 🗀	No: Not Applicable: V If yes	s, cumulative days of v	vet weather discharge

LIMIT:

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From:

09/01/2006 To:

FACILITY:

Leisure Lakes / Covered Bridge

Sarasota, Florda 34240

CLASS SIZE: FACILITY ID:

Minor 5228P05930

GROUP:

09/30/2006

Domestic

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

Final

LOCATION:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

3C

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng Quality of Concentration					No. Ex	Frequency of Analysis	Sample Typ
Storet code Mon, .Sile No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	NA	10	#/100		Monthly	Grab
031010 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031618 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	Gmb
NITROGEN, TOTAL (as N)	Sample Measurement						9.07	mg/L		Monthly	Gnab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					210		mg/L		Monthly	Greb
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Messurement				-	218		mg/L		Monthly	Gmb
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLIA		mg/L		Monthly	Grab

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

09/01/2006 To:

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400 Sarasota, Florda 34240

MONITORING PERIOD--From: LIMIT:

CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP:

09/30/2006

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form

Parameter		Quan	Quantity or Loading Quality of Concentration					No. Ex	Frequency of Analysis	Sample Typ	
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	†		
COLIFORM, FECAL	Sample Measurement				1u	NA	10	#/100		Monthly	Grab
031816 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				0.9			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Pormit 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, Carbonacious (5 day 200 C)	Sample Measurement					210		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
rss, influent	Sample Measurement			.		218		mg/L		Monthly	Grab
000590 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTER		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Month / Year: September-06

0.758

0.025

210

218 2U

Total Mo.Avg. Three-month Average Daily Flow:

0.019

(TMSDF/Permitted Capacity)x100:

38%

Monti	ı / Year:	Septen	nber-06	(TMSDF/Permitted Gapacity)x100; 3 Leisure Lakes / Covered Bridge								38%
·	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 (#/100mf)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	60082	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					1	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			
4								i	1	1		

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 f	Reclaimed Water R	leuse:		
1 imited Mat Weather Discha	ros Activated:	Not Applicable: V Hame	completion dove of	wet smalter direberes

7.5 1u

1.7

9.07

2.2

ż

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER: MONITORING PERIOD-From: FLA014388-001-DW3P

MAILING ADDRESS: Sarasota, Florda 34240

LIMIT:

10/01/2006 To:

10/31/2006

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

GROUP:

Domestic

LOCATION:

DISCHARGE POINT NUMBE ROO1

101 Parkview Circle \$.

3C

COUNTY:

Lake Placid, FL 33852 Highlands

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Typ
Storet code Mon Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	АИ	10	#/100		Monthly	Gmb
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	Gnab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual For Disinlection)	Sample Measurement				1.5			mg/L		Daily 5.wk	Gmb
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.6 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.06	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					130		mg/L		Monthly	Greb
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Gnab
'SS, INFLUENT	Sample Measurement					116		mg/L		Monthly	Grab .
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement	*****				REPORT		mg/L		Monthly	Grab

2

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

10/01/2006 To: 10/31/2006

Sarasota, Florda 34240

CLASS SIZE:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY: **Highlands** TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	centration		No. Ex	Frequency of Analysis	Sample 1)
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Unite			
COLIFORM, FECAL	Sample Measurement				1u	NA	10	#100		Monthly	Greb
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Greb
COLIFORM, FĘCAL	Sample Measurement			1		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	Gpb
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NTROGEN, TOTAL (as N)	Sample Measurement						0.06	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Gnab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					130		mg/L		Monthly	Grab
060082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORY MONTLH		mg/L		Monthly	Grab
SS, INFLUENT	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	116		mg/L		Monthly	Greb
000630 G INF-01 RFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Gnab

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

PermitNumber: FLA014388-001-DW3P

				Three-month Average Daily Flow:	0.020
Month /	Year.	October-06	•	(TMSDF/Permitted Capacity)x100:	39%

	Year.		ber-06	-	Leisur	e Lakes		(TMSOF/P	ermitted Ca	pacity)x100:		39
	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 sampli (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	 	
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											
.0	0.018	i					7.6		2.0			
10	0.011			1			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	D.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	24	1.2		7.5	10	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	<u> </u>	!	
31	0.011						7.5		1.6			
Total Mo.Avg.	0.525 0.017	130	116	211	1.2		7.5	10.	4.0	0.06		
1		130	170	20	1.2		7.5	i i u	1.8	0.06		
PLANT ST			Class-	^	^_AIR	Uam 81— -	0000		M	Miles de Ru	Palacioni	
Day Shift C	•		Class:	<u> </u>	Certificat	•		•	Name:	Wendell L.	raircloth	
•	nift Operator		Class:		Certifical	•		•	Name:			
light Shift	=		Class:		Certifical	•		•	Name:			
ead Opera	TOP		Class:	er Reuse:	Certifical	uon No.:		-	Name:			

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400 Sarasota, Florda 34240

MONITORING PERIOD-From:

11/01/2006 To:

LIMIT:

Final

CLASS SIZE:

Minor

5228P05930

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

GROUP:

Domestic

11/30/2005

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

3C

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	ıg	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample Type
Staret code Man, Site No.		Average	Maximum	Units	Minlmum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Measurement				1u	NA	1U	#/100		Monthly	Grab
091818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	008 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Semple Measurement			}		1.3		W100		Monthly	Grab
091616 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	Greb
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (mìn)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (45 N)	Sample Measurement						0.02	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					248		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					164		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement				·	REPORT MONTLH		mg/L		Monthly	Grab

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

11/01/2006 To:

11/30/2006

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE:

Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP:

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	ng	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample Typ
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Meximum	Units			
COLIFORM, FECAL	Sample Measurement		;		1u	NA	10	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Pennit 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		Dally 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)	_		mg/L		Daily 6.wk	Grab
NITROGEN, TOTAL (43 N)	Sample Measurement						0.02	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOO, Carbonacious (5 day 200 C)	Sample Messurement					248		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		rng/L		Monthly	Grab
rss, influent	Sample Measurement					164		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement	,				REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Month / Year: November-06

Three-month Average Daily Flow:

0.020

(TMSDF/Permitted Capacity)x100:

41%

11101111	ntn / Year: November-06 (TMSDF/Permitted Capacity)x100: 41% Leisure Lakes / Covered Bridge												
	Flow (MGD)	Influent CBOD5 (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				٠,								
6	0.020						7.6		1.7				
7	0.014						7.5		1.8				
8	0.021						7.5		1.6				
9	0.015					i	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		Ī				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			1u	2.0	0.02			
22	0.030						7.6	-	1.7	J.02			
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						
30	0.015						7.5		2.8				
- 	0.510						7.8		2.5				
Total	0.571												
Mo.Avg.	0.019	246	164	2.6	1.8		7.5	1 u	1.8	0.02			
	AFEING-				1.0				1.0	0.02			

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 I	Reclaimed Water	Reuse:			_
Limited Wet Weather Discha	rge Activated: 🖵	No: Not Applicable: V If yes, o	cumulative days of	wet weather discharge	

Type of Effluent Disposal	or	Rectaimed	Water	Reuse:
---------------------------	----	-----------	-------	--------

Limited Wet Weather	Discharge Activated:	∐_ No:	L
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8636552556

RP34115TA5

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida, inc.

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

FLA014388-001-DW3P

MAILING ADDRESS: Sarasota, Florida 34240

LIMIT:

12/01/86 To:

12/31/06

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

PERMIT NUMBER:

Final Mincx

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

F1001 3C

Lake Placid, FL 33852

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Euni Parc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form.

Present read every Companing was form. No. Frequency Compin lyes													
Parameter		Quan	tity or Loadin	92	Qu	ality of Cond	-	No. Ex	cif Amelyale	Saraple Type			
Storet node Mon., She No.		Averege	Medinum	Units	Minimum	Average	Madmum	Unite					
FLONY, in constult or thru reserved plant	Semple Measurement	0.020	0.020	MOD						Continuous	Flour Ideas		
080080 1 OTHER AMBUAL AVERAGE DAILY	Pernit Requirement	Report Monthly	0.060 Ann_Ang.	MGD						Continuous	Plan Mater		
BOID, Cerbunacious Sidny 200 C)	Sample Measurement					4.5	4.6	mgA		Monthly	Camab		
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	20, Single Sample	mg/L		Maribby	Gingh		
BOO, Carbonavista (5 day 200 C)	Sumple Measurmment					2.5		mg/L		Monthly	Grab		
ANNUAL GROSS VALUE	Parnit Requirement					20,8 Ann_Ang.		mg/L		Monthly	Grab		
136, EFFLUENT	Bampie Magazmament					3.6	2.0	mg/L		Monthly	Grado		
000630 (EFA-01 ERFLUENT OROSS VALUE	Permit Requirement					SO, Monthly	60, Eingle Eample	mg/L		Monthly	Que		
TSIS, ERFLUGNT	Sample Messurement					2.0		Jem		Moentaly	Gmb		
000630 Y EFA-01 ANNUAL OROBS VALUE	Pernit Requirement					20.Q Ann_Avp.		m≱/L		Monthly	Cash		
pH	Sample Measurement				7,4		7.5	BU.		Daily S.vets	Cab		
OCCIÓN I EFA-DI EFFLUENT DROBE VALUE	Parmit Requirement				6.0, minimum		8.5 ₁ (trans)	₹u.		Daily 5.wk	Grab		

It perify under permity of few that I have personally exemined and am familiar with the information submitted herein; and tressed on my inquiry of those incividuals immediately exemponable for obtaining the information, I believe the externition in true, assourate and complete. I am event that there are aignificent parallises for externiting false information including the possibility of the and imprisonment.

		_			 4_	_		<u> </u>		
NAME OF PERIODAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Part)	-	ATU	رده نا	Z,			PROBER 9	MATHEMATE AGE IT	THE SHOW NO.	DATE (YYBANDO)
Wendelt L. Felrcioth	F	\mathbb{Z}	Z	\mathbb{Z}	\mathcal{L}		Y		(863) 471-1400	07/9/1/24

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

PERMITTEE NAME: MAILING ADDRESS: Aque Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER: MONITORING PERIOD-From: FLA014388-001-DW3P

Saresota, Florda 34240

LIMIT:

12/04/2006 To: Final

12/31/2008

CLASS SIZE:

52287-05930

GROUP: Domestic

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

DISCHARGE POINT NUMBE ROO1

Minor

LOCATION:

101 Parkview Circle 8. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quantity or Loading			Over completing this form. Quality of Concentration				No. Ex	Frequency of Analysis	Sample Tyr
Stores code Mon. Sits Ho.		Average	Maximum	Unite	Minimum	Ауыгады	Mendernutry	Unite			ļ
COLIFORM, FECAL	Sample Messeurement				\$u	NA	1U	# 100		Monthly	Grant Common
COLUMN 1 EFACT EFFLUENT GROSS VALUE	Permit Requirement		-		Report (Aurage)	400 (90 Percentile)	(mex)	#100		Monthly	Grab
COLFORM, FECAL	Sumple Metausement					1.3	1	WYOU		Monthly	Grab
OS1616 Y FFÀD1 AVMUAL GROSS VALVE	Parmit Requirement					200 ANN_AVG.		4/100		Harthly	Grab
Chlorine, Total Hinsidual (For Distribution)	Sample Massussament				1.0			mg/L		Delly 5 wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Pernit Requirement				0.5 (min)			mg/L		Daily 5 wk	Girab
NITROGIËN, TOTAL (IIII N)	Sample Misseummers						0.416	mg/L	1	Horsbity	Grado
000000 1 EFA-01 EFFLUENT OROGS VALUE	Permil Requirement						152 (music)			Monthly	Orab
90D, Certoneolous (5 day 200 C)	Sample (Assessment	_				62		mg/L		Monthly	Grab
080082 0 INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/l		Monthly	Unab
ISS, INFLUENT	Sample Messurement					96		mg#.		Monthly	Gnab
000630 G NF-01 NFLUENT GROSS VALUE	Pennit Requirement					REPORT		mg/L		Monthly	Grash

PermitNumber: FLA914388-001-DW3P

	Three-month Average Daily Flow:	0.019	
Month / Year: December-86	(TMSOF/Permitted Capacity)x100:	57%	
	A aba a secondar a management		

1	Leisura Lakes / Covered Bridge											
	Flow (MGD)	Influent CBQD5 (mg/L)	Influent TSS (ing/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (e.u.) Mgs.	Fedal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitroyen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80062	00530	80082	00530	00400	00400	74055	50000	00620		
Mon.Sile	FLOW-001	INF-001	BNF-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			
8	0.025		-				7.6		1.8			
7	0.019						7.5		1.6			
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	4.8	3.0		7.5	10	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						7.8		1.6			
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		1				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	1	•									
Mo.Avg.	0.020	62	86	4.6	3.0		7.5	10	1.9	0.05		

	Cleas:	C Certification No.: 9085	Name:	Wendell L. Faircioth
Day Shift Operator Evening Shift Operator	Class;	Certification No.:	Name:	
Night Shift Operator	Class:	Certification No.:	Натю;	
Leud Operator	Class:	Certification No.:	Nama:	

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.		7	
General Information for the Month/Year of:	nuaria	2001	A Company of the Comp
Public Water System (PWS) Information	9		The state of the s
PWS Name: Lake Josephine Water		- 	PWS Identification Number: 6280162
PWS Type: TX Community Non-Transient Non-Commun	ity Trans	ient Non-Communi	
Number of Service Connections at End of Month: 536		Total Population	1 Served at End of Month: 12.33
PWS Owner: AquaSpurce : .			
Contact Person: Glen LaBreque		Contact Person's	Title: Manager
Contact Person's Mailing Address: 6960 Professional Parkwa	y E. Ste.40	O City: Sarasota	State: FL Zip Code: 3424:0
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's	Fax Number: 941-907-7401
Contact Person's B-Mail Address:			
later Treatment Plant Information			
Plant Name: Lake Josephine Water	·		Plant Telephone Number: 1-800-250-7532
Plant Address: Canary Way		City: Sebring	State: FL Zip Code: 33875
ype of Water Treated by Plant: XXX Raw Ground Water Pur	chased Finished	Water	
ermitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
lant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per s	ubsection 62-699.310(4), F.A.C.): V
		LICENSE NUMBER	I WELL THE THE PARTY OF THE PROPERTY OF THE PR
The state of the s	C	7790	3
112月6日2月1日日			
Daniel Holmes	С	4335	*
Chris Gilbert	C ·	13107	*
Darald Pugh	C	2261	*
			N. Committee of the com
* - As Needed			
ification by Lead/Chief Operator			
ersigned water treatment plant operator licensed in Florida, am the lead	Vehief operator	of the water treatme	and a fact of a state of the first of the same of the state of the sta
in provided in this report is true and accurate to the best of my knowled	doe and ballet. I	n uic water ucause oostifu that all dele	an plant identified in rant 1 of this report. I certify that the
national Standard 60 or other applicable standards referenced in subsec	uge and ocner. I etion 62 555 220	(2) EAC Lelen	iking water deathent chemicals used at this plant conform to
prepared each day that a licensed operator staffed or visited this plant	ducing the mont	h indicated above.	(1) records of encounts of chamberle word and chamberle for this
2) if applicable, appropriate treatment process performance records.	Guring the mont	n murcaccu acove:	additional operations reports at the plant site for at least ten
o make them-sivaliable for review upon request	u memore, i a	ace to remin mese	additional operations records at the plant site for at least ten
Otto Kru	cker		c - 7790
Date Date			License Number
FEB 0 4 MB Printed or 1 y	PCU I VANIC		Ticeuse lanunel

.900(3)

PKIRT

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

PWS Identification Number: 6280162	Plant Name: LAKE JOSEPHINE	E WATER	
	m 2005		
Means of Achieving Four-Log Virus Inactivation/Removal: *	Free Chlorine Chlorine	Dioxide Ozone	Combined Chlorine (Chloramines)
Transaction in the second second			-
Type of Disinfectant Residual Maintained in Distribution System Company	: Free Chlorine Co	mbined Chlorine (Chloramines	Chlorine Dioxide
de de la contra de la la contra la contra del contra de la contra del la contra d	HOUSE SELECTION OF THE PROPERTY OF THE PARTY	VALUE OF THE PARTY	Chlorine Dioxide
	THE PROPERTY OF THE PARTY OF TH	ng ang sentanggapas an	
	an in the same of		
		Manual Ole and Strate Service	Altimples (Alexandra period) (Alexandra period)
ALEMANT ACCEPTATION OF THE PROPERTY OF THE PRO			
7000 新文本 5 15 10 10 15 10 15 10 15 10 15 10 15 10 15 10 15 15 15 15 15 15 15 15 15 15 15 15 15			Linkovi kora a se odledkom knog za 200
X 24 0 29			1.3
3.0			1.3
2.8			1.5
3.3			115

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3.8			1.3
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12 E			14
X			3
			3
8 X 3.2 3.4 3.4 3.4 1			
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X / A A A A A A A A A A A A A A A A A A			(5)
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7 77.005			.3
ξεύ 0 4 2116			
TANK BURNEL WAS A STATE OF THE			

er 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

ce page 4 for instructions.) ·
. General Information for the Mouth/Year of: 1-00.20	XOS			k of the state of	,
. Public Water System (PWS) Information			t na	*	
PWS Name: Lake Josephine Water			PWS Identific	ation Number: 628	0162
PWS Type: TX Community Non-Transient Non-Comm	munity Trans	ient Non-Communit	Consecutive		
Number of Service Connections at End of Month: 536		Total Population	erved at End of Month:	233	
PWS Owner: AquaSpurces	•				
Contact Person: Glen LaBreque		Contact Person's			
Contact Person's Mailing Address: 6960 Professional Park	kway E. Sté.40		State:		: 3424.0
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's	ax Number: 941-907-7	7401	
Contact Person's B-Mail Address:					
Water Treatment Plant Information					
Plant Name: Lake Josephine Water			Plant Telephon		0-250-7532
Plant Address: Ganary Way		City: Sebring	State: FL	Zip Code	33875
Type of Water Treated by Plant: XXX Raw Ground Water	Purchased Finished	Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per da	y: 300,000	·			
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per su	section 62-699.310(4), F.	A.C.): V	
	開聯 示控 第 6 日 6 日 6 日 6 日 6 日 6 日 6 日 6 日 6 日 6	Tricing Number	WANTE BEAUTION OF THE PARTY OF	VSHIAVE I WORKELLED	
Genous December Otto Krucker	C	7790	3		
Mile folial final					
Daniel Holmes	C	4335	*		
Chris Gilbert	C	13107	*		
Darald Pugh	C	2261	*		
				ř	
				N.	
			<u> </u>		
			·		
* - As Needed	<u> </u>	·			
rtification by Lead/Chief Operator					
dersigned water treatment plant operator licensed in Florida, am the	lead/chief operator	of the water treatme	plant identified in Part I o	of this report. I certif	v that the
ion provided in this report is true and accurate to the best of my kno	wledge and belief	l certify that all drin	ing water treatment chemic	als used at this plant	conform to
rnational Standard 60 or other applicable standards referenced in su	wheetion 62-555.32	0(3). F.A.C. Lalso c	rtify that the following add	litional operations re	cords for this
e prepared each day that a licensed operator staffed or visited this p	nlant during the mon	th indicated above: (records of amounts of ch	emicals used and che	mical feed
(2) if applicable, appropriate treatment process performance record	ds. Furthermore, La	pree to retain these a	ditional operations record	s at the plant site for	at least ten
to make the gravailable for review upon request.	THE PROPERTY OF THE	D + - +			
to make programme to review upon request.					-
MAR C 4 2 F Otto	Krucker		С -	7790	
0200	or Typed Name		License	Number	

Plant

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: LAKE JOSEPHINE WATER PWS Identification Number: 6280162 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): Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) 2 1.3 0 500 G 3.6 1. 4

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

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e page 4 for instructions.	Plont				
General Information for the	Motith/Year of:	h 200	25		· · · · · · · · · · · · · · · · · · ·
Public Water System (PWS) In		· · · · · · · · · · · · · · · · · · ·	=		
PWS Name: Lake Josep				PWS Identification N	Jumber: 6280162
PWS Type: XX Commu	mity Non-Transient Non-Commun	ity Tran	sient Non-Community		varioci. 3203132
Number of Service Connection	ns at End of Month: 536			Served at End of Month: 123	3
PWS Owner: AquaSources					
Contact Person: Glen LaBre	eque		Contact Person's 7	litle: Manager	
Contact Person's Mailing Add	ress: 6960 Professional Parkwa	y E. Stel4	00 City: Sarasota	State: FL	Zip Code: 3424:0.
Contact Person's Telephone N	umber: 1-800-250-7532			ax Number: 941-907-7401	
Contact Person's E-Mail Addre					
Vater Treatment Plant Informa			:		
Plant Name: Lake Joseph	ine Water			Plant Telephone Num	ber: 1-800-250-7532
Plant Address: Canary Way			City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated by Plan	it: XXX Raw Ground Water Pur	chased Finished	Water		721p cocc. 33073
ermitted Maximum Day Opera	ating Capacity of Plant, gallons per day:	300,000		_	
TRULT RICOURT (NOT CHINCACTION)	67 600 210(A) P. A CI \ -		Plant Class (per sub	section 62-699.310(4), F.A.C.):	17
元二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Otto Krucker	The Care and	NUCESIS NITHEFTA	AND THE PROPERTY OF THE PROPER	
	Otto Krucker	C	7790	PHINIOWILESS SERVICES OF THE S	na en en esta para an esta en en esta esta esta en esta en esta en esta en esta en esta en esta en esta en esta
11型語句段語音與音響		1	 		
	Daniel Holmes	C	4335		
	Chris Gilbert	C	13107	*	
	Darald Pugh	C	2261	*	
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मंत्रदेशी के अर्थ के किसी है है है है है है है है है है है है है	* - As Needed			*	
ilication by Lead/Chief Op					
statement water treatment along	Pritting and the second		<u>a e a la comercia de la la la la la la la la la la la la la </u>	dapen ing sign	
ersigned water treatment plan	nt operator licensed in Florida, am the lead	Vehief operator	of the water treatment	plant identified in Part I of this re	port. I certify that the
ni provided in this report is ti	rue and accurate to the best of my knowled	dge and belief.	certify that all drinking	ng water treatment chemicals used	at this plant conform to
national Standard of or other	' applicable standards referenced in subsec	ction 62-555.32(0(3). F.A.C. I also cer	tify that the following additional c	operations records for this
prepared each day that a lice	ensed operator staffed or visited this plant	during the mont	h indicated above: (1)	records of amounts of chemicals	used and chemical feed
2) if applicable, appropriate	treatment process performance records. I	Furthermore, I a	gree to retain these add	ditional operations records at the p	plant site for at least ten
) make them available for re-	view apon request.				
	Otto Kru			<u> </u>	
id Date	45105 Printed or Ty	ped Name		License Number	

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: LAKE JOSEPHINE WATER PWS Identification Number: 6280162 111. Daily Data for the Month/Year of: March 2005 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: * Chlorine Dioxide Free Chlorine Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: 3.5 79400 (036CC) 34800 X 1.4 2.4 0 1.3 -O-3:1 1,4 SOTEE 222700 113 3, 9 91400 × 1.4 109700 3.60 106400 98400 1.3 × 47700 3,2 χ 150 TSO 3.2 1.3 × 2,9 0 -0 3 16 7 0 2.3 -0- SXXX 1.1 107050 10 7050 1.3 3.O 1.4 38400 1 . 1 2.9 104400 29900 29900 3,10 いろ 25800 3.3 111 47000 2.5 $(\cdot \cdot)$ 41000 3:3 (,) 端 165つに00 53310

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



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. General Information for the Month/Year of	1: April 200	<i>SC</i>			ref "	:
Public Water System (PWS) Information	.					
PWS Name: Lake Josephine Water				PWS Ide	ntification Nu	mber: 6280162
PWS Type: TX Community No	n-Transient Non-Communi	ty Trans	ient Non-Communi	ty Consecutive		
Number of Service Connections at End of Me	onth: 536		Total Population	Served at End of Mont	h: 1233	
PWS Owner: AquaSource						
· Contact Person: Glen LaBreque			Contact Person's	Title: Manager		
Contact Person's Mailing Address: 6960 Pr	cofessional Parkway	E. Ste: 40	O City: Sarasota	i S	tate: FL	Zip Code: 3424:0.
Contact Person's Telephone Number: 1-80	0-250-7532		Contact Person's	Fax Number: 941-90		
Contact Person's B-Mail Address:						
Water Treatment Plant Information	· · · · · · · · · · · · · · · · · · ·					
Plant Name: Lake Josephine Water Plant Address: Ganary Way				Plant Tele	phone Numbe	r: 1-800-250-7532
		·	City: Sebring	State: FI		Zip Code: 33875
Permitted Maximum Day County County	Ground Water Purc	hased Finished	Water			
Permitted Maximum Day Operating Capacity	of Plant, gailons per day:	300,000				
Plant Category (per subsection 62-699.310(4),	F.A.C.): I		Plant Class (per si	ubsection 62-699.310(4)), F.A.C.): V	
elle liel opening Otto Kr	而9者獎具結果 医线性	गाः सम्बाध	TIGHTS VIHIDED		AVENSKIALETE	
Otto Kr	ucker	C	7790		3	A TOTAL OF THE PROPERTY OF THE PARTY OF THE
Medalica and						
Daniel Daniel		C	4335		*	
Chris G		<u> </u>	13107		*	
Darald	Pugh	C	2261		*	
				· · · · · · · · · · · · · · · · · · ·		N. Committee of the com
1 eA - * As 1	leeded					
rtification by Lead/Chief Operator						
dersigned water treatment plant operator licer	sed in Florida, am the lead	chief operator	of the water treatme	nt plant identified in Pa	et Lof this con	ort I certify that the
tion provided in this report is true and accurate	e to the best of my knowled	ve and belief 1	certify that all drin	hing water treatment of	enicale used	ort. I courty that the
emational Standard 60 or other applicable star	ndards referenced in subsec	tion 62-555 320	(3) FAC I elen c	entify that the following	enneais useu i radditional or	erstions records for this
re prepared each day that a licensed operator	staffed or visited this plant	during the mont	h indicated above: ((1) records of amounts of	i chemicals u	sed and chemical feed
1 (2) if applicable, appropriate treatment proc	ess performance records. F	urthermore. I as	ree to retain these	additional operations re	cords at the pi	ant site for at least ten
to parte thenyayallable for periew upon requ	est.					
() Alle	Otto Krud	ker		С	- 7790	
and Date	Printed or Tyr				nse Number	

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: LAKE JOSEPHINE WATER PWS Identification Number: 6280162 III. Daily Data for the Month/Year of: April 2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Chlorine Dioxide Combined Chlorine (Chloramines) Free Chlorine Ozone Ultraviolet Radiation Other (Describe): Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine 74160 3. U 1 : 1 1.3

'efer to the instructions for this report to determine which plants must provide this information.



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cheral Information for the				
iblic Water System (PWS) I		<u> </u>		
WS Name: Lake Josep				hand to do at a to a COOLCO
WS Type: Ix Commu		nity Trans	ient Non-Commun	PWS Identification Number: 6280162
	ons at End of Month: 53(2	mr. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
WS Owner: AquaSource:			1 Total Population	n Served at End of Month: 1233
ontact Person: Glen LaBr	eque		Contact Descoule	Title: Manager
ontact Person's Mailing Add	ress: 6960 Professional Parkwa	v E. Ste: 40	O City: Sarasot	
musci Person's Telephone N	umber: 1-800-250-7532			State: FL Zip Code: 3424:0 Fax Number: 941-907-7401
mtact Person's B-Mail Addr			1 - O - Marie 1 Of Boll 2	1 ax 110mpx, 241-207-7401
er Treatment Plant Informa				
nt Name: Lake Joseph nt Address: Ganary Way	ine Water			Plant Telephone Number: 1-800-250-7532
e of Water Treated by Plan			City: Sebring	State: FL Zip Code: 33875
nitted Maximum Day One	t: XX Raw Ground Water Pur	chased Finished	Water	, , , , , , , , , , , , , , , , , , ,
t Calabory (neg cubandian	ating Capacity of Plant, gallons per day:	300,000		
t Category (per subsection (02-D99.31U(4), F.A.C.): 1		Plant Class (per si	ubsection 62-699.310(4), F.A.C.): V
	22-599-510(4), P.A.C.): 1	可提問回即	THE NUMBER	
	Otto Krucker	C	7790	3
A CHICASTILL IN COLUMN				
	Daniel Holmes	C	4335	
	Chris Gilbert	C	13107	*
	Darald Pugh	<u> </u>	2261	*
and the second second				
in the state of th	4 4 11 11			
	* - As Needed			
ation by Lead/Chief Ofic	tillit	I id if has a seminance in the		of the light identified in Part Lof this penalt. Locally that the
gued water treatment plan	t operator licensed in Florida, am the lead	chief operator o	f the water treatmen	at plant identified in Part I of this report. I certify that the
to siden in mis tehou is m	ue and accurate to the best of my knowled	ige and belief. I i	certify that all drink	ing water treatment chemicals used at this plant conform to
Miss Standard by or other	applicable standards referenced in subsec	:tion 62-555.320 <i>(</i>	3). F.A.C. 1 also ce	ertify that the following additional operations records for this
pared each day that a lice	nsed operator statled or visited this plant (during the month	indicated above: ()	I) records of amounts of chemicals used and chemical feed
📗 i applicable, appropriate l	treatment process performance records. F	urthermore, I agi	ce to retain these a	dditional operations records at the plant site for at least ten
ike digin prallable for rev	iew upon request.		· .	
1 XIII IIII	3			
1411/2/11	Otto Krud			C - 7790
ate	Printed or Typ	ed Name		License Number
and the same of th	D 7 MANE			

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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 leans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ultraviolet Radiation Other (Describe): Ozone Combined Chlorine (Chloramines) Combined Chlorine (Chloramines) Chlorine Dioxide 30000 J9000 OOCT PI نح 500 148600 131700 118800 146200 O J8800 50300 0 0 69700 118100 ठ 15900 104300 104300 73CCO 70800 3(000) 1649400 54819 JUN 0 7 2005 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. 4C

Sebring Lakes

MORs for Jan – June, 2005



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		MICOURT TAN			
. General Information . Public Water System (P		many on			
PWS Name: Sebrin		· · · · · · · · · · · · · · · · · · ·	 	DWG II W No.	F20/127
	Community Non-Transient No	- C	ient Non-Communi	PWS Identification Nu	mber: 5284137
	nnections at End of Month: 5.5	ii-Community Trans		Served at End of Month: 127	
PWS Owner: AquaS			1 Total Population	Served at End of Month: 12	
Contact Person: G1e			Contact Berson's	Title: Manager	
Contact Person's Mailie	ng Address: 6960 Professiona	1 Dayles - E C. //	City: C	State: FL	Zip Code: 34240-
Contact Person's Telepi	hone Number: 1-800-250-7532	I Parkway E. Ste.4	Contact Person's	Fax Number: 941-907-7401	121p Code: 34240-
Contact Person's E-Mai			Contact Person 8	rax Number: 941-907-7401	
Water Treatment Plant I				· · · · · · · · · · · · · · · · · · ·	
	ng Lakes			Plant Telephone Number	M
Plant Address: 5313	Knight Ayenue		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated	by Plant: 🔯 Raw Ground Water	Purchased Finished	Water	States. FL	12th Code: 338/5
Permitted Maximum Da	y Operating Capacity of Plant, gallons	s per day: 280 000		·	
l Plant Category (per subs	section 62-699.310(4), FAC): C-1	T .	Plant Class (ner si	ubsection 62-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·
建国建设建设的		ANNA SON A FORESTONA	THE PARE NUMBER		, TOTAL BALLIE HATARI BALIKAT (SAUTA
	Otto Krucker	C	7790	3	
Hilleria jesti in n			7750		
	Daniel Holmes	C	4335	*	
	Chris Gilbert	C	13107	*	
	Darald Pugh	C	2261	*	
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distribution of the second	* - As Needed				
MATERIAL REPORTS					
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muciaigned water death	iem piam operator ncenseg in Fioriga,	ani inc read/chier operator (di ine waier treatme	m plant identified in Part I of this rep	port. I certify that the
ation provided in this re	port is true and accurate to the best of	my knowledge and belief.	certify that all drin	king water treatment chemicals used	at this plant conform to
nernational Standard 60	or other applicable standards reference	ea in subsection 62-555.320)(3), F.A.C. I also (certify that the following additional o	perations records for this
nd (2) if applicable	nat a licensed operator staffed or visite	o mis plant during the mont	n indicated above:	(1) records of amounts of chemicals	used and chemical feed
ud (2) ii applicable, appl	ropriate treatment process performance	e records. Furthermore, I a	gree to retain these	additional operations records at the p	lant site for at least ten
IN IN HIRKE HIGH SARING	de for review upon request.				
[<i>]}</i> [4]					. •
1000	TEB 0 4 2005 P	Otto Krucker			
e and Date	U 4 200c Pr	rinted or Typed Name		License Number	

می	MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER														
PW	S Identifi	cation i	Number:	5284137	i	Plant Na	ıme: SEBI	RING	LAKES						
					Janue		100 S								1.9
Ш.	Daily D	ata for	the Mont	h/Year of:	JULIUL	u4º	THE		1 011	D: :1.		Ozone	Combi	ned Chlorine (Chlorar	mined)
Mea	ns of Acl	hieving	Four-Log	Virus Inactivati	ion/Removal: *	LJI Free	Chlorine	L	Chlorine	Dioxide	LJ	Jzone	Comon	ned Chlorine (Chlorat	шист
	Iltraviole	t Radia		Other (Descri			1		— — —			- CLI		Chlorina Diovida	
Тур	of Disir	ifectant	Residual	Maintained in D	Distribution Syst	em:	Free Chl	orine	Col	nbined C	niorine (Chlorami	nes)	Chlorine Dioxide	herri de la la francia
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Refer to the instructions for this report to determine which plants must provide this information.



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General Information	on for the Month/Year of: Feb. 2005	Ŝ			ed .
Public Water System	(PWS) Information				Arr P
PWS Name: Sebr				PWS Identifica	tion Number: 5284137
	Community Non-Transient Non-Commu	nity Trans	ient Non-Communi		
	Connections at End of Month: 65				8 a .
PWS Owner: Aqu					
Contact Person: G	len LaBrecque		Contact Person's	Title: Manager	
Contact Person's Ma	iling Address: 6960 Professional Park	vay E. Ste.4	City: Sarasot	a State:	FL Zip Code: 34240-
Contact Person's Tel	lephone Number: 1-800-250-7532		Contact Person's	Fax Number: 941-907-74	401
Contact Person's E-N	Mail Address:			741 MI-1	PVI.
Water Treatment Plan			······································		
Plant Name: Seb	ring Lakes			Plant Telephone	Number 1 222 252 2522
Plant Address: 531.	3 Knight Ayenue		City: Sebring	State: FL	Number: 1_800_250_7532 Zip Code: 33875
Type of Water Treate	ed by Plant: Raw Ground Water Pr	rchased Finished	Water		
Permitted Maximum	Day Operating Capacity of Plant, pallons per day.	280,000			
Plant Category (Der s	ubsection 62-699.310(4). F A C 1 - C T		Plant Class (per s	ubsection 62-699.310(4), F.A.	Ch
和政府的分别的		a heiselisianu	BARRIENII ARE		Spidyethuraeumstoogenesson eens
CALLES AND MANY MANY MANAGEMENTS.	Otto: Krucker	C	7790		STREET OF EXPERIMENTAL STREET, STREET
加到的原始		1	1		
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	Chris Gilbert	C	13107	*	
	Darald Pugh	C	2261	*	
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seraighted water tica	unem plant operator receized in Plottua, and the le	uwcinei operator (of the water treatme	ent blant identified in Part I of	this report. I certify that the
ion provided in this	report is true and accurate to the best of my knowl	edge and belief. 1	certify that all drin	king water treatment chemical	is used at this plant conform to
mational Standard (60 or other applicable standards referenced in subs	ection 62-555.320)(3), F.A.C. I also	certify that the following addit	ional operations records for this
e prepared each day	y that a licensed operator staffed or visited this plan	nt during the mont	h indicated above:	(1) records of amounts of cher	nicals used and chemical feed
(2) if applicable, a	ppropriate treatment process performance records.	Furthermore, I a	gree to retain these :	additional operations records a	at the plant site for at least ten
to make them avail	able for review upon request.				
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Lun 1	VLLO VLLO	Krucker	<u> </u>		90
ind Date		yped Name		License N	

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

Identification Number: 5284137 Plant Name: SEBRING LAKES

V	WS Identification Number: 5284137 Plant Name: SEBRING LAKES												
m	Daily D	ata for t	he Month/	Year of:	b. 200	<u> </u>							3
Me	ans of Ac	hicving F	our-Log Vi	rus Inactivati	on/Removal: *	Free (Chlorine Did				ined Chlorine (Chloramic	•
Ty	Ultraviole	et Radiati	on L C Residual Ma	Other (Descri	oe): Distribution Sys	tem:	Free Chlorine	Combi	ned Chlorine	(Chloramir	nes)	Chlorine Dioxide	``
						Contraction of	Ber Karia.	THE PROPERTY OF					
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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Public Water System		on				
PWS Name: Seba		-			PWS Identification N	umber: 5284137
	Community	Non-Transient Non-Comm	unity Trans	ient Non-Commun		
Number of Service	Connections at End	of Month: 65		Total Populatio	n Served at End of Month: 163_	
PWS Owner: Aqu						
Contact Person:	Hen LaBrecque	2		Contact Person's	Title: Manager	
Contact Person's Ma	ailing Address: 69	060 Professional Park	way E. Ste 40	City: Sarasot	a State: FL	Zip Code: 34240-
Comact Persons 1e	repnone Number:	1-800-250-7532		Contact Person's	Fax Number: 941-907-7401	3,2,0
Contact Person's B-1	Mail Address:				341-707-7401	
Vater Treatment Plan						
Plant Name: Seb	ring Lakes			 	Plant Telephone Numb	PF' 1 000 250 7532
Plant Address: 531				City: Sebring	State: FL	Zip Code: 33875
ype of Water Treat	ed by Plant: KX	Raw Ground Water P	urchased Finished	Water		122p code: 33875
ermitted Maximum	Day Operating Cap	pacity of Plant, gallons per day	280,000			
Jani Category (per s	ubsection 62-699.3	IMALEACI: C.T		Plant Class (per s	ubsection 62-699.310(4), F.A.C.):	**
iliziusa Operuoja	THE REAL PROPERTY.	TO SEE THE PARTY OF THE PARTY O	RESIDENCE DE COMP	HUCERIE NURBER	ubsection 62-699.310(4), F.A.C.):	IN HARRING THE STREET COLUMN
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Tational AND					<u> </u>	
		itel Holmes	C	4335	*	
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TOTAL PARTY AND PROPERTY.						

risigned 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 in 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 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 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 make them available for review upon request.

Date Otto Krucker

Otto Krucker

Official Octo Reped Name

License Number

Identification Number: 5284137 | Plant Name: SERRING LAKES

Ultraviolet	eving Four-Log Virus Inac Radiation Dother (D	tivation/Removal: * escribe):	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
e of Disinfe	Radiation Other (Dectant Residual Maintained	in Distribution Syste	m: Free Chlor	rine Combinato	11	(
		CHEDERAL BATTANE		The Combined C	hlorine (Chlorar	nines) Chlorine Dioxide
					A COLUMN	
					L. Sill till	
L Operator			VE AUG-TERIOR CONTINUES.			Assistant and the second and the sec
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X	34300	2,8				1.4
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er to the instructions for this report to determine which plants must provide this information.



ee page 4 for instructions. General Information for the Month/Year of 10010 2005 . Public Water System (PWS) Information PWS Name: Sebring Lakes PWS Identification Number: 5284137 PWS Type: 'XX Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 65 Total Population Served at End of Month: 163_ PWS Owner: AquaSource Contact Person: Glen LaBrecque Contact Person's Title: Manager Contact Person's Mailing Address: 6960 Professional Parkway E. Ste. 40 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: Sebring Lakes Plant Telephone Number: 1-800-250-7532 Plant Address: 5313 Knight Avenue City: Sebring State: FI. 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: 280,000 Plant Category (per subsection 62-699.310(4), F.A.C.): C-I Plant Class (per subsection 62-699.310(4), F.A.C.): y DENGIE BUETOR Otto Krucker 7790 Heroleth Alle Daniel Holmes C 4335 Chris Gilbert C 13107 Darald Pugh C 2261 * - As Needed riffication by Lead/Chief Operator, and an analysis and the continuous approximation of the continuous and the continuous approximation of the continuous and the continuous approximation of the continuous and the continuou

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dersigned 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 tion 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 ernational 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 re 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 1 (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 1 to materials and the plant site for at least ten 1 to materials.

~ "	Otto Krucker	C-7790
nd Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: SEBRING LAKES PWS Identification Number: 5284137 III. Daily Data for the Month/Year of: April 2005 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine 3.1 3.60 12 76 3.3 3.3 3.7 56200

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

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WS Name: Sebring: Lakes WS Type: Xt Community Non-Transient Non-Community Transient Non-Community Consecutive umber of Service Connections at End of Month: 6.5. Total Population Served at End of Month: 6.5. WS Owner: AquaSource Contact Person's Title: Manager State: FL Zip Code: 34240-001462 Person's Mailing Address: 6960 Professional Parkway F. Sr. 40 City: Sarasota State: FL Zip Code: 34240-001462 Person's B-Mail Address: 6960 Professional Parkway F. Sr. 40 City: Sarasota State: FL Zip Code: 34240-001462 Person's B-Mail Address: 1-800-250-7532 Contact Person's Fax Number: 941-907-7401 Interference Plant Information Plant Informati	lehetal Infortifation for the M	willing May 200)5			
### Age of the content of the conte						
State: FL Zip Code: 34240. Contact Person's Title: Hausger ontact Person's Mailing Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Haling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Fax Number: 941-907-7401 ontact Person's Haling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Haling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Haling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Haling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota Contact Person's Fax Number: 941-907-7401 ontact Person's Fax Number: 941-907-7401 ontact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_250-7532 Frant Telephone Number: 1_800_250-7532 Otto: Sarasota Contact Person's Fax Number: 941-907-7401 Frant Telephone Number: 1_800_				· · · · · · · · · · · · · · · · · · ·		37
WS Owner: AquaSource Ontact Person's Glen, LaBrecque Ontact Person's Glen, LaBrecque Ontact Person's Malling Address: 6960. Professional Parkway F. Ste. 400 City: Sarasota State: FL Zip Code: 34240- Ontact Person's Telephone Number: 1-800-250-7532 Ontact Person's Fax Number: 941-907-7401 Ontact Person's Fax Number: 941-907-7401 Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address: 53313, Knight Ayenue Et Treatment Plant Information Interpretation Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shall Address Shal			ity Trans			
ontact Person's Glen, LaBrecque ontact Person's Mailing Address: 6960. Professional Parkway F. Ste. 401 City: Sarasota ontact Person's Title: Manager ontact Person's Telephone Number: 1-800-250-7532 Contact Person's Fax Number: 941-907-7401 ter Treatment Plant Information and Name: Sebring, Lakes of Water Treated by Plant: 187 Raw Ground Water Purchased Finished Water mitted Maximum Day Operating Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): C-1 Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): C-1 Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): C-1 Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 Otto Krucker A Saw Capacity of Plant, gailons per day: 280,000 Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 Otto Krucker Otto Krucker Otto Krucker Otto Krucker Otto Krucker Otto Krucker Otto Krucker Capacity of Plant, gailons per day: 280,000 Category (per subsection 62-699.310(4), F.A.C.): V Water Capacity of Plant, gailons per day: 280,000 Otto	Number of Service Connections a	it End of Month: 55		Total Populatio	on Served at End of Month: 103.	
ontact Person's Helling Address: 6960 Professional Parkway E. Ste. 40 City: Sarasota State: FL Zip Code: 34240- ontact Person's E-bydi Address: ter Treatment Plant Information and Name: Seb-ring Lakes						
Contact Person's F-Mail Address: ter Treatment Plant Information ant Name: Sebring Lakes and Address: 1	Contact Person's Mailing Address	cque		Contact Person	's Title: Manager	
Interference Plant Information and Name: Sebring Lakes	ontact Person's Telephone Number	6960 Professional Parkwa	y E. Ste.4	n City: Saraso	ta State: FL Zip Code: 34	1240-
ter Treatment Plant Information and Name: Sebring Lakes. And Address: 5313 Kntght Avenue pe of Water Treated by Plant: Maw Ground Water Purchased Finished Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): y And Category (per subsection 62-699.310(4), F.A.C.): y And C	ontact Person's H-Mail Address	per: 1-800-250-7532		Contact Person's	s Fax Number: 941-907-7401	
mit Address: 5313 Rright Ayenue per of Water Treated by Plant: Kay Raw Ground Water Purchased Finished Water mitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): C-1 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4), F.A.C. Plant Class (per subsection 62-699.310(4				·		
mit Address: 5313 Knight Avenue City: Sebring State: FL Zip Code: 33875 pe of Water Treated by Plant: Raw Ground Water Purchased Finished Water						
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mitted Maximum Day Operating Capacity of Plant, gallous per day: 280,000 ut Category (per subsection 62-699.310(4), F.A.C.): C-1 Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): V Dantel Holmes	pe of Water Treated by Plant:	Naw Ground Water Dun	based Elulated	City: Sebring	State: FL Zip Code: 338	75
Plant Class (per subsection 62-699.310(4), F.A.C.): V Comparison of the property of the part of the part of the part of the part of the part treatment plant identified in Part I of this report. I certify that the novided in this report is true and accurate to the best of my knowledge and belief. I certify that the following additional operations records for this pared each day that a licensed operator staffed or visited this plant during the month ladicated above: (1) records of amounts of chemicals used at the plant site for at least ten ake them available for eview upon request. Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.	mitted Maximum Day Operatin	g Capacity of Plant, gallons per day.	200 000	Water		
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Daniel Holmes C 4335 * Chris Gilbert C 13107 * Daniel Pugh C 2261 *	THE LODE HUTER REPORTED	INCOMENTAL INTERPRETATION OF THE PROPERTY OF T	जनहरू <u>नेपालका क</u>	FrancClass (per s	Subsection 62-699.310(4), F.A.C.):	
Daniel Holmes C 4335 * Chris Gilbert C 13107 * Daniel Pugh C 2261 *	VIGIBIBILITIES	Otto Krucker	THE BOTHER	Tricking Tahinbel		
Daniel Holmes Chris Gilbert C 13107 Darald Pugh C 2261 * Darald Pugh C 2261 * Darald Pugh C 2261 * * - As Needed		or to Alderei		7790	3	
Chris Gilbert C 13107 * Darald Pugh C 2261 * * — As Needed Alliphic Limit Control of the water treatment plant identified in Part I of this report. I certify that the novided 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 onal 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 pared 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 a papicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker C-7790		Double 1 H 1				
Darald Pugh C 2261 * Darald Pugh Pugh Darald Pugh Daral						
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# — As Needed In the content of the water treatment plant identified in Part I of this report. I certify that the novided 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 onal 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 pared 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 f applicable, appropriate treatment-process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker C-7790		Darald Pugh	<u>c</u>	2261		
igned 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 movided 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 onal 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 spared 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker					<u> </u>	
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igned 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 movided 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 onal 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 spared 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker						
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region water deathers plant operator incessed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the 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 onal 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 spared 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 applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker			L			
region water deathers plant operator incessed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the 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 onal 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 spared 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 applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ake them available for review upon request. Otto Krucker	villed by Lendenne One at	Uhamishan Later and Later and the second	Walter Barrell	ar go a the file and have the series	manufacture to the wife of the second of the	iz.
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late' License Number	Pate	" YIM N ? 2005 Printed or Type	ed Name			

		Inactivation/Removal: * er (Describe):		Chlorine Dioxide		Combined Chlorine (Chloramides)
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o the instri	uctions for this report to	determine which plant	r nuct provide this infor	mation	1111 0 -	



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 Identific	cation Number	r:	5284137	
PWS Type:	X Community	Non-Transien	t Non-Community		Transient 1	Non-Community	y	Co	onsecutive	
Number of Service Con	nections at End of Mon	h: 55			Total Popu	lation Served at	t End of Mont	h:	127	
PWS Owner:	Aqua Utilities Florida					:				
Contact Person:	Carolyn McFalls	· · · · · · · · · · · · · · · · · · ·			Contact Pe	erson's Title:	Area Manage	r - Flori	da	
Contact Person's Mailin	ig Address: 6960 Pr	ofessional Parkway E. Suite			City:	Sarasota	State: 1	FL		34240
Contact Person's Teleph	ione Number:	941/907-7400			Contact Pe	rson Person's F	ax Number:		941/907-740	01
Contact Person's E-Mai	l Address:	cfmcfalls@aquaamer	ica.com							
B. Water Treatment Pla	nt Information									
Plant Name:	Sebring Lakes					Plant Telepho	one Number:		941/907-740	00
Plant Address:	5313 Knight Ave				City:	Sebring	State: 1	FL	Zip Code:	33875
Type of Water Treated		Raw Ground Water	Purchased Finish	ed Water				-		
		f Plant, gallons per day:	280,000							
	osection 62-699.310(4),				Plant Clas	s (per subsection				
Licensed Operators	and the second second	Name:::	License	Class	Licen	se Number	The state of the state of	Day	(s)/Shift(s) Work	ced 6
Lead/Chief Operator:		Robert Paver	C			12040		3	Days per week	
Other Operators:										
1.1.49 E. S. S. S. S. S. S. S. S. S. S. S. S. S.								<u>-</u>		
	1/01:.00									
II. Certification by Lead										
I, the undersigned water	treatment plant opera	tor licensed in Florida, ar	m the lead/chief operato	or of the	water trea	tinent plant ide	entified in Pa	art I of t	his report. I ce	ertify that the
information provided in	this report is true and	accurate to the best of m	y knowledge. I certify	that all c	lrinking w	ater treatment	chemicals us	sed at th	uisplant conform	n to NSF
International Standard 6	0 or other applicable:	standards referenced in si	bsection 62-555 320(3) FAC	Lalso ce	ertify that the f	ollowing add	litional	operations reco	ords for this plant
were prepared each day	that a licensed operate	or staffed or visited this p	lant during the month i	ndicated	above (1	records of a	nounts of ch	emicale	used and chem	ical feed rates:
and (2) if applicable, and	ropriete treetment ne	scara monformance macan	la Frakamana I ama	t	: above. (1	Jacords of at	nounts of Cir		used and chem	ilcai iceu iaics,
and (2) if applicable, app	propriate ireaunem pr	ocess performance record	is. Fumermore, i agree	to provi	ide these a	idaitionai oper	auons record	is to the	PWS owner so	o the PWS owner
can retain them, together	with copies of this re	port, at a convenient loca	ation for at least ten yea	rs.						
011		· ·							*	
(V. 1 +AMVain	7-7-0)								
www.y////ww		Robert Pay					C12040			·
Signature and Date		Printed or	Typed Name				License Num	ber		

PWS Identif	ication Number	er:	5284137		Plant Name:	Sebring La	akes							
411. Daily Da	ta for the Mor	nth/Year of:		June-05										
Means of Ac	chieving Four-	Log Virus Inact	iviation/Rem	oval: *		Free (Chlorine	Chlo	rine Dioxide		Ozone	Combine	d Chlorine	(Chloramines)
	riolet Radiation			Other (Descri	be):						_			
Type of Disi	nfectant Resid	lual Maintained	in Distributi	on System:			F	ree Chlorine		Combined (Chlorine (Cl	nloramines)		Chlorine Dioxi
The state of the s		ATT ATTEM	THE PERSON NAMED IN	CT Calculation	is, or UV Dose, to	Demonstrate I	our-Log Vir	us Inactivation,	if Applicable	解 的主要法		te la exemple	- A	ormal Operating anteriance Work that System Components erations.
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101			100	Disinfectant	Contact Time	Before or					Disinfecta	nt Paris		
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the (Bla	ces syRlant in	Water and	Peak Flow	During Reak	Peak Flow	Peak Flow	Water V	Vater if De Requ	uired: mW-	mW	Distribution	on Jinvolves T	king Water	System Components
Month	Operation	Produced, gal	Rate, gpdn	Flow/mg/L	minutes	mg-min/b	異G第 式	plicable img-i	min/Lit v sec/cm	sec/cm2	System; m	唐曾经	Out of O	peration (
TOTAL TOTAL STREET, T. J. P. P. P.											1.6			
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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

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Other: System Name: Sebring aks 60 PWS I.D. System Address: Sebring Aks 60 PWS I.D. City: Sebring Aks 50 PWS I.D. System or Owner's Phone #: Collector: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring Aks 50 PWS I.D. City: Sebring In					Γ					
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Sype of Supply: (check only one) Onn-Transient Non-community Water System Bottled Water Private Well Swimming Pool Other							ــــا لـــــا	_		
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Name and Mailing Address of Person to Receive Report Aqua Utilitics Bradenton, FL 34002 Employed by DEP or DOH Lab Signature: Daniel Castles		A certified operator (#	ey. Iyed by a certi	fied lab						
Name and Mailing Address of Person to Receive Report Aqua Ush lifics 8374 Market St. #419 Braden by, FL 34302 Title: Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH:							` '		\ -	7 ~
Agua Ust lifics 8374 Market St. #419 Braden bn, FL 34202 Beeplacement Samples Required Date Reviewed by DEP/DOH:				_ Lab	Signa	iture:	Jani	ce()	Sea	es_
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DEP 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 [52-550,739 Reporting Format - Effective 01/35, Reviser 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

PERMIT NUMBER:

FLA010610

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749

LIMIT:

Final N/A

CLASS SIZE:

Monthly

FACILITY:

Morningview WWTF

REPORT:

GROUP:

Domestic

LOCATION:

1322 English Road

MONITORING GROUP NUMBER:

R-001 and influent

Leesburg, FL

NO DISCHARGE FROM SITE:

[]

COUNTY:

Lake

				MC	DNITORING P	ERIOD-From:	05/01/05	To:	0	5/31/05	
Parameter		Quantity	or Loading	Units	Qu	ality or Conce	entration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006		MGD	<u> </u>	1			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No EFF-1	Permit Measurement	0.020 (An:Avg.)		MGD						5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005		MGD					0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFF-1	Permit Measurement	Report (Mo.Avg.)		MGD		1,44 1,54 1,54 1,54 1,54 1,54 1,54 1,54				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No EFA-1	Permit Measurement				20.0 (An.Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2 U		2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1	Permit Measurement				Report (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			T. Annual Control of the Control of	2.4			mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No EFA-1	Permit Measurement				20.0 (An.Avg.)			/mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	N			1.8		1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No EFA-1	Permit Measurement				Report (Mo.Avg.)		60.0 (Max.)	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

TELEPHONE NO.

DATE (YY/MM/DD)

Will Fontaine (Field Coordinator)

352-787-0980

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

05/01/05 To: 05/31/05 MONITORING PERIOD-From: Frequency of Sample No. Units **Quality or Concentration** Quantity or Loading Units Parameter Ex Analysis Type Total Residual Chlorine 0 5 Days/week Grab 2.2 mg/L Sample Measurement (For Disinfection) 0,5 PARM Code 50060 I Grab 5 Days/week Permit Measurement mg/L (Min.) Mon, Site No EFA-1 Нα 0 5 Days/week Grab 7.8 Sample Measurement 7.3 s.u. 6.0 PARM Code 00400 I 3.5 5 Days/week Grab Permit Measurement s.u. (Min.) Mon.Site No EFA-1 (Max.) Coliform, Fecal #/100ml 0 Monthly Grab 1 Sample Measurement 200 PARM Code 74055 Y #/100ml Monthly Grab Permit Measurement (An.Avg.) Mon.Site No EFA-1 Coliform, Fecal Sample Measurement 10 1U #/100ml 0 Monthly Grab PARM Code 74055 I Report 800 #/100ml Monthly Grab Permit Measurement (Monthly) (Max.) Mon.Site No EFA-1 Nitrogen, Nitrate, Total (as MNR 0 Annually Grab Sample Measurement mg/L PARM Code 00620 I 12.0 Annually Grab **Permit Measurement** mg/L Mon Site No EFA-1 (Max.) BOD, Carbonaceous Sample Measurement 150 mg/L 0 Annually Grab 5 day, 20C PARM Code 80082 G Report Permit Measurement mg/L Annually Grab Mon Site No INF-1 (Mo.Avg.) Solids, Total Suspended 0 Sample Measurement 170 mg/L Annually Grab PARM Code 00530 G Report Permit Measurement Annually Grab mg/L Mon Site No INF-1 (Mo.Avg.) Sample Measurement **Permit Measurement**

Sample Measurement
Permit Measurement

DAILY SAMPLE RESULTS - PART B

Permit Number: Month/Year: FLA010610 May-05 Facility: Morningview WWTF

WWTF Three-month Average Daily Flow

0.006

(TMADF/Permitted Capacity)x100:

28%

	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)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	80082	00530	00531	00400	74055	50060	00620		
fon.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			
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29	0.005					1					
30	0.005					7.7		2.2			
31	0.007					7.5		2.2			

Certification No.: 7243 John Worrell Day Shift Operator Class: Name: Day Shift Operator Class: Certification No.: 13614 Name: Adam Michaelson Day Shift Operator Class: Certification No.: Name: Certification No.: Lead Operator Class: 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



) Identification N		oring Lake Manor 3351021							
18	⊋lant≰leName a	Plants2/Names	Plant 3 Name	Plant/4Name	Planti5 Name	Plant 6 Name	Plant 7 Namer	Plants Names	Planti9 Names	Plant 10 Names	
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Daily Finis	hed-Water Prod	duction for the I	Month/Year of:		July 2005						·
				pring Lake Manor			<u> </u>				
Public Wat	er System (PWS	i) Identification N	lumber:	3351021						2 - Charles and Charles and Charles and Charles	ranga sanggan dan kalangan kanan sanggan sangga sangga
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-1846 5 - 46	49,000	0				l		t			49,000
604	46,000	0				,			·		46,000
	49,000	300	<u> </u>			-					49,300
10008800	50,000	0									50,000
4150697638	37,500	0									37,500
2000 1 O S 2 V	37,500	0									37,500
AMANIE A	44,000	0									44,000
44129T	43,000	0						· · · · · · · · · · · · · · · · · · ·			43,000
61113 A	35,000	0						1			35,000
***********	42,000	0									42,000
363615350	37,000	0									37,000
3861684F	31,000	0									31,000
* \$30175\$ \$	61,500	0				,					61,500
626218B.0	61,500	0									61,500
1500 OF 57	55,000	0			<u> </u>	<u> </u>		Ĺ			55,000
2004	57,000	0		·							57,000
##21 5#	57,000	0									57,000
488223	62,000	0							<u> </u>	·	62,000
4728	56,000	0									56,000
148 242W	56,000	0				<u> </u>					56,000
建設25%	44,000	0									44,000
#26 m	27,000	700									27,700
982768E	71,000	0								-	71,000
1442875	36,000	0	<u> </u>								36,000
37.6 29 5.1 6	50,000	0									50,000
\$\$ 30±£	28,000	0									28,000
788631985Y	50,500	0		and the same and all and the same				THE SECRET PROPERTY OF THE PART	andre in these appeals that of the deliver of	Proportion and control of the proportion of the second	50,500
Total 2009				in profession of							1,463,500
Avg.											47,210
Maximum	Record Control			THE TAX BEAUTIFUL TO SEE							71,000



			Month/Year of :		June 2005						
Community	Water System	(CWS) Name:	Piney Woods\S	pring Lake Manor							
		3) Identification N		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:	wall was to be
	Piney Woods Well 1	Spring Lake Manor Well 2								·	
1				mitted Maximum	Day Operating C	apacity of Each I	lant, gallons per	day	14 8 8 U		Total
· Day of	432,000	201,600									633,600
Month -		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Net Quantity of	Finished Water F	Produced by Eac	n Plant, gallons	Harting Property	an established		Totai
3. 148 1 5.54	35,000	0									35,000
- n.2	51,000	0									51,000
3.5	28,000	700									28,700
4	32,000	0									32,000
	48,000	0					İ				48,000
≥ √6 ×	48,000	0									48,000
·雙.7分。	43,000	0									43,000
±8	45,000	300									45,300
	47,000	0					- '				47,000
10.4	23,000	0									23,000
建翻14 /20	43,000	0			· ·						43,000
	46,500	0									46,500
/#: ≛13	46,500	0									46,500
A#14	43,000	0									43,000
√.∠15	35,000	0									35,000
:-16	51,000	0									51,000
es#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								- h	47,500
28:-	37,000	0									37,000
29	37,000	0	<u> </u>								37,000
30	47,000	0		7		 					47,000
31	0	0		l		 					0
Total					i Talan ayan dalak wa	L	t . Nazvars s e 181		J	L	1,279,000
Avg.					·					Ç.	41,258
Max.						됐네. 그렇?		實施 经净金额			52,500



ic Wat	er System (PWS) Identification N	lumber:	3351021							
20 700 - 10 Tel	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:	And the second
	Piney Woods Well 1	Spring Lake Manor Well 2									
				mitted Maximum	Day Operating Ca	apacity of Each I	Plant, gallons per	day	Samuel Samuel		Total
ay of onth	432,000	201,600						·			633,600
		A Comment of the Comm		Net Quantity of	Finished Water F	Produced by Eac	h Plant, gallons	多大学区 4.5数	on or fine	AT A LOUIS AND Y	Total
	94,000	0	-								94,000
2	43,000	0				·					43,000
3	44,000	0									44,000
4	45,000	0									45,000
15 (2)	29,000	0									29,000
6	38,000	500									38,500
初海灣	30,000	0									30,000
8	52,000	0									52,000
9.94	52,000	0									52,000
10.	45,000	0									45,000
111	47,000	0									47,000
120.74	46,000	0	<u> </u>				<u> </u>				46,000
139w	37,000	0									37,000
145.5	47,000	0	<u></u>								47,000
15y at	62,500	0	I								62,500
16.	62,500	0									62,500
17,200	49,000	0	<u> </u>			•					49,000
18, 44	48,000	0			<u> </u>						48,000
19	42,000	0									42,000
20¥	72,000	0									72,000
21:00	45,000	0									45,000
22	61,500	0									61,500
23	61,500	0		<u>. </u>							61,500
24 🗼	38,000	0									38,000
25	68,000	0	ļ							ļ	68,000
26	57,000	0									57,000
278	75,000	0	ļ								75,000
28-	62,000	0	ļ								62,000
29	62,000	0					<u> </u>				62,000
30.0	80,000	0									80,000
31	70,000	0						and the second	TAT SET TO SEE THE REAL WATER	<u> </u>	70,000
ál*****	A CANADA TO SERVED	ur samayan samaya qirtari								THE STATE OF THE S	1,665,500



Vater Svs	stem (PWS) Identification N	lumber:	pring Lake Manor 3351021							
M EIST	MINISTREAL	, Planti 2 Names	l Plant & Name	Piem 4 Nemes	MPlam 5 Name	LPlant 6. Vanie I	Plant 7 Name	Plant 8 Name:	Rlant 9 Name:	Plant 10 Name	
	AMERICAN STREET, STREE							Contraction of the Contraction o	Machine 2012 - Michine 2011 - 2014 (Machine		
	l	Spring Lake							1		
	y Woods	Manor Well 2		·							
ansa -	Veil 1								a No. 127 Care distriction of		10 may 20 may 20 m
			INDEED TO SHEEL OF	nitted!//aximum	Day Operating Ca	ipacity of Each	lant, gallons per	Adayst 12 Feb		100	o National Potal
	432,000	201,600						and the same and the same of t	****		633,60
				Mander Canantity of	Hinished Waters	roducediby#Eac	n Klant gallons	artifette sati it i dage	strole has countries		
	44,000	0	<u> </u>						ļ		44,000
	37,000	0			<u> </u>						37,000
	42,500	0					·				42,500
—	42,500	0							 		42,500
	42,000	500		<u> </u>				<u> </u>	<u></u>		42,500
	47,000	0		<u> </u>	· · · · · · · · · · · · · · · · · · ·				·		47,000
	48,000	200				<u> </u>	<u> </u>	<u> </u>	·		48,200
	57,000	0							<u> </u>		57,000
	23,000	0					! — 				23,000
	53,000	0			·		<u> </u>	ļ			53,000
	53,000	0	ļ								53,000
	35,000	0					· · · · · · · · · · · · · · · · · · ·				35,000
	42,000	0									42,000
	44,000	0	ļ			· · · · · · · · · · · · · · · · · · ·				<u> </u>	44,000
	44,000	0									44,000
	34,000	0									34,000
	63,000	0	<u> </u>	·							63,000
	63,000	0		<u> </u>					<u> </u>		63,000
	59,000	0					<u></u>		<u> </u>		59,000
	62,000	0									62,000
	66,000	0	· · · · · · · · · · · · · · · · · · ·								66,000
	70,000	0	<u> </u>	,							70,000
	49,000	0						<u> </u>	<u> </u>		49,000
	49,000	0		·			<u></u>	<u></u>			49,000
	44,000	0									44,000
	41,000	0									41,000
	35,000	0					 				35,000
	40,000	0							L		40,000
	39,000	0									39,000
	47,000	0									47,000
	0]	0						l			0
	Harry Park					en de la martina de la	Mark Strategic Contracts			12. ib.	1,415,70



		duction for the			March 2005						
munity Wa	ter System	(CWS) Name:	Piney Woods\S	pring Lake Manor							
ic Water Sy	/stem (PWS) Identification N	lumber:	3351021							·
yelar	ittliName	Planti2 Name	Rlant Si Name	#Plant44Name	Plant 5 Name :	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
		Spring Lake	·		1			1	1	}	
Pin	ey Woods	Manor	ļ							ļ	
ALCO STATE OF THE PARTY OF THE	Well 1	Well 2		1						ļ	
			A WARMEPer	mitted/Maximum/	Day Operating Ca	apacity of Each F	lant, gallons pe	day	100	a ideal diament	e Elofak
V.of₂.	432,000	201,600									633,600
opine (%)		and the second		₩Net Quantity of	Finished Water, F	roduced by Eac	h Plant, gallons	energe and the second	S. Barbara	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
LOA	31,000	0.									31,000
	45,000	0					, , , , , ,				45,000
3	31,000	0									31,000
	39,000	400					,				39,400
0	43,000	0	L				3				43,000
	41,500	0									41,500
	41,500	0									41,500
	42,000	0									42,000
	48,000	0									48,000
O	35,000	0									35,000
	36,000	0			-						36,000
	31,000	0			:						31,000
8	56,000	0						1			56,000
A 100 A	56,000	0	<u> </u>								56,000
5.04	42,000	0]-			42,000
64.4	46,000	0									46,000
	38,000	0		<u> </u>							38,000
8	25,000	0									25,000
9)14	33,000	0									33,000
O(A)	43,500	0									43,500
17.14	43,500	0									43,500
2	37,000	0	1	ļ							37,000
5.00	42,000	0									42,000
28.6	37,000	0									37,000
5	30,000	0,									30,000
ĝ	31,000	0	ļ								31,000
Zái GA	43,000	0									43,000
8	43,000	0							L		43,000
9	41,000	0									41,000
OLUM .	52,000	0									52,000
	46,000	0									46,000
			The same of the same of	ANTICON PROPERTY.	BOOLS NAME OF ST			4 77.7		.	1,249,400
			7 3 14 14 14 14 14 14 14 14 14 14 14 14 14								40,303
	第二三数数 图			第一个的数据			del liet		lan isteracións	a and a Shirtain select i n the	56,000



ater Systen	(PWS) Identification N	lumber:	3351021							
Riantein	lame.	Plant2 Name:	Planta Name	#Plant4:Name #	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Names	Plant 10 Name;	del de de
		Spring Lake									
Piney W	loods !	Manor						ŀ		İ	
Well		Well 2					i.	ļ		Į į	
Control of the Contro			ı Salah Salah	i milled Maximum.	i Pavkonerationi@a	l anacity of Each F	lant gallons ne	์ เกลงสายเกล่า			Tol
43	2,000	201,600	TO SHALL SEE STATE OF THE SECOND SECO	Tittipagitigatifiation	zawskojamia sv	-paony-en-gons	graph Source State	See Married Control of the Control o	· moraniera na caraciana.		633,6
			CANDONNESS PARTIES PE	Net Quantity of	Sinished Water	roduced by Eac	n Plant callons:				
	9,000	0						a Assistantin all all account and con-		Committee of the second second	29,0
	7,000	0									47,0
	9,000	0									39,00
	4,000	0									34,0
	8,000	0			1			İ			38,0
3	8,000	0									38,0
,,3	7,000	0						,			37,0
	4,000	0									34,0
	6,000	0									36,0
	4,000	0									44,0
	9,000	300									39,3
	5,000	0									35,0
	2,500	0									32,5
	2,500	0									32,5
	7,000	0									77,0
	8,000	0									38,0
	3,000	0				,					63,0
	5,000	0									35,0
	1,000	0									41,0
	6,000	0						<u> </u>			56,0
	6,000	0									56,0
	7,000	0									47,0
	0,000	0						L			50,0
	1,000	0									41,0
	9,000	0					,				49,0
	7,000	0									27,0
	0,000	0	L		<u> </u>						50,0
	0,000	0	<u> </u>					<u> </u>			50,0
	0	0									0
<u> </u>	0	0		·				 	<u> </u>		0
	0	0									0 1,195



	. for instructions.				J 2005						
Daily Finis	hed-Water Prod	duction for the	Month/Year of :	- vin a la dea Manas	January 2005						
Community	Water System	(CWS) Name:	Piney vvoodsis	pring Lake Manor 3351021				1			
Public Wat	er System (PVVS	6) Identification N	l Dissession	Plant 4 Name:	Dignt & Momor	Diont 6 Nome:	Diant 7 Name:	Plant's Name:	Plant 9 Name	Plant 10 Name	
	Plant 1 Name:	Plant ∠ Name.	Plantis Namez	Plant4 Name	Fidili 5 Ivalije:	Flam O Name.	manta isantes	i iam. privanies	r idite o a torrio.	asidheromanios	
		Spring Lake									
	Piney Woods	Manor]	
	Well 1	Well 2									
	Market 1	1501.17/2014/C	Per	mitted Maximum	Day Operating Ca	apacity of Each I	Plant, gallons pe	day	POST SERVICE	TO SECTION OF THE	Total
薬 Daviot 薬 l	432.000	201,600	1								633,600
: Month⇒	Made estado	And the Street	a seedalligaalii	Net Quantity of	Finished Water F	Produced by Eac	h Plant, gallons	and the second second	i de al liceração	Mark Carrie	Total
100	42,500	0									42,500
4.02.0	42,500	0									42,500
346	40,000	0									40,000
24 x4 x4	45,000	0					:				45,000
5.4	42,000	0									42,000
10 16 THE	42,000	0									42,000
111725	38,000	0									38,000
· 8 a s	57,000	0	<u></u>								57,000
9 9	40,500	0									40,500
300,000	40,500	0									40,500
329112585	41,000	0			·						41,000
48412W	35,000	0									35,000
(B#13)##	43,000	500									43,500
#114 Est	36,000	0								ļ.,	36,000
*#\$15 A**	25,000	0	<u> </u>			<u></u>		ļ			25,000
#16%S	43,000	0									43,000
5447886	43,000	0	1				ļ	ļ	<u> </u>	ļ	43,000
#18t#s	38,000	0			•		 	 			38,000
3493h	34,000	0						 		<u> </u>	34,000
14#20##	33,000	0					<u> </u>			<u> </u>	33,000
2125	49,000	0	<u> </u>					ļ		ļ	49,000
34122 4 3	39,000	0			<u> </u>			<u> </u>		ļ	39,000
23.4	39,000	0		ļ	<u> </u>		ļ	<u> </u>		 	39,000
\$1024 (84)	48,000	0					<u> </u>	ļ	-	-	48,000
#.¢25#	33,000	0		ļ				ļ	 		33,000
% 264°	30,000	0								 	30,000
13027,84,	43,000	0					ļ			 	43,000
###28#	37,000	0		ļ							37,000
29%	31,000	0		ļ			<u> </u>	 	ļ		31,000
a ₹30 €.	51,000	. 0					 	 	ļ		51,000
3.034	51,000	0	1	I secondo de la vita	l	The first property of the second seco	I 194. grjajskog njestora ustaklika:				51,000 1,252,500
Total -							2.75.74.54				
Avg:											40,403
Max,	Service of the service of				an [1] [1] [1]	ST WEST COM		1.2/2/2019/1964	The second	3 Feb. 7500 15460 Per K	57,000



		i) Identification N		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:	
		Spring Lake							;		
11.2	Piney Woods	Manor									O. and ATS
	Well 1	Well 2									
			Per	ı mitted Maximum	L Day Operating Ca	epacity of Each F	Plant gallons per	dav			Total
	432,000	201,600							ar parameter access	Cartine Cartesian According to the Contract of	633,60
				Net Quantity of	Finished Water F	roduced by Eac	n Plant, gallons				Total
	42,000	0		CONTRACTOR OF THE PROPERTY OF	magazinet ja minist ta opta salomaa timat till att. Sist ande ja taro ministeriori	The state of the s	CONTRACTOR OF THE CONTRACTOR O	Canada Inscrease Assembly Line			42,000
	43,000	0								·	43,000
18	39,000	0									39,000
Wite.	49,000	0									49,000
	49,000	0									49,000
	56,000	0									56,000
	45,000	0									45,000
W.	35,000	0									35,000
, in	60,000	200									60,200
45°	23,000	0									23,000
	29,000	0									29,000
	41,000	0									41,000
	41,000	0									41,000
1300	38,000	0									38,000
	34,000	0									34,000
S D	45,000	0									45,000
	35,000	0							· · ·		35,000
	28,000	0									28,000
	49,000	. 0									49,000
400	49,000	0									49,000
	43,000	0									43,000
	29,000	0									29,000
N.	47,000	0									47,000
	27,000	. 0									27,000
	44,500	0									44,500
	44,500	0									44,500
	47,000	0									47,000
	38,000	0									38,000
	36,000	0									36,000
	32,000	0				·					32,000
	35,000	0	L			republicat Serializati		and the second second second			35,000
100					THE COLUMN ASSESSED.					dan Kabupatèn	1,253,20



	Trater ejetett (3113,114.113.	Piney Woods\Sp								
Wate	er System (PWS) Identification N	umber:	3351021					r 2000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	1	
	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:	100
		Spring Lake									
	Piney Woods	Manor							N.		
	Well 1	Well 2									
			l Pen	mitted Maximum	L Day Operating Ca	t anacity of Fach I	Plant gallons per	dav.	1	1	Total
of	432,000	201,600	, ,,			l			,		633,600
-	432,000]	201,000	<u> </u>	Net Quantity of	l Einished Water E	l Produced by Fac	L		l	L	Total
7.57	98,000	0		1 (Not Guerring, or					l i		98,000
	47,000	0							·		47,000
	35,000	0									35,000
	73,000	400							<u> </u>		73,400
	38,000	. 0	· · · · · · · · · · · · · · · · · · ·								38,000
	46,000	0			-						46,000
	64,000	0									64,000
	64,000	0				-					64,000
	49,000	0						<u> </u>			49,000
14.0	47,000	0									47,000
	54,000	0									54,000
	50,000	0									50,000
)	39,000	0					L				39,000
	51,000	0									51,000
	51,000	0						 			51,000
5	35,000	0									35,000
2	50,000	0									50,000
344.3	57,000	0							•		57,000
)	50,000	0						1			50,000
) (44,000	0							`.		44,000
(1)	60,000	0		 					 		60,000
2.52.0	60,000	0	<u> </u>	1				 			60,000
30.00	48,000	0			<u> </u>	 					48,000
1 44	52,000	0						 			52,000
	42,000	0				<u> </u>					42,000
56.00	51,000	0									51,000
148	44,000	0			1			· · · · · · · · · · · · · · · · · · ·			44,000
	61,000	0						 			61,000
0.23	61,000	0									61,000
	52,000	0		 				 	<u> </u>	-	52,000
100	0	0				<u> </u>		· .	 	·	0
12.5		<u> </u>	1							La La Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta	1,573,400
47.0	artification of the second	British Barbara and British		professional Comments	Control of the Contro			None and the second second		and a state of the second section of the second	50,755



ter System (PWS			3351021							
Plant 1 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									
		Pen	mitted Maximum	Day Operating Ca	apacity of Each F	Plant, gallons per	day			To
432,000	201,600									633,0
production of the same	A. Carlotte		Net Quantity of	Finished Water F	roduced by Eac	n Plant, gallons	and the second second	and the second	The state of the state of	To
34,000	0		1							34,0
33,000	0									33,0
50,000	0									50,0
50,000	0						1			50,0
43,000	0									43,0
44,000	0									44,0
46,000	0						-			46,0
60,000	900									60,9
54,000	0									54,0
64,500	0									64,5
64,500	0									64,5
45,000	0									45,0
51,000	0									51,0
50,000	0									50,0
45,000	0									45,0
41,000	0									41,0
60,000	0									60,0
60,000	0									60,0
45,000	0									45,0
35,000	0									35,0
35,000	0									35,0
34,000 40,000	0									34,0
40,000	0									40,0
49,000	0									49,0
49,000	0									49,0
43,000	0									43,0
38,000	0									38,0
51,000	0									51,0
37,000	0									37,0
37,000	0								<u> </u>	37,0
37,000	0								·	37,0
				67.5						1,425,



/ater System (P	em (CWS) Name: WS) Identification N	Number:	3351021		•		,			
Rlant 1 Nan	ne: 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 Wood Well 1	Spring Lake ds Manor Well 2									
44.5			mitted Maximum	Day Operating Ca	apacity of Each F	lant, gallons pei	r day			
432,0	00 201,600									633,60
	the same		Net Quantity of	Finished Water F	Produced by Eac	n Plant, gallons	F 1		T	Tota
42,0							<u> </u>			42,000
34,0										34,000
53,0										53,000
28,0										28,20
30,5										32,15
30,5						-				32,15
55,0							<u> </u>			55,000
17,0					<u> </u>					17,000
54,0									ļ	54,00
46,0										46,000
22,0										22,000
52,0									ļ	52,000
52,0										52,00
41,0							ļ			41,000
41,0				·						41,000
25,0										25,000
45,0										45,000
26,0										26,000
49,5										49,50
49,5										49,50
28,0										28,000
40,0										40,000
41,0	00 0									41,000
37,0										37,000
29,0	00 0			1						29,000
48,5	00 0									48,50
48,5	00 0									48,50
35,0			ļ						· · · · · · · · · · · · · · · · · · ·	35,00
38,0									1	38,00
46,0					1	 	T			46,00
Que .	0 0		1							0
										1,187,5



	hod-Mater Proc	fuction for the l	Vionth/Year of :		August 2004						
Communit	Water System (CWS) Name:	Piney Woods\S	oring Lake Manor							
Dublic Wat	er System (PWS			3351021							
Tublic Wat	Plant 1 Name	Plant 2 Name:	Plant 3 Name		Plant 5 Name:	Plant 6 Name:	Plant 7 Name	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	ir latit i Mattica		3, lungo (14/10)	301310113						, iona io namo.	12.00
		Spring Lake									Security Control
	Piney Woods	Manor								f	
	Well 1	Well 2						<u> </u>	L	<u> </u>	ta de Marie e
			Per	mitted Maximum	Day Operating Ca	pacity of Each F	lant, gallons per	day		and the second second	Total
Day of	432,000	201,600						<u> </u>	<u> </u>		633,600
Month :			100000000000000000000000000000000000000	Net Quantity of	Finished Water F	roduced by Eac	h Plant, gallons	2.00	21.24	to the same of	Total
44.41	49,500	0									49,500
2	49,500	0									49,500
37.0	38,000	0			·						38,000
abali A provi	41,000	0	, <u>.</u>	<u> </u>							41,000
5.45	48,000	0									48,000
146411	39,000	0						ļ			39,000
444765	51,000	0									51,000
###B###	54,000	0									54,000
18.9741	54,000	0			<u></u>		·····	ļ			54,000
ge#10+c#	44,000	0		· · · · · · · · · · · · · · · · · · ·							44,000
ech1/16-5	32,000	0									32,000
P\$1255	58,000	0		**					ļ		58,000
13 4 5	52,000	300		<u> </u>				<u> </u>	<u> </u>		52,300
14	61,000	0									61,000
1564	58,500	0									58,500
1614	58,500	0								<u> </u>	58,500
tion 7.544	48,000	0									48,000
18:00	59,000	0	ļ								59,000
s (19 kg)	86,000	0									86,000
20) 51	59,000	0	ļ					<u> </u>			59,000
6.821xxx	79,000	0	ļ	ļ	-	ļ					79,000
#14.222###	54,500	0				ļ		 			54,500
6#123 F# #	54,500	0	<u> </u>					 -			54,500
1## 24 %	43,000	0	ļ			ļ	ļ	 			43,000
319925Nept	38,000	0		ļ			ļ	 	 		38,000
26	56,000	0				ļ		<u> </u>			56,000
27	33,000	0					<u> </u>		ļ		33,000
opun 28 00. 5	28,000	0				<u> </u>		ļ	ļ	 	28,000
29	54,500	0					ļ	ļ			54,500
30 <u>1</u> 430	54,500	0		 			 _	 	ļ		54,500
31 90	33,000	0			SANS WEST STORY		<u> </u>		<u> </u>		33,000
Total				Challenger			1				1,568,300
Avg. 💸				17.0		100			13	100	50,590
Max. 🔆 🤄		9 .00		The State of the S	10 July 10 Jul						86,000



lv Finis	hed-Water Pro	duction for the I	Month/Year of :		July 2004	 					
	Water System			pring Lake Manor						****	
		3) Identification N		3351021							
200	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;	
		Spring Lake									
100	Piney Woods	Manor									The second of
	Well 1	Well 2									
Clarity as			J Pon	mittad Maximum	Day Operation Co	assituted Cash C	llant collaboration				
	432,000	201,600	r en	Tilled Waxiiidii	Day Operating Ca	ipacity of Eacti F	iani, ganoris per	uay T	Γ		Total
ay of				Net Overtity of	Einished Water E	Produced by Eas	Diant gallons				633,600
61	63,000	0		Net Quality of	I IIISHEG WAIEF	Toduceu by Eas	i Flant, ganons		Γ	-	Total
2	40,000	0				-					63,000
3	51,000	0				-,	71.				40,000
43	43,500	0									51,000 43,500
5	43,500	0									43,500
6**	69,000	0									69,000
7.52	48,000	0							L		48,000
8.555	54,000	0									54,000
9 6 1	57,000	200									57,200
10/02	44,000	0					-				44,000
/14 <u>\$</u>	68,000	0									68,000
12	68,000	0		٧.							68,000
13/	52,000	0							***		52,000
14	61,000	0									61,000
15000	89,000	0									89,000
16	59,000	0									59,000
17,	39,000	0									39,000
184,	64,000	0									64,000
19	64,000	0									64,000
20	37,000	0									37,000
211	48,000	0									48,000
22 23	77,000	0		<u> </u>							77,000
	41,000	0		*							41,000
24/20 25	60,000 57,000	0									60,000
∠° 26⊭ "	57,000	0									57,000
	46,000	0							-		57,000
27	45,000	0									46,000
28) 29)	56,000	0									45,000
30	47,000	0					,				56,000
31044	33,000	0									47,000
al	33,000		l								33,000
The same of the same of	ere en								11		1,681,200 54,232
	ulia ili a							t, organism in	100		54,232 89,000



later System (F	PWS) Identification N	lumber:	3351021							
Plants Na	nen Plante Nerve	Haniek Kenne	Walth (Walia)		Planks Name.	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
Piney Woo Well 1	Spring Lake ds Manor Well 2									
420.6	204 500	gette la 101				<u>lant, gallons per</u>	day			Tota
432,0				***********		(- 12 (2) () ()				633,60
	000 0					r Hant, gallons				Tota
00,0				<u> </u>						83,000
61,0 87,0							 			61,000
30,0		£								87,000
49,0				<u></u>			 			30,000
61,5				 	-		ļ			49,000
61,5			ļ							61,500
32,0			<u> </u>							61,500
70,0							 			32,000
73,0				·						84,100
47,0						<u> </u>		ļ		73,000
46,0							 			47,000
58,5							 		<u> </u>	46,000
58,5										58,500
35,0							ļ			58,500
43,0							 			35,000
62,0										43,000
53,0							 			62,000
43,0						 -	 			53,000
57,0										43,000
57,0		 								57,000
38,0							 		 	57,000
31,0								<u> </u>		38,000
53,0				- 			 	 		31,000
65,0										53,000 65,000
33,0										33,000
55,5							 			55,500
55,5									 	55,500
45,0										45,000
47,0							 			47,000
										41,000
										1,605,10
	and the state of the state of									53,503



wai	er System (PWS) Identification N	lumber:	3351021		ber describer of the process and the second	marine was a serious serious de la company	i provincije i o ije na je je provincijanjanja provincijanja	IEMAN STORES	Design of the second second second	Comment of the Control of Control of Control
	Plant Depote	Flami@Warmer	Plants Manner	Plant4 Name	Blant 5 Name a	PEN (a) Name (a)	Plant & Wante	Plein Buyerner	Teletate (a) typicales	Plant Montaine	
		Spring Lake									
	Piney Woods	Manor									
	Well 1	Well 2									
	A section of the sect		Pen	កាដែខ្លាំ Maximum	Day Operating Ca	padity of Ead of	गैशक्ष (gellian) विद्या	relativ			ાં(ગાંક)ો
17	432,000	201,600									633,600
'n				Net Quantity of	Finished/Water#	institución locality	ં શિકાસ, બુકાબિલેક				ાં ગલા
	41,000	0									41,000
	42,000	0		1						l	42,000
	42,000	0									42,000
,	35,000	0									35,000
	44,000	0					•				44,000
	46,000	0									46,000
	45,000	0									45,000
	63,000	0) <u> </u>		63,000
	70,000	0							4 364-		70,000
	70,000	0							· .		70,000
	51,000	0									51,000
-2017/12 1017/12	43,000	0								· .	43,000
	60,000	11,200							-		71,200
	80,000	. 0									80,000
	44,000	0									44,000
	87,000	0									87,000
	87,000	0						<u> </u>			87,000
	28,000	0									28,000
	65,000	0									65,000
	81,000	0									81,000
	75,000	0									75,000
	58,000	0									58,000
	99,000	0									99,000
	99,000	0		·							99,000
	66,000	0						<u> </u>			66,000
	81,000	0									81,000
	80,000	0									80,000
	90,000	0									90,000
	70,000	0									70,000
	101,000	0								ļ	101,00
	101,000	0									101,00 2,055,2



I . 147 1	O4 (D34/O	\ dentification	lumbor:	pring Lake Manor 3351021		. "					
lic Wat	er System (PWS) Identification N	lumber:	3351021	(KENERODENNIPERODE	THE PROPERTY OF THE PARTY OF TH	PDISERVIKIZESZA	antaston (assess	liniakim kiasta	(Riáng) Olyames	and a supplemental and a supplemental design
	Plaint I Name	Blantzinamen	relancouvames	Melanganamen	REGINAMEN	Flantomanies	arianuwananiew	rantomatter	selandalyaniay	relativity at the	
		Spring Lake						,			
	Piney Woods	Manor									
1	Well 1	Well 2									
				milited Meximum:	Day Operating Ca	ipacity of Each is	lanı gallons per	days the said			Total
eb (0)	432,000	201,600									633,600
tointin				Mei Oremity of	Finishiető Walter F	roduced by Eac	i Plant gallons.				Total
11	54,000	0									54,000
	82,000	0									82,000
3	33,000	. 0									33,000
. ()	84,000	0									84,000
(3	84,000	0									84,000
(6)	36,000	12,500									48,500
//	56,000	300			,					ļ l.	56,300
(60)	66,000	0									66,000
	44,000	0	.3								44,000
(d) (d)	52,000	0	-								52,000
	70,000	0,									70,000
1,22	70,000 46,000	0					······································				70,000
1.37	42,000	0						-			46,000
41/5) (11/5)	50,000	0									42,000
16	57,000	0				<u>:</u>					50,000
1897	65,500	0						:			57,000
117. TKE	65,500	0				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				65,500
18	68,000	0				· · · · · · · · · · · · · · · · · · ·		 		<u> </u>	65,500
240i	69,000	0						ļ	ļ		68,000
91 71	61,000	0							ļ		69,000 61,000
Ş) Σ	82,000	0									82,000
	59,000	0							<u> </u>		59,000
(23) 24	66,000	0	<u> </u>							 	66,000
27.5	89,000	0									89,000
Slo .	89,000	0									89,000
21.7	53,000	0									53,000
23	65,000	0									65,000
	68,000	0							 		68,000
થુંછ) (0)	68,000	0	-								68,000
351											-3,000
i		(1. The state of t						i Tarahar 700 (abasa	i Tanangan mengan		1,906,800
		A STATE OF THE STA	APPROXIMATE AND A STATE OF	化工作的 医多种性性	THE REPORT OF THE PARTY OF THE		A STATE OF THE STA	SERVICE CONTRACTOR	SERVICE OF SERVICE SER	CHARLEST SERVICE TO SERVICE AND ADDRESS OF THE PARTY OF T	63,560



aily Finis	hed-Water Proc	duction for the I	Month/Year of:	T	March 2004						
ommunit	Water System	(CWS) Name:	Piney Woods\S	pring Lake Manor 3351021							
iblic Wa	er System (PWS) Idenuiicauon N	iumber: Italian awasa	Plant 4 Names	Mejanika Nama	Nejasya Nejasy	Felence 7 (News Ves	l Pietri & Nethall	BlankO Namer	Plantin Name	
	Haanung Namea	alejanie zawania	rmatusanarusa	minalina namen	amanus manus	THE CHASE NAME OF	A CONTROL OF THE CONT	######################################		Anna Committee C	RESERVED AND THE PROPERTY OF T
North Mi		Spring Lake									
	Piney Woods	Manor									
	Well 1	Well 2					ge gagen ang k angsan menghilik menghan penghangan pang memanan sakara		Anne and Soul Section Control Service		
				milled Maximum	Day Operating C	apadily of Eelah l	gierur Geilloure loe	dey	\$100 pp. 140 to 0000		ોંબંધા
ট্রাণ্ড ব্য	432,000	201,600									633,600
y lonun				Net Quantity of	Finished Waterl		विभागिता है। जन्मीता है।				10)8:1
	42,333	0									42,333
2.00	0	53,100		-							53,100
	41,000	0		3							41,000
	36,000	0		,						ļ	36,000
8 5388	44,000	0)		44,000
No Maria	46,000	0		•							46,000
1784	57,000	0							1.		57,000
	57,000	0									57,000
NO NO.	42,000	. 0									42,000
10	43,000	0									43,000
	50,000	0									50,000
2	48,000	0								<u> </u>	48,000
4 13 64	50,000	0						*			50,000
國際	70,500	. 0									70;500
15	70,500	0									70,500
16	33,000	0								<u> </u>	33,000
前7個數	44,000	0									44,000
18	37,000	0									37,000
1988	52,000	0									52,000
20	41,000	0									41,000
2(67,500	0									67,500
22	67,500	0									67,500
23	72,000	0.			:						72,000
24	40,000	0									40,000
1 25 88 1	64,000	0	<u> </u>								64,000
26	39,000	0									39,000
270	50,000	0	İ								50,000
28	68,500	0									68,500
129 (1	68,500	0									68,500
3(0)	64,000	0		1	 			1	1		64,000
31	50,000	0		1					e		50,000
tal											1,608,433
gazka						71.7					51,885
IX											72,000



Piney Woods Well 1	Water System (PWS			3351021						•	
Piney Woods Wali	Riantal Names	Plant 2 Name 4	Plant3 Name	Plant 4 Name	Plant 5/Name	Plant 6 Name.	RiantZiName	Plant 8 Name	(Plant9)Name	Planta O Name	
Piney Woods Wali		Spring Lake									
Well Well Well	Piney Woods			İ	·			j			
432,000			l Martina de la composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición della composición de	l mitted#Mavimum#i	l Davionaration	l magikwa (i Eagla)	l Displacione de la composición de la composición de la composición de la composición de la composición de la co	TATAN SAME BANGSAN AND AND AND AND AND AND AND AND AND A	Sacratian de la marcha de la company		ii/ssien
38,500 0 0 38,500 0 3	432,000	201 600		Titte annanimum :	Bayaspetannyas I	pacitwonicaciii	i an mealighears		anis and an extension of the contract of the c		
38,500 0 38,500 0 38,500 0 38,500 0 38,500 0 25,400 0 25,400 0 25,400 0 25,400 0 35,000 0 35,000 0 35,000 0 35,000 0 36,	102,000	201,000		Benetona atika at	l EinishadiWafalle		ADISSA SILEM				
38,500				MATCHES CONTRACT		(III) COO GC III) WIE A C					the complete and the contract of the contract
35,000						<u> </u>	ļ				
0 25,400 25,400 25,400 33,000 0 35,000 0 36,000				 							
44,000 0											
35,000 0 35,000 0 36,000 0 36,000 0 36,000 0 36,000 0 37,	44.000							· · · · · · · · · · · · · · · · · · ·			
36,000 0 0 36,000 0 36,000 0 36,000 0 36,000 0 37,000 0 3	35,000						ļ	 			
36,000 0 0 33,000 0 344,000 0 344,00			· · · · · · · · · · · · · · · · · · ·					 			
43,000			· · · · · · · · · · · · · · · · · · ·								
34,000 0 0 34,000 0 39,000 0 39,000 0 41,000 0 36,000 0 27,000 0 27,000 0 39,000 0 3								ļi			
39,000 0 0 39,000 0 41,000 0 36,000 0 27,000 0 27,000 0 40,000 0 40,000 0 29,000 0 33,000 0 3	34,000		! 								
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27,000 0 0 27,000 0 40,000 0 40,000 0 40,000 0 29,000 0 29,000 0 29,000 0 33,000 0 335,000 0 335,000 0 44,000 0											
40,000 0 0 40,000 40,000 40,000 29,000 0 29,000 0 33,000 0 33,000 0 37,000 0 44,000 46,500 0 46,500 0 46,500 0 46,500 0 33,000 0 33,000 0 33,000 0 33,000 0 44,000 0 44,000 0 44,500 0 54,500 0											
40,000 0 0 40,000 29,000 0 29,000 33,000 0 39,000 35,000 0 35,000 37,000 0 37,000 44,000 0 44,000 46,500 0 46,500 33,000 0 56,500 32,000 0 57,000 32,000 0 57,000 32,000 0 57,000 32,000 0 57,000 32,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000 33,000 0 57,000											
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1,097,9						<u> </u>			· ·		
											1 007 000



/ate	er System (PWS) Identification N	lumber:	3351021							
	Riantidanie i	Rlant/2/Name	Rlänfi3 Name:	Rlant 4 Name	Riant 5 Names	:Rianti6:Name	Planty Name	Plaint 8 Name	(Plant 9 Name	(Planty Otherne)	
	· ·	Spring Lake									
囊	Piney Woods	Manor	}			:		1	,		
	Well 1	Well 2				;			!		
			Per	milted Maximum	Day.Operating.Ca	ibaoltvioi Eachila	lant dallons oe	roja v			Fio(iz)
	432,000	201,600		244444444444444444444444444444444444444		A Lawrence of the Control of the Con	A CONTROL OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AN				633,60
	***************************************			Net Quantity of	Finished Water)	noduced by Eac	i Plant, dallons				Tiones
	59,000	0				Company					59,000
-	48,000	0									48,000
	37,000	0						 			37,000
	64,500	0							i		64,500
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	49,000	0									49,000
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	27,000	0									27,000 1,313,50

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



			. 4					
See Pages 4 for In		7V	october C					
I. General Informa	tion for the Montl	/Year oi:	August, 2004	<u> Harriston (H. J. Harris</u>				·
A. Public Water Sys	stem (PWS) Inform	nation						
PWS Name:	Sky Crest					PWS Identification Nur	mber:	3351205
PWS Type:	✓ Community	Non-Transient N	on-Community	Transient Non-Co	mmunity	Consecutive		
Number of Service Co	nnections at End of Mo	nth:	118		Tota	l Population Served at End	d of Month:	298
PWS Owner:	Aqua Utilities Flo	rida						under de la companya de la companya de la companya de la companya de la companya de la companya de la companya
Contact Person:	Brian Heath				Con	tact Person's Title:	Area Manager	
Contact Person's Maili	ng Address:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code: 34748
Contact Person's Telep		(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Ma		beheath@aquaan	nerica.com					
	t Plant Informatio	n				wa		
Plant Name:	Sky Crest					Plant Telephone Numb	man alman disentent managam a ma	407-598-4100
Plant Address:	36815 Skycrest B				City: Fruitland	State: Florida		Zip Code: 32731
Type of Water Treatm		Raw Ground Wat	er Purch	ased Finished Water	The destruction of the state of			
		of Plant, gallons per day:		126,000				
	bsection 62-699.310(4),		V	brit of		Class (per subsection 62-6		D
Lead/Chief/Operat		Name		License Clas			Jay(s) / Snitt(s)	Worked
Other Operators:	Brian Heath	TALENAL OF BALLETA OF CARREST CAR		0	6813	Days 1st Shift		
GIVE TO A SECTION OF	John Worrell			<u>c</u>	5825 6597	Days 1st Shift Days 1st Shift		
	John Monor				0397	Days 1st Shift		
100								
								The second of th
	. Haranaa							
								THE STATE OF THE S
	Lead/Chief Operat		1 4				·	
I, the undersigned	water treatment pla	ant operator licensed in	n Florida, am the l	ead/chief operator of	the water treatmen	t plant identified in pa	art I of this repor	t. I certify that the
information provide	ded in this report is	true and accurate to the	e best of my knov	vledge and belief. I c	ertify that all drink	ing water treatment c	hemicals used at	this plant conform to NS
International Stand	dard 60 or other ap	plicable standards refe	renced in subsecti	on 62-555.320(3), F.A	A.C. I also certify	that the following add	litional operation	ns records for this plant
were prepared eac	h day that a license	d operator staffed or v	isited this plant du	iring the month indica	ated above: (1) rec	ords of amounts of cl	nemicals used an	nd chemical feed rates; an
(2) if applicable, a	ppropriate treatmen	nt process performance	records. Further	more, I agree to provi	ide these additional	l operations records to	the PWS owner	r so the PWS owner can
retain them, togeth	her with copies of the	his report, at a conveni	ent location for at	least ten years.				
1119		1/10-14						
		- 11 0 9	Will	Fontaine				C-6813
Signature and Date			Print	ted or Typed Name				License Number
				7 1				

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

PWS ID	:		3351205		Plant Name:	Sky Crest								
III. Da	ily Data	for the Ma	nth/Year o	f:	August, 2004									
Means o	f Achievin	g Four-Log	Virus Inactiv	ration/Remova	al: OCHEPIECO	hlorate	Chlorine Diox	ride l	Ozone	Combi	ned Chlori	ne (Chloramines	3)	
	raviolet Ra			(Describe):	*,•	,	Cinorino Dioz	uuo ,	02010	j. Comor	ilou Ciliori	no (Cincianne.	•	
			-	· -	ution System:	Free Chlor	ine I	Combine	d Chlorine (Chloramines	T	Chlorine Dioxi	de	
ype o	Disintec	tant Kesidu	iai Maintain										uc .	
	er er er er		10 mm		CT Calculations,							V Dose		
			14.,			CL Calc	ulations	ř ·	-	1	U	V Dose	-	
					4.5		Lowest CT							
- 77 7						Disinfectant	Provided						Lowest	
					Lowest Residual	Contact Time (T)	Before or at					10	Residual	Secretary 1995
	Days Plant		Net Quantity		Disinfectant	at C	First				Lowest		Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer	Tommof		Minimum	Operat ng UV Dese,	Minimum UV	Concentration at	Emergency or Abnormal Operating
Day of	Visited by		Water		Before or at First	Point During	During Peak	Temp of Water,	CONTRACTOR CONTRACTOR	CT , Required,	mW	Dose Required;	Distribution	Conditions, Repair or Maintenance Work th Involves Taking Water System Component
the		Hours plant in Operation	Producted,	Peak Flow Rate, gpd	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	°C	pH of Water	, Required, e mg-min/L	sec/cr12	mW-sec/cm ²		Out of Operation
Month	(Hace A)	24.0			reak riow, ing.		**************************************		- Applicable	- 1116-111111/1230	SCOPUL I	m m-scoron	1.3	Susunsprauous
2	Δ.	24.0			1,0					marco Lotto Service			1.3	
er g		24,0	26,667					4.						
4	Х	24.0	26,667	t gi jiya — sabada da	1.2	Bartan Bartania							0.9	
5	X	24.0	23,000		1.1	Evillation in	Res Bug Waling all						0.7	
6-6-	X	24,0	20,000		1.7						4.5		1.3	
7.	X	24,0	23,200		1.5								1.2	
6. 8 · ·	X	24.0	16,000		1.4	Maria de Maria							1.0	
9.4		24.0	24,000							<u>ikijita</u> k		<u> </u>		
108		24.0	24,000					A. Harri						
11	X	24.0	24,000		1,5			y distinct					1.2	
12	X	24.0 24.0	20,000 22,000		1.1								0.9	
14.	X	24.0	20,000		1.0			and the manyar of	Alektronik (spt. p.) Biografija (spt. p.)				0.6	
#.15 ··	X	24.0			1.0					M. Redwooderfall to tall			0.6	
i lór	- 23	24.0				This is a second of					sindres	1 <u>6.</u> No. 3-7	0,0	
17		24.0												
3.18	X	24:0	22,000		1.5								1.2	
M19:-	Х	24.0	15,000		1.0	M artillar					# 10 T		0.8	
204	X	24.0	29,000	ş Peş wir.	1.5		Fisher,		Abstral Col				1.1	
21	X	24.0	17,400		0.8				in in all	f Barrellia,			0.5	
a 22:	X	24.0	23,600		1.0								0,8	
23	X	24,0	22,400	ويفهاك المالدات										
24		24.0					Bir, Millione							
25.5	X	24.0	17,300		1.0								0.7	
4 26	X	24.0	22,300		1.3						415		0.9	
27	X	24.0 24.0			1.2							_	0.9	
20	X	24.0		olle Land C. derrock		# #Baffor Lag 1915 Filip Baffor Table Filip							0.7	
3(0	Λ	24.0		a pour partir de la Principa. La principa de la Principa de la Principa de la Principa de la Principa de la Principa de la Principa de la Pr									U.8-	
6.31		24.0					+	 				+		
			664,900	1	<u> 1984 - 143 berta di Kalanda</u>	<u> </u>	Harte Charle and a second	teriti	<u> </u>	<u>, 18, 25, 25, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27</u>	Let the state of	<u> </u>	<u> </u>	E
No and Property and State of the	0.00	Salar Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca Caraca	21,448	1										

Page 2

29,000

DEP Form 62-555.900/3\Alternate

^{*} 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

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

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

0.043

56%Capacity

Three Month Average Daily Flow: Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE: IIIC NO DISCHARGE FROM SITE:

dmr c date 1/06

LOCATION:

4411 Main Ave.

COUNTY:	Polk				MONITORING PER	IODFrom:	01/01/2006	To:	,	01/31/2006		
Parameter		Quantity of	of Loading	Units	Qua	lity or Concentral	tion	Units	No.	Frequency of	Sample	Туре
		i							NO.	UI UI		
		•										
									Ex.	Analysis		
Flow	Sample Measurement	0.052							0			
PARM Code 50050 Y Mon,Site No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		de antico	or 2000 or 1200			Report Monthly	Calculat Roll,An.A	
Flow	Sample Measurement		0.033						0			
PARM Code 50050 1 Mon Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd		a and the				5 Days / Week	Elapsed 7 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.)	The Mark		MG/L		Report Monthly	Calculat Roll An A	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0		0			
PARM Code 80082, I MON. Site No. EFA-01	Permit Requirement		and the state of t		30.0 x (Mo. Avg.)	P. C. Santa	60.0 (Max.)	MG/L	- 1	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	Calculat Roll.An./	

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	2) tere fully	813-267-2074	06/02/03

DISCHARGE MONITORING REPORT - PART A (Continued) PERMIT NUMBER: FLA013087 Monitoring Group NO: R001

WAFR: 15106

Facility Name: Village Wate	r WWTP	PERMIT!	NUMBER: FI	_A013087	Monitoring Group I	NO.: R001			R: 15196		
Parameter	Quantity of	Loading	Units	luality or Concentrati	on		Units	No. Ex.	Frequency Analysis	Sample	Туре
Solids, Total Suspended	Sample Measurement			3.9		3.9		0			
PARM Code 00530 1 Mon Site No EPA-01	Permit Requirement			30 (Mo Avg.)		60.0 ► (Max)	MG/L		Monthly	Gra	b
pH	Sample Measurement			7.5		8.0		0			
PARM Code 00400 Mon. Site No, EFA-01	Permit Requirement	1100		6.0 (Min.)		8.5 Max	SU		5 Days / Week	Gra	b»
Coliform, Fecal	Sample Measurement			1.7				0			
PARM Code 74055 Y Mon Slie No EFA-01	Permit Requirement			200 (An, Avg.)			#/100mL		Report Monthly	Calcula Roll An	
Coliform, Fecal	Sample Measurement			1.0		1.0		0			
PARM Code 74055 . 1 Mon Sile No.EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Gra	b
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	Gra	b.
Nitrate	Sample Measurement					9.6		0			
Parm Code 08520 1 Mon SiteNo, EFA-01	Permit Requirement		100			12.0 (Max.)	MG/L	4.51	Monthly	Gra	b
BOD, Carbonaceous 5 day, 20C	Sample Measurement			400				0			
Parm Code 80082 G Mon Site No. INF			ta Paga	Annual (February)			MG/L		Annual	Gra	ab
TSS	Sample Measurement			140				0			
PARM Code 00530 G Mon Site No.INF-01	Permit Requirement			Annual (February)	100 P	42,500	MG/L	1. 44	Annual	Gra	ib

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: GROUP: Monthly **Domestic**

MAILING ADDRESS: 6960 Professional Parkway East LIMIT: CLASS SIZE: Final N/A

Sarasota, Fl. 34240

Three Month Average Daily Flow:

0 Capacity

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE: IIIC

R002(spray Field)

MG/L

WAFR NO: 38752

Calculated

Roll.An.Ava.

Report Monthly

NO DISCHARGE FROM SITE:

Monitoring Group Number

dmr c Date 1/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

01/01/2006 To: 01/31/2006 **MONITORING PERIOD--From:** COUNTY: Polk Sample Type Quantity of Loading Units Frequency Parameter Units **Quality or Concentration** of No. Ex. Analysis Flow Sample 0 Measurement Calculated PARM Code 50050 Y 0.075 Report Monthly Permit Requirement mgd Roll.An.Avg. Mon Site No INF-01 (Annual Avg) Flow Sample 0 Measurement REPORT Elapsed Time PARM Code 50050 1 5 Days / Week Permit Requirement mgd Meters Mon, Site No.inf-01 (Mo.Avg.) BOD, Carbonaceous 5 day, 20C Sample 0 4.1 Measurement Calculated 20.0 PARM Code 80082 Y Permit Requirement MG/L Report Monthly MON, Site No. EFA-01 (An.Avg.): Roll.An.Avg. BOD, Carbonaceous 5 day, 20C Sample 2.0 2.0 Measurement 30.0 PARM Code 80082 I 60.0 Permit Requirement MG/L Monthly Grab Site No. EFA-01 (Mo. Avg.) (Max.) Solids, Total Suspended Sample 6.5 Measurement

Permit Requirement

1 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..

20.0

(An.Avg.)

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):

PARM Code 00530 Y

Mon.Site No.EFA-01

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Wate	r WWTP		PERMIT NUM	IBER: Fl	A013087	Monitoring Group I	NO.: R002		WAF	R: 38752	
Parameter		uantity of Loadin	g	Units	C	Quality or Concentration		Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Solids, Total Suspended	Sample Measurement				3.9		3.9		0		
PARM Code 00530 1 Mon Site No EFA-01	Permit Requirement		37.4	ale face	30 (Mo.Avg.)		60.0 (Máx)	MG/L		Monthly	Grab
рН	Sample Measurement				7.5		8.0		0		
PARM Code 00400 1 Mon: Site No:EFA-01	Permit Requirement		11.02		6.0 (Min.)	Tipes a fire	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	12			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		To another than		0.5 (Min.)		A COLUMN	MG/L		5 Days / Week	Grab
	Sample Measurement								0		
	Permit Requirement		1.5	9	lis a second					140 E	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400				0		
Parm Code 80082 G. Mon Site No. INF	Permit Requirement		All field		Annual (February)	100		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

HARBOR BRANCH **ENVIRONMENTAL LABORATORIES, INC.** 5600 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	•	Analyzed Date/Time	Analyst	Lab ID
	2407072001 Effluent gra	b			Sampled: 01/03/0 Matrix: Water		Received.			
Nitrate as N		9.6	mg/L	0.060	EPA 300.0	IC6621		01/4/06 18:49	RS	E96080
Total Suspended So	olids	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
,	2407072002 Influent grai				Sampled: 01/03/0 Matrix: Water	VC.	Received.			
Total Suspended So	olids	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.

Printed: 1/9/06

AQUA UTILITIES FLORIDA WASTEWATER TREATMENT PLANT DAILY OPERATIONS SUMMARY

PLANT NAME: Village Water

Pump #1 = hours run \times 137 gpm, Pump #2 = Hours run \times 172gpm. Pump Trailer = hours run \times 875 gpm.

	MONTH:	Janu	iary-06						Pt	ump Trail	er = ho	urs run	ıX 875 <u>ç</u>	jpm.								
								#1	#2	#3												
	PUM	IP CLOCK	C#1	PUM	P CLOCK	C#2	TOTAL	AERATION	AERATION	AERATION	INFLU	ENT		Е	FFLUE	ENT			FE	CAL	NITF	RATE
DAY	READING	HOURS	FLOW	READING	HOURS	FLOW	FLOW	30 MIN	30 MIN	30 MIN	CBOD₅	TSS	pН	CL ₂	C	BOD₄		ss				
PREV	1191.3			1206.8			MGD	S/S	S/S	s/s				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				<u> </u>				
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	<u> </u>							
14	1228.2	0.0	0	1223.8	3.1	31,992	0.032	<u> </u>					7.6	2.8	<u> </u>							
15		0.0	0		2.8	28,380	0.028								<u> </u>							
16	1228.2	0.0	0	1229.3	2.8	28,380	0.028						7.5	0.8							i	
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	ļ					7.8	3.5	<u> </u>							
20	1228.2	0.0	0	1244.9	5.1	52,632	0.053	ļ					7.6	2.2								
21	1231.2	3.0	24,660	1244.9	0.0	0	0.025	<u> </u>					7.7	2.5								
22		3.1	25,893		0.0	0	0.026								<u> </u>							
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	<u> </u>			<u> </u>				
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	<u> </u>	<u> </u>				7.6	1.8	<u> </u>							
27	1255.6	6.2	50,964	1244.9	0.0	0	0.051	<u></u>				L	7.5	1.2	<u> </u>				<u> </u>			
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	<u> </u>		L	<u> </u>			 	
31	1265.3	0.0	0	1248,1	3.2	30,720	0.031					<u> </u>	7.8	3.5	<u> </u>					ļ	<u> </u>	
Tot	April 1	74	608,280	ARTON	41	423,912	1.032	22.300.300.000.000.000.000		100	400	140	199	62	2	0	4	0	1	U	10	
Avg	10.04-0	2	19,622	49	1	13,675	0.033		2.000		400	140	8	2	2	#DIV/0!	4	####	1	W.U.L	10	

																		_														_	77	_	_
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Reading	Pu	
0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		Hours	Pump Trailer	(R002)
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Flow	er	
19	315	10	20	20	20		40	20	10				10	20			10		20		20		20	10		20			20		25		Min.	WASTED	
1,750	10,500	2,000		-		2,000									2,000	1,000				1,500		2,000											GALS	Supernate	SLUDGE
4,000	8,000											4000		4000																			GALS	HAULED	
#DIV/0!	0																																F	TEMP	AIR
0	0	0.0	0.2		0.0	0.0	0.0	0.2	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0			FALL	RAIN
		700	1130		700	1200	700	1130	700	210		730	300	720	1215	700	200		800	1200	630	100	600	200		800	300	550	530	730	730		TIME		
\vdash		BC	SF		EC	FSF SF	EC	SF	EC	SF		EC	SF	EC	SF	EC	SF		EC	SF	EC	SF	EC	SF		EC	SF	EC	SF	EC	EC		Z	QP	
	-	<u> </u>	J	I		•					1		J.,		.	•																			



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

R001(Perc/Evap Ponds)

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT: CLASS SIZE: Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Three Month Average Daily Flow:

0.038

IIIC

50%

FACILITY:

Village Water WWTP

Monitoring Group Number

WAFR NO: 15196

LOCATION:

4411 Main Ave.

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

dmr date 3/07/06

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PER	IODFrom:	02/01/2006	To:		02/28/2006		···
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Туре
									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	Calcula Roll:An	terre and the second
Flow	Sample Measurement		0.045						0			
PARM Code 50050 1 Man Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd						5 Days / Week	Elapsed Mete	
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	Calcula RolkAn	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0		0			
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement		Wit-		30,0 (Mo. Avg.)	an de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	60.0 (Max.)	MG/L		Monthly	Gra	b
Solids, Total Suspended	Sample Measurement				6.0				0			
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement		4.5		20.0 (An.Avg.)	ir banda		MG/L		Report Monthly	Calcula Roll An	

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 ir formation 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 tun foller	813-267-2074	06/03/08

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001 WAFR: 15196

Facility Name: Village Wate	r WW IP		PERMIT NUM	MDEK. PL	AU13007	Monitoring Group	NO NOO1		VVAII	R: 15196	
Parameter		Quantity of	f Loading	Units	Qua	lity or Concentrat	ion	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		3424		30 (Mo:Avg.)		60.0 (Max)	MG/L		Monthly	Grab
pН	Sample Measurement	,			7.5		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 Sile No EFA-D1	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		eg et ses		0.5 (Min.)			MG/L	100	5 Days / Week	Grab
Nitrate	Sample Measurement						3.1		0		
Parm Code 08520 1 Mon SiteNo. EFA-01	Permit Requirement			6.5			12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				310				0		
Parm Code 80082 - G Mon Site No. INF	Permit Requirement		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement				80				0		
PARM Code 00530 G Mon Site No.INF-01	Permit Requirement				Annual (February)		5316	MG/L		Annual	Grab

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 GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow: N/A

R002(spray Field)

% OF CAPACITY WAFR NO: 38752

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr date 3/8/06

LOCATION:

Eaton Park, Fl. 33801

COUNTY

Polk

MONITORING PERIOD -- From:

Monitoring Group Number

02/01/2006

To:

02/28/2006

COUNTY:	Polk				MONITORING PER	IUDFrom:	02/01/2006	10.		<u>UZIZ0IZUU0</u>		
Parameter		Quantity of	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
							•		Ex.	Analysis		
Flow	Sample Measurement								0			
PARM Code 50050 Y Moit Sile No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd						Report Monthly	Calcula Roll An	
Flow	Sample Measurement								0			
PARM Code 50050 1 Mon.Site No.inf.01	Permit Requirement		REPORT (Ma.Avg.)	mgd						5 Days / Week	Elapsed Mete	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.1		-		0			
PARM Code 80082 Y MON. Site No. FFA 01	Permit Requirement	1532	Julius Light		20.0 (An:Avg.)			MG/L		Report Monthly	Calcula Roll.An	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0		0			
PARM Code 80082 MON. Site No. EFA-01.	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Gra	b
Solids, Total Suspended	Sample Measurement				6.0				0			
PARM Code 00530 Y Mon Site No EFA 01	Permit Requirement		48.14		20.0 (An.Avg.)		and the second section is	MG/L		Report Monthly	Calcula Roll:An	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Wat	er WWTP	PERMIT NUMBER: FLA013087 Monitoring Group NO.: R002				WAFR: 38752						
Parameter		Quantity o	of Loading	Units	Q	uality or Concentration		Units	No.	Frequency of	Sample	Туре
								_	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	Gra	b
рН	Sample Measurement				7.5		7.9	MARKAN AWARDA VALLA	0			
PARM Code 00400 1 Mon, Site No,EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Min.)	SU	100	5 Days / Week	Gra	.b
Coliform, Fecal	Sample Measurement				1.3				0			
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)		STATE OF	#/100mL		Report Monthly	Calcul Roll:An	
Coliform, Fecal	Sample Measurement				1.0		1		0			
PARM Code 74055 1 Mon.Site No.EFA-01 41	Permit Requirement			9.50	Report (Mo. GeoMean)	7.3.48 7.48 7.5.5 7.3 1.48 1.48 1.48 1.48 1.48 1.48 1.48 1.48	800 (Max.)	#/100mL		Monthly	Gra	ib
Total Residual Chlorine (for Disinfection)	Sample Measurement		·		1				0			
r PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		4	MG/L		5 Days / Week	Gra	ıb
	Sample Measurement								0			
THE A CASE NO.	Permit Requirement									20.00	11.00	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				310				0			
Parm Code 80082 G Mon.Site No. IN 01	Permit Requirement				Annual (February)			MG/L	1	Annual	Gra	ab
TSS	Sample Measurement				80				0			
PARM Code 00530 G Mon Site No, INF-01	Permit Requirement				Annual (February)	4.0		MG/L		Annual	Gra	ab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087 Month/Year: February-06

Three-month Average Daily Flow:

0.038

(TMADF/Permitted Capacity)x100:

			Village v	vaterWWT						
	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	<u> </u>	4.5		
3	0.039					7.8		3.5		
4	0.103				1000	7.8		4.2		
5	0.049				Arga.					
6	0.049		35,430			7.6		2.5		
7	0.041					7.6		2.4		
8	0.071		50.0			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				400					
20	-0.028		417			7.7		2.9	·	
21	0.058		7			7.7		3.0		
22	0.044		100			7.6		1.0		
23	0.041					7.9		4.0	ļ	
24	0.079		Spir		Trans.	7.7		3.5		
25	0.040					7.8		3.0		
26	0.059		1				<u> </u>			
27	-0.059				1	7.6		1.2		
28	0.035					7.7		1.0		
PLANT STA	FEING:									

PLANT STAFFING:						
Lead Operator	Class:	В	Certification No.: _	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispos	sal or Reclaime	ed Water Reuse	e: Evaporation / Percula	ation Ponds		

DEP FILE NO.: FLA013087-002-DW3P

Limited Wet Weather Discharge Activated: : : : Not Applicable: Attach additional sheets if necessary to list all certified operators. If yes, cumulative days of wet weather discharge

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34946 Phone: (77c) 465-2400, Ext. 265 Fax: (77c) 467-1584

CERTIFICATE OF ANALYSIS [2407114]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407114001 Effluent grab	ı			Sampled: 02/14/0 Matrix: Water		Received.	: 02/14/06 Wet Weight B		
Total Suspended S	olids	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: Sample ID:	2407114002 Influent grab				Sampled: 02/14/0 Matrix: Water		Received.	: 02/14/06 Wet Weight E		
Total Suspended S	alids	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: Sample ID:	2407114003 Effluent grab			···	Sampled: 02/14/0 Matrix: Water		Received.	: 02/14/06 Wet Weight E		
Nitrate as N		3.1	mg/L	0.060	EPA 300.0	IC6686		02/15/06 14:19		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.

Printed: 2/23/06

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

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

0.038

IIIC

R001(Perc/Evap Ponds)

MG/L

50%

Sample Type

Calculated

Report Monthly

FACILITY:

Village Water WWTP

Monitoring Group Number PLANTSIZE/TREATMENT TYPE:: WAFR NO: 15196

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

Three Month Average Daily Flow:

dmr c ate 4-10-06

П

Eaton Park, Fl. 33801

03/01/2006 To: 03/31/2006 **MONITORING PERIOD--From:** COUNTY: Polk Frequency Units Quantity of Loading Units **Quality or Concentration** Parameter No. of Ex. Analysis

Flow Sample 0.052 Measurement Calculated 0.075 PARM Code 50050 Y Report Monthly Permit Requiremen mgd Roll.An.Avg. Mon.Site No.INF-01 (Annual Avg) Flow Sample 0.050 Measurement REPORT Elapsed Time PARM Code 50050 - 1 5 Days / Week Permit Requirement mgd Meters (Mo.Avg.) Mon, Site No.INF-01 BOD, Carbonaceous 5 day, 20C Sample 3.9 Measurement 20.0 Calculated PARM Code 80082 Y MG/L Report Monthly Permit Requirement Roll.An.Avg. MON, Site No. EFA-01 (An.Avg.) BOD, Carbonaceous 5 day, 20C Sample 3.4 0 3.4 Measurement PARM Code 80082 I 30.0 60.0 MON MG/L Permit Requirement Monthly Grab Site No. EFA-01 (Mo. Avg.) (Max.) Solids, Total Suspended Sample 6.0 Measurement 20.0

Permit Requirement

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.

(An.Avg.)

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 tem talle	813-267-2074	06/04/11

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

PARM Code 00530 Y

Mon Site No.EFA-01

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DISCHARGE MONITORING REPORT - PART A (Continued) PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001

cility Name: Village Water WWTP WAFR: 15196

Facility Name: Village Water WWTP	WWIP		PERMIT NUMBER: FLA01308/	MBER: FL	A013087	Monitoring Group NC	NO: R001		WALK	1	11
Parameter		Quantity	Quantity of Loading	Units	Qua	Quality or Concentration	ion	Units	N _O .	requency of	Sample Type
									Ņ	Analysis	-
Solids, Total Suspended	Sample Measurement				5.9		5.9		0		
PARM Code 00530 1 Mon-Site No EFA-01	Permit Requirement			2000 1000 1000	30 (Mo.Avg.)		60.0 (Max)	J/SW		Monthly	Grab
pН	Sample				7/		70		0		
	Measurement				7.4		<i>V. Y</i>		0		
00 Mon	Permit Requirement				6.0		8.5	US		5 Days / Week	Grab
					Critical		(trilly)				
Coliform, Fecal	Sample				1.3				0		_
	Measurement										
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement				200 (An. Ava.)			#/100mL		Report Monthly	Calculated Roll An Avo
Coliform, Fecal	Sample										
	Measurement				1.0				0		
PARM Code 740551 Mon Site No EFAD1	Permit Requirement				Report (Mo (GeoMean)	P.	800 (May)	#/100mL		Monthly	Grab
Total Residual Chlorine (for	Sample								>		
Disinfection)	Measurement				0.1				c		
PARM Code 50060 1 Mort Site No: EFA-01	Permit Requirement	n detail			0.5.			MG/L		5 Days / Week	Grab
Nitrate	Sample				•		>		>		
	Measurement						6.7		_		
Parm Code 08520 1 Mon SiteNo: EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample					The second secon			>		
	Measurement				#DIV/0!				-		
Parm Code 80082. G Mon. Site No. INIF	Permit Requirement		in or the state of	7.	Annual (February)			MG/L		Annual	Grab "
TSS	Sample								>		
	Measurement				#DIV/0!				_		
PARM Code 00530 G	Permit Requirement		\$ 10.00 \$ 10.0		Annual	Land Control of the C		MG/L		Annual	Grab
					(, or, and)						

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:

Agua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087

REPORT: Monthly GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

CLASS SIZE:

N/A

Three Month Average Daily Flow: Monitoring Group Number

R002(spray Field)

% OF CAPACITY

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE:

WAFR NO: 38752

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr date 3/8/06

COUNTY:	Polk				MONITORING PER	IODFrom:	03/01/2006	To:		03/31/2006		
Parameter		Quantity	of Loading	Units	Qua	lity or Concentral	tion	Units	No.	Frequency of	Sample	Туре
							·		Ex.	Analysis		
Flow	Sample Measurement								0			
PARM Code 50050 Y Mon Site No.INF-01	Permit Requirement	0,075 (Annual Avg)	in the second	mgd		100				Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement		·						0			
PARM Code 50050 1 Mon Site No.inf-01	Permit Requirement		REPORT (Mo.Avg.)	mgd	77777					5 Days / Week	Elapsed Mete	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9				0			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement	6.79			20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll.An	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4		3.4	_	0			
PARM Code 80082 MON ; Site No. EFA-01	Permit Requirement	G 253			30.0 (Mo. Avg.) 🚁	iga ala ja sa	60.0 (Max.)	MG/L		Monthly	Gra	b
Solids, Total Suspended	Sample Measurement				6.0				0			
PARM Code 00530 , Y Mon.Site No.EFA-01	Permit Requirement		Codes	2.92	20.0 (An.Avg.)	English State of Stat		MG/L		Report Monthly	Calcula Roll An	2000 CONT. CO.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Wate	r WWTP	PERMIT NUMBER: FLA013087			Monitoring Group	WAFR: 38752						
Parameter		Quantity	of Loading	Units	(Quality or Concentration		Units	No.	Frequency of	Sample	Тур
									Ex.	Analysis		
Solids, Total Suspended	Sample Measurement				5.9		5.9		0			
PARM Code 00530 1 Mon:Site No.EFA-01	Permit Requirement		40.724		30 (Mo:Avg.)	Christie .	60.0 (Max)	MG/L		Monthly	Gra	b ;
рН	Sample Measurement				7.4		7.9		0			
PARM Code 00400 1 Mon, Site No.EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Gra	ib 💮
Coliform, Fecal	Sample Measurement				1.3				0			
PARM Code 74055 Y. Mon.Site No.EFA-01.	Permit Requirement		fift.		200 (An. Avg.)	Nuse Charles		#/100mL		Report Monthly	Calcul Roll:An	
Coliform, Fecal	Sample Measurement				1.0		1		0			····
PARM Code 74055 1 Mon Sile No.EFA-01	Permit Requirement				Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Gra	ıb
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	Gra	ıb'
	Sample Measurement								0			
	Permit Requirement	Constitution			is stige	line.						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!		,		0			200
Parm Code 80082 G Mon,Site No. INE	Permit Requirement				Annual (February)			MG/L		Annual	Gri	ab
TSS	Sample Measurement	PR-14-7-8-7-8-7-8-7-8-7-8-7-8-7-8-7-8-7-8-7-	2000 State Control of the Control of		#DIV/0!	A CONTRACTOR OF THE CONTRACTOR			0			
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement				Annual (February)	100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg		MG/L		Annual	Gra	ab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087 Month/Year: March-06

Three-month Average Daily Flow:

0.043

(TMADF/Permitted Capacity)x100:

Villago waterWATED (DOOA)

				vaterWWT	P (R001)					
	(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		1			7.5		0.9		
2	0.032	·			Ž.	7.6		2.2		
3	0.061					7.7		2.0		
4	0.038					7.8		3.3		
5	0.044		3.00							
6	0.044					7.9		2.4		
7	0.053				Nets to	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				10	7.4		4.5		
16	0.053				alid L	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				4	7.8		5.0		
24	0.079					7.7		5.0		
25	0.038					7.7		4.2		
26	0.023		1010 251							
27	0.023				2.5	7.7		4.0		
28	0.045					7.7		3.5		
29	0.055		4			7.7		4.1		
30	0.080		full.			7.8		4.5		
31	0.114	-				7.8		4.3		
PLANT STAF	EING									

PLANT STAFFING:							
Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas	
Day Shift Operator	Class:		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 / Perculation Ponds Limited Wet Weather Discharge Activated: : Not Applicable: If If yes, cumulative days of wet weather discharge

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

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										
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25	1				THE PARTY OF THE P		 			
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27				·					 	
28	100				200		<u> </u>			
29							-			
30								 	 	
31	anata-	Class		Cartif	ication No.:		<u> </u>	Name:	<u> </u>	<u> </u>
Day Shift On		Class:					-	Name:		
Day office operation										
Type of Efflu		Class:	d Motor Do			ilation Pon	- ds	rianio.		
Limited Wet * * Attach addi	Weather Disc	charge Activ	vated: √□:	□o: No	t Applicable:			ulative days c	of wet weath	ier dischar
* Attach addi	tional sheets	if necessar	vated: Y—J: y to list all ce	rtified oper		<u>×</u> 1	if yes, cum	ulative days c	n wet weati	er disch

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

DEP FILE NO.: FLA013087-002-DW3P

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

dmr c ate 5/16/06		NO DISCHARGE FROM SITE:	.evA 111Main Ave.	LOCATION:
98131 :ON AFAW (at	IIIC BOOJ (Perc/Evap Ponc	Monitoring Group Number PLANTSIZE/TREATMENT TYPE:	Village Water WWTP	FACILITY:
YII)AAAD 40 % 9 Z	–	Three Month Average Daily Flow:		
•	A/N	CLASS SIZE:	Sarasota, Fl. 34240	
GROUP: Domestic	Final	:ТІМІТ	6960 Professional Parkway East	WAILING ADDRESS:
REPORT: Monthly	T80210AJF	РЕКМІТ ИОМВЕК:	Aqua Utilities Florida	PERMITTEE NAME:
32399-2400	ed, Tallahassee, FL	Asil Station 3551, 2600 Blair Stone Ro	report to: Department of Environmental Protection, A	When completed mail this

							nom the		sove vidiaom tae	or the average of the cum	1 Calculated Rolling Annual Average i
Calculated Roll. Ang.	Верой Молшуу		MG/L			0,0 <u>\$</u> (:gvA:nA)				Permit Requirement	PARM Code 00530 Y Mon. Sile No.EFA-01
		0		·		L. A				Sample Measurement	Solids, Total Suspended
dsið	VirtinoM.		MG/F	60.00 (Max.)		30.0 (Mo. Avg.)				Permit Requirement	PARM Code 80082 1 MON. Site No. EFA-01
		0		2.8		2.8				Sample Measurement	BOD, Carbonaceous 5 day, 20C
betaluola0 gvA:nA:lloЯ	Report Monthly		We\r	130	774	0,02 (,0yA,nA)				Permit Requirement	PARM Code 80082 Y MON, Site No. EFA-01
		0				4. £				Sample Measurement	BOD, Carbonaceous 5 day, 20C
Elapsed Time Meters	2 Days / Week			91.16 A. S.	Part of the second		pbu	(Mo.Avg.)		Permit Requirement	7 03003 ebb.) MA49 - 10-3NI:00 ali3.noM
		0						2£0.0		Sample Measurement	Wolf
betaluoleO gvA.nA.lloЯ	Report Monthly		100	Albert Control			pßw		(6vA leunnA)	Permit Requirement	PARM Code 50060 · Y Mon Sie No INF 01
		0							0.050	Sample Measurement	wolf
	sisylsnA	.x∃				J					· ·
Sample Type	Frequency of	.oN	stinU	rioi	ity or Concentrati	lsu <i>Q</i>	stinU	gnibsod to	Quantity o		Parameter
<u> </u>	9002/02/70		:0]	9002/10/40	:mo17GO	МОИІТОЯІИВ РЕВІ				Polk	COUNTY:

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

I certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the person or persons who manage the system, or those persons/directly responsible for gathering the information, the information submitted is, to the person or persons who manage the system, or those persons/directly responsible for gathering the information under my including the persons who manage the system, or those persons/directly responsible for gathering the information.

	91/90/90	470S-767-8	Steen + Me	Steve Fuller Operator III
ĺ	(DAYMMIDD)	TELEPHONE NO.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER CR AUTHORIZED AGENT	NAMEATITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Eston Park, Fl. 33801

DISCHARGE MONITORING REPORT - PART A (Continued)

96121 :AAAW

Monitoring Group MO.: R001

PERMIT NUMBER: FLA013087

Facility Name: Village Water WWTP

			100			il and a second			B1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
derið	lsunnA		Wevr			Annnal (Tebruary)				Permit Requirement	Mon, Sile No.1NF-01 PARM Code 00530 G
		0				#DIA\0i				Sample Measurement	SST
deið	AnnnA		W@\F			lsunnA (Msində4) 👵				Inemerlupa A imme P	101
	· ·	0				#DIA\0i				Measurement	Parm Code 80082 G Mon Site No, INF
		U		(xeW)						Sample	BOD, Carbonaceous 5 day, 20C
deið	yldnoM		MG/L	12.0				100		Permit Requirement	Parm Code 08520 .1 Mon SiteMo. EFA-01
		0		£.8				i		Sample Measurement	eterilV
dsit).	2 Days / Week		7/5W			(,niM)			1.52	Permit Requirement	* Mon Site No EFA-01
		0				90		<u> </u>		Measurement	Disinfection) PARM Code 50060 1
		0				7				Sample	Total Residual Chlorine (for
den Đ	VidinoM	120	JM001/#	008 (xsM)		Report (Mo. GeoMean)				Permit Requirement	PARM Code 74055 1 Mon. Sile No. EPA-01
		0		ı		0.1				Measurement	
gvA.nA.lloЯ						(.gvAnA)				Sample	Coliform, Fecal
beteluoleO	Report Monthly					200				Permit Requirement	PARM Code 74065 Y
		0	į			£t				Sample Measurement	Coliform, Fecal
deta)	2 Days / Week		ns	6.8 (Min.)		0.8 (.niM)				Permit Requirement	PARM Code 00400 Mon.
		0		6.Y		L'L		<u></u>		Measurement	-71 0000-5-0 000
		U						7.0		Sample	Hq
dහට.	ΑμμυοΜ		7/5W	0.05 (xsM)		0£ (;gvA:oM)				Permit Requirement	PARM Code 00530 1 Mon Sile No EFA-01
	42222	0		r.2		۱.3		A A STATE OF THE PARTY OF THE P		Sample Measurement	Solids, Total Suspended
	sisylsnA	.x∃							L	-13	hobaggaga letoT shilo2
Sample Type	Frequency of	.oN	stinU	uoļ	stinU	guibsod ic	Quantity o		Parameter		
Village Water WW1P PERMIT NUMBER: PLA013087 Monitoring Group NO.: R001 WAPR: 15196									·		

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

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

0.042

% OF CAPACITY 42%

FACILITY:

Village Water WWTP

Monitoring Group Number PLANTSIZE/TREATMENT TYPE: R002(spray Field)

WAFR NO: 38752

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr c ate 5/16/06

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PER	dOD-From:	04/01/2006	To:		04/30/2006		
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement								0			
PARM Code 50050 Y Mon Sile NotNF-01	Permit Requirement	0.075 (Annual Avg)		mgd	10 ¹⁵					Report Monthly	Calcula Roll An	
Flow	Sample Measurement								0			
PARM Code 50050 1 Mon Site No Inf-01	Permit Requirement		REPORT (Mo:Avg.)	mgd						5 Days / Week	Elapsed Mete	
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.)	Egita Madas	4 5 3 1 1	MG/L		Report Monthly	Calcula Roll.An	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.2		8.2		0			
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Gral	ıb
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	Calcula Roll An	

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	Stem fully	813-267-2074	06/05/16

Facility Name: Village Water WWTP PERMIT NUMBER: FLA013087 Monitoring Group NO.: R002 WAFR: 38752

Facility Name: Village vvate			PERMIT NUM	VIDEIX. 1 L	31070007	Monitoring Group	11011002	WAFR: 30/52				
Parameter		Quantity (of Loading	Units	Q		Units	No.	Frequency of	Sample	Туре	
		·							Ex.	Analysis		
Solids, Total Suspended	Sample Measurement				5.1		5.1		0			
PARM Code 00530 1 Mon Site No EFA-01	Permit Requirement				30 (Mo.Avg.)		60.0 (Max)	MG/L		Monthly	Graf)
рН	Sample Measurement				7.7	_	7.9		0			
PARM Code 00400 1 Mon, Site No.EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Min:)	SU		5 Days / Week	." Gral)
Coliform, Fecal	Sample Measurement				1.3				0			
PARM Code 74055. Y Mon Site No EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Report Monthly	Calcula Roll.An.	
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	Gral)
Total Residual Chlorine (for Disinfection)	Sample Measurement				2				0			
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days / Week	Gral)
	Sample Measurement					<u> </u>			0			
Terresco	Permit Requirement										144	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1000 v	#DIV/0!				0	-		
Parm Code 80082 G Mon Site No. INF	Permit Requirement				Annual (February)			MG/L		Annual	Gra	b
TSS	Sample Measurement				#DIV/0!			5733343500 vi 7	0			
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Gral)

Permit Number: FLA013087

Three-month Average Daily Flow: 0.042 (TMADF/Permitted Capacity)x100:

Month/Year: April-06

Village waterWWTP (R001)

W teW betimi. Ditibbs dosttA					/bblicable:	ı 7	it yes, cumu	lative days of	wet weathe	er discharg
ype of Effluer		. Reclaimed	Water Reu	se: Evapora	Lione \ noit	sbno9 noits	•			·
Chief Day Opi) sss: -			- oM noits:		l	Name:		
aqO flift Ope) sss:			oM noits:			Name:		
oay Shift Ope) sss: -			oM noits:			Name:		
oay Shift Ope) sss: -			oV noite:			.emsN		
AATS TNAJo OsetadO bas.)lass:	В	Certific	:.oV noits:	7568	ļ	Name:	Steve Full	J-E
	EING:	J	T			<u> </u>		T		
30	650.0					8.7		8.2	 	
82	980.0		150,000			8.7	 	0.8		
72	0.020		2.0			6.7		2.3	<u> </u>	
						+		0.5		
56	640.0				4.5	6.7	ļ			
52	ZV0*0					6.7		2.6		
24	0.020		136			7.7		0.5	ļ	
23	0.020									
22	670.0					7.7		3.4	<u> </u>	
12	0.030		1.0			7.7	ļ	8.2		
50	0.010					7.7	ļ <u>.</u>	3.0	<u> </u>	· · · · · ·
61	980,0					7.7	<u> </u>	2.6		
81	650.0		10.00			8.7		8.2		
۷١	720.0					8.7		3.2		
91	720,0		16			8.7				
Gl	140.0							3.5		
Þl	960,0		100			8.7		9.6		
13	0900					8.7		8.2	<u> </u>	
15	180.0		2.2			8.7		7.8		
11	970'0	2.8		٦.٤		8.7	0.1	0.4	€.8	1.8
01	970.0					8.7		7.2		
6	0.026				100					·
8	0.032					8.7		9.6		
	140.0+					8.7		0.3		
9	920.0	-				8.7		8.2		
9	980'0					7.7		2.9		
7	680.0					8.7		8.2		
ε	120.0				ili ili	8.7		2.5		
2	120.0		440		. Shirt					
ı	, 410.0		11			8.7		0.5		
ejiS.noM	FLW-01	FFA-01	ro-ani	FFA-01	- 10=3NL-	FFA-01	10-A73	FFA-01	FFA-01	EFA-01
eboO	09009	8008	Z8008	00230	00930	00400	390 1 7	2009	02900	00230
,	10					(stinU	Bacteria (#\100ml)	(դ/ճա)		
	(WGD)	(¬J/6w)	(7/6ш)	(עומ _/ ך)	(ŋ/6w)	.bt2)	moliloO	Disinfect.)	(դ/ճա)	(µ/6ɯ)
	MOIH	CBOD2	CBOD2	ssT	SSL	Hd	Fecal	TRC (For	Nitrate	SST

DEP FILE NO.: FLA013087-002-DW3P

▶0-e-S nois19V

Permit Number: FLA013087 Month/Year: April-06

Three-month Average Daily Flow:

0.042

(TMADF/Permitted Capacity)x100:

			Village v	vaterWWT	P (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					14					
5				· · · · · · · · · · · · · · · · · · ·						
6										
7							<u> </u>			
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10				···········	100					
11	7.0									-
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30				······································					<u> </u>	<u> </u>
PLANT STA		01	-	010	laatlan bla	0007		Name:	Stove Eul	lor
Lead Operat		Class:	B		ication No.:	8937	-	Name: Name:	Steve Ful	101
Day Shift Op		Class:			ication No.:		-	Name:		
Day Shift Op		Class:			ication No.: ication No.:		-	Name:		
Day Shift Op		Class:			ication No.:		-	Name:		
Chief Day O Type of Efflue		Class:	d Water Po			lation Pond	- Is	, Taille,		
Limited Wet					: Applicable:[ulative days o	f wet weath	er dischar
Limited Wet \ Attach addi	ional sheets	if necessar	y to list all ce				n yee, call	uidure days o	, and model	J. 4.361418

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



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

LIMIT:

Final

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

N/A

IIIC

Three Month Average Daily Flow: Monitoring Group Number

R001(Perc/Evap Ponds)

% OF CAPACITY WAFR NO: 15196

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave.

NO DISCHARGE FROM SITE:

PLANTSIZE/TREATMENT TYPE:

dmr date 1/01

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PERIOD-	-From:	05/01/2006	To:		05/31/2006		
Parameter		Quantity of	of Loading	Units	Quality o	or Concentrati	on	Units	No.	Frequency of	Sample	Туре
			,						NO.	OI .	1	
									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	Calcula Roll An	
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 Mete	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3				0			
PARM Code 80082 Y MON: Site No. EFA-01	Permit Requirement	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	i i i		20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll.An.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		3.0		0			
PARM Code 80082 1 MON. Sile No. EFA-01	Permit Requirement	1.1	1.5		30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Gral	b
Solids, Total Suspended	Sample Measurement				5.1				0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement	Fig.			20.0 (An.Avg.)		ur de formit	MG/L		Report Monthly	Calcula Rell:An	Part of the second

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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	Stup Julley	813-267-2074	06/06/13

WAFR: 15196 PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001 Facility Name: Village Water WWTP No. Frequency Units Sample Type Quantity of Loading Units luality or Concentration Parameter Analysis Ex. Solids, Total Suspended Sample 10.0 10.0 Measurement 30 60.0 PARM:Code 00530 1 MG/L Monthly Grab Permit Requirement Mon.Site No.EFA-01 (Mo.Avg.) (Max) pΗ Sample 7.8 7.9 0 Measurement 8.5 6.0 PARM Code 00400 Mon. SU 5 Days / Week Grab Permit Requirement (Min.) (Min.) Site No.EFA-01 Coliform, Fecal Sample 1.3 Measurement Calculated 200 PARM Code 74055 Y Report Monthly #/100mL Permit Requirement Roll.An,Avg. (An. Avg.) Mon.Site No.EFA-01 Coliform, Fecal Sample 1.0 1 Measurement 800 Report PARM Code 74055 1 Monthly #/100mL Grab Permit Requirement (Max.) Mon.Site No.EFA-01 (Mo. GeoMean) Total Residual Chlorine (for Sample 2.8 Measurement Disinfection) 0.5 PARM Code 50060 1 MG/L 5 Days / Week Grab Permit Requirement (Min.) Mon. Site No. EFA-01 Nitrate Sample 0.24 0 Measurement Parm Code 08520 1 12.0 MG/L Monthly Permit Requirement Grab Mon SiteNo. EFA-01 (Max.) BOD, Carbonaceous 5 day, 20C Sample #DIV/0! Measurement Annual Parm Code 80082 G Mon Site No. INF Annual MG/L Grab Permit Requirement (February) TSS Sample #DIV/0! Measurement PARM Code 00530 G Annual MG/L Annual Grab Permit Requirement (February) Mon.Site No.INF-01

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:

REPORT: FLA013087 Fir_ial

Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

GROUP:

Domestic

Sarasota, Fl. 34240

CLASS SIZE:

N/A

Three Month Average Daily Flow:

APACITY

WAFR NO: 38752

Sample Type

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

R002(spray Field)

NO DISCHARGE FROM SITE:

Monitoring Group Number

dmr c ate 6/13/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006 Parameter **Quantity of Loading** Frequency Units **Quality or Concentration** Units of No.

	,										
									Ex.	Analysis	
Flow	Sample Measurement								0		
PARM Code 50050 Y Mon Site No.INF-01	Permit Requirement	0,075 (Annual Avg)		mgd		and the second				Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement		0.00.						0	-	
PARM Code 50050 1 Mon.Site No.int-01	Permit Requirement		REPORT (Mo.Avg.)	mgd		Probability				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3		, v. 1, v. 1, v. 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				3.0		3.0		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				5.1				0		4403
PARM Code 00530 'Y Mon Site No EFA-01	Permit Requirement				20.0 (An Ava.):			MG/L		Report Monthly	Calculated

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 monthly 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

Facility Name: Village Water WWTP

PARM Code 00530 G Mon Site No (MF-01	Permit Requirement	a sulf on the			leunnA. ((neurde3))			WG/L		leunnA	Gisp
SSL	Sample Measurement				#DI/\0i				0		
Parm Code 80082 G Mon Site No. INI 01	Memorapovi mino i		VIII WALL		(February)			We/r		lsunnA	deta
	Measurement				io\VIQ#			11-211			440
BOD, Carbonaceous 5 day, 20C	Sample		101700000000000000000000000000000000000	1000, 1000					0		
	Permit Requirement							463		A COUNTY OF	
<u> </u>	Sample Measurement	-					A CONTRACTOR OF THE CONTRACTOR		0		
Non. Sile No. EFA-01	Permit Requirement	100			3.0 (.niM)			We/r		р райз / Меек	dena
Total Residual Chlorine (for Disinfection)	Sample Measurement		<u> </u>		8.2				0		
PARM Code 74055 1 Mon.Sile No. EFA-01	Permit Requirement				Report (Mo: GeoMean)		008 (.xsM)	ղա00 <i>Լ/#</i>		(InjuoM	dene
Coliform, Fecal	Sample Measurement	350000000000000000000000000000000000000		222 100 100 100	0.1	<u> </u>	0.1		0		
Man, Sile No. EFA-01	Permit Requirement				(:evA :nA)	**************************************		ղա <u>օ</u> օւ/#		Report Monthly	.gvA.nA.lloA.
50000000000000000000000000000000000000	Measurement				1.3 200 ⁰ (1.3	36.9968			0		beteluolaQ
Mon. Site No. EFA-01 Coliform, Fecal	Permit Requirement		perfect the street		(.niM)		(:tiiM)		U		
PARM Code 00400 1	Measurement	200000000000000000000000000000000000000			0.9		978	ns		5 Days / Week	drið
Ho	Sample				8.7		6. 7		0		
PARM Code 00530 1 Non, Sile No EFA-01	Permit Requirement				30 (BvA.oM)		0 09 (xeM)	Wevr		· AlqquoM	Clab
bebneqsu S lstoT , cilos	Sample Measurement		8 4 4 5 1 W M M M M M M M M M M M M M M M M M M		0.01		0.01		0		11/0/2015/51
						1			.x∃	sisylenA	
	1	*							.oN	ĴΟ	
Rameter Parameter Parameter	Que	antity of Loading	ERMIT NUM	atinU		Monitoring Graup Mality or Concentration		stinU		Frequency	Sample Type

B TRA9 - STJUSBR BJ9MAS YJIAO

Permit Number: FLA013087

Month/Year: May-06

Three-month Average Daily Flow: 9£0.0

(TMADF/Permitted Capacity)x100: 0061/00/10

Village waterWWTP (R001)

ther discharg	səw təw t	o sysb evitslu	if yes, cum		: Applicable:	ION :	sted: Y	harge Activ	osiG reather steeds into steeds isnot	/ jeW bejimiJ
		:OUUDA	S	pno9 noitslu	•		ieR retsW be	Class: yr Reclaime	orator Int Disposal o	Chief Day Ol
		Name:			ication No.:					Day Shift Op
IOAR	13100071	Name:			ication No.: ication No.:		5	Class: Class:		Day Shiff Op
	EDDIE	Name: Name:		13244	ication No.:			Class:		Day Shiff Op
	Steve F	Name:		7568	ication No.:		8	Class:		Lead Operat
		.,								ATS TNAJ9
		3.5		8.7	1.28 1.28 2.27		m, a		6+0,0	31
		1.4		6.7					120.0	30
		1.8		8.7					0.020	58
							110		0.020	28
		0.5		8.7					810.0	72
		4.8		8.7	100				140'0	56
		8.2		8.7					0.032	52
		1.8		8.7					980 0	24
		0.8		6.7					0.025	23
		6.4		6.7					0.023	22
					100				620.0	21
		6.₽		6.7					810.0	50
		0.4		8.7					860.0	61
		8.5		6.7					210.0	18
		5.5		8.7					660.0	۷١
		2.4		8.7					6.033	91
		0.4		6.7	100		745		910.0	91
									910,0	٦١
		9.₽		6.7			40.00		160.0	13
		3.5		8.7					280,0	12
		0.4		8.7					960.0	- 11
		3.5		8.7					140.0	10
0.01	⊅ 2.0	0.4	0.1	8.7		0.01		3.0	660.0	6
		1.4		8.7			40644		0.020	8
							2.52		0.020	7
		0.4		6.7					610.0	9
		3.8		8.7			2 41		460.0	g
		0.8		8.7	7.4		14142		0.042	7
		1.8		8.7					0.031	3
		5.5		6.7					9000	
		3.2		8.7					0.020	ı
10-A73 1	EFA-0	10-A73	10-A73	FPA-01	10-ANI-	EFA-01	INE-01	10-A∃∃	ETM-01	ejiS.noM
	0000	09009	99074	00+00	00230	00930	28008	S8008	20020	əboO
		(ח/bu)	Bacteria (#/100ml)	(stinU						
	(J/Bw)	Disinfect.)	moilloO	.bf2)	(¬/6w)	(mg/L)	(ŋ/6w).	(mg/L)	(MGD)	
SST	Nitrate	TRC (For	Fecal	Hq	SSI	SST	CBOD2	CBOD2	Wolf	

Permit Number: FLA013087 Month/Year: May-06

Three-month Average Daily Flow: 0.0. (TMADF/Permitted Capacity)x100:

				/aterWWT						
	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					70.0					
7										
8										
9		3.0		10.0			1.0		0.24	10.0
10	7									
11	5-10 M									
12	20%		e .		77					
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14										
15				<u></u>			 			
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25	P. Special control of		96							
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28	14.6				100					
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30										
31										
PLANT STA			4.000						·	······································

31							
PLANT STAFF	ING:						
Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Oper	ator Class:	С	Certification No.:	13244	Name:	Eddie C.	
Day Shift Oper	ator Class:	С	Certification No.:		Name:	Robert Paver	
Day Shift Oper	rator Class:		Certification No.:		Name:		
Chief Day Ope	rator Class:		Certification No.:		Name:		
			e: Evaporation / Percula		;		
Limited Wet We	eather Discharge Ac	tivated: Y:	lo: Not Applicable: ✓	}	If yes, cumulative days	of wet weather discharge	E
* Attach addition	nal sheets if necess	ary to list all certi	fied operators.				

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I 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	Qualifi	1 er Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	24072030 Effluent g	-			Sampled: 05/09/06 Matrix: Water		Received: reported on \	05/09/06 Wet Weight E		
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 Sc	olids	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.

						I	1	
eieylsnA	Ex.							
ło	.oM		1				1	
Frequency		stinU	noit	Quality or Concentra	stinU	Quantity of Loading		Parameter
900Z/0E/90		:0T	9002/10/90	МОИІТОRING РЕRIODFrom:			Polk	COUNTY:
						108	Eaton Park, Fl. 33	
30\21\791s	amr c			NO DISCHARGE FROM SITE:			.evA nisM 1144	LOCATION:
			IIIC	PLANTSIZE/TREATMENT TYPE:		qП	Village Water WW	FACILITY:
36131 :ON A	IAW	Ponds)	R301 (Perc/Evap	Monitoring Group Number				
44% Capacity			<u>0.033</u>	Three Month Average Daily Flovv:				
			∀/N	CFV22 SISE:		01	Sarasota, Fl. 3424	
Domestic	:9UO	ЭВЭ	Final	:TIMIT:		Parkway East	6960 Professional	MAILING ADDRESS:
Monthly	:ТЯО	чэя	780810A.17	РЕКМІТ ИОМВЕК:		da	Aqua Utilities Flori	PERMITTEE NAME:
0	9-2 40 0	1 3 3 3 3 3 6 3 3 6 3 6 3 6 3 6 9 6 9 6 9	ed, Tallahassee,	all Station 3551, 2600 Blair Stone Ro	ction, Ma	ent of Environmental Prote	.ebort to: Debartm	When completed mail this i
ΑT	ЯАЧ	1 - TAOc	ITORING REF	ECTION DISCHARGE MON	тояч.	F ENVIRONMENTAL	O TNEMTAA	DE

П	Same of the second				ge is the average of the current monthly average and the preceding 11 months average.								
bateluoleO gvA.nA.lloFi-	Керой Моліпу		MG/L			0.0S (BvA.nA)				Permit Requirement	PARM Code 00530°Y "Mon Site No EFA-01		
		0				6.8				Sample Measurement	Solids, Total Suspended		
qeið	yldtnoM		We/r	0.0a (XsM)		30.05 (:pvA.;oM)				Permit Requirement	PARM Code 80082 1 MON Sile No. EFA-01		
		0	:	2.2		2.2			-	Sample tnamerutsaM	BOD, Carbonaceous 5 day, 20C		
beteiluated	Report Monthly		' Weyr'			20.0 (An.Avg.)			1000	Permit Requirement	PARM Code 80082 Y		
		0				3.2				Sample Measurement	BOD, Carbonaceous 5 day, 20C		
Elapsed Time Meters	2 Дэйг ү Мөск						рбш	REPORT (Mo.Avg.)		Permit Requirement	PARM Code 50050 1		
		0						240.0		Sample Measurement	Flow		
bajaluaja gyA.nA.lloAt	Вероп Молтлу						рвш		GVA leunnA)	Permit Requirement	MonSile No INF 01 PARM Code 2005D Y		
		0							940.0	Sample Measurement	Flow		
	aiaylenA	Ex.							<u> </u>				
Sample Type	Frequency of	.oM	stinU	Quality or Concentration			stinU	ot Loading	Quantity o		Parameter		

Calculated Kolling Annual Average is the average of the current monthly average and the preceding 11 months average.

toerlify 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 there are significant penalties for submitting false information, including the possibility of tine and imprisonment for knowing violations..

	F2/70/80	470S-767-818	1) Tem 4 see	Steve Fuller Operator III
l	(DATE (YYMMIDD)	TELEPHONE NO.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Facility Name: Village Water WWTP

		Osea-Sala		Section and Control of the Control	Executive and the second						
data	lsunnA		-We⁄r		r meddini	leunnA (vneurdeA)	100	e aprovi seme		Permit Requirement	PARM Code 00530 G Mon Sile No INF-01
		0				#DIA\0i				Sample Measurement	201
daīĐ	Jenun A		We/r			(February)				maniampayimina i	SS1 10°
**						leunnA					Parm Code 80082 G Mon Sile No INF
		0				#DIA\0i				Sample Jnementanent	BOD, Carbonaceous 5 day, 20C
dana)	ylntnoM		WG/L	12.0 (xsM)				17 19 6 6 18		Permit Requirement	FO-A33 onatic nom.
		0		1.0						Sample Measurement	- Parm Code 08520 1
denð.	р раўз (Меек		We/r			(aniM)				Permit Requirement	Mon Şile No. EFA-01 Nitrate
			,,,,,		Transfer and the second	90		_			*PARM Code 50060 1
		0				7			ŀ	Sample Measurement	Total Residual Chlorine (for Disinfection)
dere)	λίτμυογγ		7W001/#	,008 (xsM)		Report (Mo. GeoMean)				Permit Requirement	Mon, Site: No. EFA-01
					.				3.4	Measurement	PARM Code 74055 1
		0		ŀ		0.1				Sample	Coliform, Fecal
bətəlicilər bvA.nA.llost	Report Monthly		Jm001/#			200 (AvA.nA)				Permit Requirement	PARM Code 74055° Y Mon Sile No EFA-01
		0				1.1				Sample Measurement	Coliform, Fecal
dera	2 Days / Week		กร	3.8 (.niM)		0.8 (.niM)				Permit Requirement	PARM Code 00400 Mon.
		0		1.8		8.7	<u> </u>			Measurement	
				(XeM)		('bvA.oM)				Sample	t0-AT3 oV sli2.noM Hq
dsiĐ	VirtinoM		We/f	0.09		30				Permit Requirement	PARM Code 00530 1
		0		8.8		8.8				Sample Measurement	Solids, Total Suspended
	sisylsnA	Ex.				·····			<u> </u>		F-1-1-01-1-1
Sample Type	Frequency of	.oN	stinU	Quality or Conceintration			stinU	U gnibeod to Quantity of Loading			Parameter
	96131 :ਸ	-IAVV							4100001	Facility Name: Village Wate	

R002(spray Field) WAFR NO: 38752 Monitoring Group Number % OF CAPACITY 8% 0.034 Three Month Average Daily Flow: A/N CLASS SIZE: Sarasota, Fl. 34240 6960 Professional Parkway East **WAILING ADDRESS:** GROUP: Domestic Final TIMIL Aqua Utilities Florida REPORT: Monthly PERMITTEE NAME: 780210AJ7 PERMIT NUMBER: When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FACILITY: Village Water WWTP PLANTSIZE/TREATMENT TYPE: IIIC dmr date 1/01 dmr date 1/01 dmr date 1/01

Eaton Park, Fl. 33801

1	Calculated Rolling Annual Average is the sverage of the current monthly average and the preparation 11 month's average											
Calculated up. A. A. A. A. A. A. A. A. A. A. A. A. A.	Report Monthly	S. S. S. S.	WG/F			0.0S (.gvA.nA)		100		Permit Requirement	PARM Code 00530 Y Mort Site No. EFA-01	
		0				5. 3				Sample Measurement	Solids, Total Suspended	
derð	YlrtinoM		WG/F	0.08 (,xgM)		0.0g (.gvA.oM)				Permit Requirement	PARM Code 80082 1 MON Sile No. EFA-01	
		0		2.2		2.2				Sample Measurement	BOD, Carbonaceous 5 day, 20C	
betalualed gvA:nA:lloA	Report Monthly		MG/L	10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A		0.0S (.evA.nA)				Permit Requirement	PARM Code 80082 Y	
		0				3.2				Sample Measurement	BOD, Carbonaceous 5 day, 20C	
Elapsed Time Reters	р рауз / Week				16 Mar (2004)		p6w	TAO93A (Mo.Avg.)		Permit Requirement	PARM Code 50050 1	
		0						wolf on		Sample Measurement	Wolf	
Çalculated ∴çyvA.nA.lloЯ	Report Monthly						pßw		270.0 (eyA*lsunnA),	Permit Requirement	PARM Code 60050 Y Mon Sile No. INF-01	
		0								Sample Measurement	wol	
	sisylsnA	Ex.										
Sample Type	Frequency fo	.oN	stinU	ntity of Loading Units Quality or Concentration					Quantity o		Parameter	
	9002/06/90		:0T	900Z/10/90	MONITORING PERIODFrom: 06/01/20						COUNTY:	

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

1 Calculated Rolling Annual Average is the average of the current monthly average and the precent month of two persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to 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.

F2/70/80	\$13-267-2074	Stew 4 suckle	Steve Fuller Operator III
(DD/MM/VY) JTAD	тегерноие ио.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHCRIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

10	BOD, Carbonaceous 5 day, 20C Sample Measurement Parm Code 80082 G Mon Sile No. INF	Sample Measurement Permit Requirement	Total Residual Chlorine (for Sample Disinfection) Measurement PARM Code 50:000 1 Mon Sile No. EFA:01 Permit Requirement	Coliform, Fecal Sample Measurement PARM Code 74055 1 Permit Requirement Permit Requirement	Coliform, Fecal Sample Measurement PARM Code 74055 Mon.Sile No.EFA.01 Sample Measurement Permit Requirement	pH Sample Measurement PARM Code 00400 1 Permit Requirement	Solids, Total Suspended Sample RARM Code: 00:30 1 Mon Site No EFA-01 Permit Requirement	Parameter	Facility Name: Village Water WWTP
Sample	ent	ent ement	ent ement	ement ement	ent ement	ent ent	ent ement	Đ	
_			10 A					Quantity of Loading	PER
	19 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							PERMIT NUMBER: FLA013087
							<u> </u>	Units	ER: FLA
	#DIV/0! Annual (February)		2 0.5 (Min.)	1.0 Report Mo. GeoMean)	1.1 200 (An: Avg.)	7.8 6.0	8.8 30 (Mo Avg.)	C	.013087
								Quality or Concentration	Monitoring Group N
				(Max.)	(WIII.)	8.5 8.5	8.8 60.0 (Max)	ā	NO.: R002
	MG/L		MG/L	#/100mL		US	MG/L	Units	•
0	0		0	0	0	• 0	0	E No.	WAFF
	Amuai		5.Days / Week	Monthly	Report Monthly	5 Days:/.Week	Monthly	Frequency of Analysis	WAFR: 38752
	Grab		Grab	Grab	Ro Cr	Grab	Grab	Sample Type	

Month/Year: June-06 Permit Number: FLA013087

Three-month Average Daily Flow: ££0.0

01/00/1900 (TMADF/Permitted Capacity)x100: Village waterWWTP (R001)

		-		abaod acit						Type of Effluen
		19me: -			—oV noits			922: —		Chief Day Ope
10	Yobert Pav	lame: [*	-	-:.oV noise			.sse: -		Day Shift Ope
	Eddie Chris	_		13244	ation No.: -:.oV noits	-	<u> </u>	922: 922:		Day Shiff Ope Day Shiff Ope
	Steve Fulle	_		7568	ation No.:		8	 see:		Lead Operator
							_	•		IAATS TNAJ9
		3.5		8.7					990.0	30
		3.2		8.7					990'0	58
		0.6		8.7					860.0	28
		3.5.		8.7			1,000		890:0	72
		3.0		8.7					970'0	56
									970'0	52
		2.5		6.7	145				#610°0	24
		2.1		1.8	10.0				990'0	23
	1	2.5		6.7					770.0	75
		3.5		6.7					0.028	12
		9.5		0.8					990'0	50
		2.4		6.7					0.028	61
									#8Z0:0	81
		2.5		6.7					680.0	۷١
		0.6		6.7	100		121		740.0	91
		2.5		6.7	1 12 14				860.0	91
		3.2		8.7					180.0	Þί
		3.0		8.7					860'0	13
		0.4		8.7					820.0	12
									820,0	11
		3.2		8.7	e .				810.0	01
		3.0		8.7			150		790 0	6
		3.8		8.7			344		. 250.0	8
		2.4		6.7			400		660.0	7
8.8	1.0	G.₽	0.1	6.7		8.8		2.2	980.0	9
		2.9		8.7					610101	9
									6L0.0	Þ
		9.6		8.7					260.0	3
		3.5		8.7					ZE0.0	7
		0.4		8.7	-				6.024	ı
FFA-01	10-A73	FFA-01	FFA-01	FFA-01	INF-01	FFA-01	ro-AVI	10-A73	-FLW-01	eti2.noM
00230	0000	20090	330 1 7	00+00	00930	00230	28008	8008	20020	əboO
(⁊/ɓɯ)	(շ/ճա)	Disinfect.) (mg/L)	Coliform Bacteria (#/100ml)	.bfd. Units)	(1 /6w)	(շ/ճա)	(7/6W) <u>.</u>	(¬/ճա)	(WGD)	
SST	Nitrate	TRC (For	Fecal	Hq	SSI	SST	CBODS	CBOD2	WOIH .	

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				7							
5	no flow											
6	no flow	2.2		8.8			1.0		0.1	8.8		
7	no flow				43,534.5							
8	no flow-											
9	no flow											
10	no flow											
11	no flow	· · · · · · · · · · · · · · · · · · ·										
12	no flow											
13	no flow				.7.62							
14	no flow											
15	no flow											
16	no flow											
17	no flow		100									
18 19	no flow		1111									
20	no flow		termed a									
21	no flow					,				·		
22	no flow											
23	no flow			 -								
24	no flow											
25	no flow	·	411					·				
26	no flow											
27	no flow	 										
28	no flow											
29	no flow	•	e galacies									
30	no flow					-		_				
PLANT STAF			AND DESCRIPTION OF THE PARTY OF THE		***							

PLANT STAFFING:						·····
Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:	С	Certification No.:		Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispos	al or Reclaim	ed Water Reu	se: Evaporation / Percula	tion Ponds		
Limited Wet Weather D	ischarge Acti	vated: 🖵:	☐o: Not Applicable: ✓] If yes	s, cumulative days	s of wet weather discharge
 Attach additional sheet 	ets if necessa	ry to list all cer	rtified operators.			

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407216001 Effluent gra				Sampled: 06/06/06 Matrix: Water		Received:			
Nitrate as N		0.060 U	mg/L	0.060	EPA 300.0	IC6820		06/7/06 20:16	JL	E96080
Total Suspended S	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.

Printed: 6/15/06

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

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

N/A 0.040

IIIC

53 % capacity

Monitoring Group Number PLANTSIZE/TREATMENT TYPE:

Three Month Average Daily Flow:

R001(Perc/Evap Ponds) WAFR NO: 15196

FACILITY:

Village Water WWTP

NO DISCHARGE FROM SITE:

dmr c ate 8/15/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PER	IODFrom:	07/01/2006	To:		07/31/2006		
Parameter		Quantity	of Loading	Units	Qua	lity or Concentra	tion	Units	No.	Frequency of	Sample	Туре
	1								140.	,		
									Ex.	Analysis		
Flow	Sample Measurement	0.045							0			
PARM Code 50050 Y Mon.Site Na INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		4.0	CAN Promise			Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement		0.051						0			284
PARM Çode 50050 1 Mon.Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd						5 Days / Week	Elapsed Mete	
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	Calcula Roll.An.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		2.1		0			(C) M
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grat	b.
Solids, Total Suspended	Sample Measurement				5.8		A STATE OF THE STA		Ó			
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement				20.0 (An:Avg.)		43.	MG/L		Report Monthly	Calcula Roll An.	200

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 AUTHORIZ	ZED AGENT TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	Steer tuller B8937	813-267-2074	06/08/15

DISCHARGE MONITORING REPORT - PART A (Continued) PERMIT NUMBER: FLA013087 Monitoring Group NO.: R00%

Facility Name: Village Water WWTP PERMIT NUMBER: FLA013087 Monitoring Group NO.: R00% WAFR: 15196

Parameter	Q	uantity of Loadin	g	Units	uality or Concentration	n		Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.9		4.9		0		
PARM Code 00530 1 Mon Sile No,EFA-01	Permit Requirement		SASSING PLAN		30 (Mo:Ávg.)		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	1			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		2 1 27 12 2		200 (An. Ayg.)			#/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	127			Report (Mo. GeoMean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.0		.4		0		W. W. W. W. W. W. W. W. W. W. W. W. W. W
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 SiteNo. EFA-01	Permit Requirement		T.		238 41 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		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)	71.65		MG/L		Annual	Grab
TSS	Sample Measurement				#DIV/0!				0		
PARM Code 00530 G Mon Site No.INF-01	Permit Requirement		2.5		Annual (February)		and the second	MG/L		Annual	Grab

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

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087 REPORT:

GROUP:

Monthly Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

CLASS SIZE:

N/A

Three Month Average Daily Flow: Monitoring Group Number

none

WAFR NO: 38752

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

R002(spray Field)

NO DISCHARGE FROM SITE:

dmr c ate 8/15/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006 Units **Parameter** Quantity of Loading Units Frequency Quality or Concentration

Parameter	Qua	intity of Loa	ding	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
				·								
									Ex.	Analysis		
Flow	Sample Measurement	none							0			
PARM Code 50050 Y Mon Site No.1NF-01	Permit Requirement	0,075 (Annual Avg)		mgd						Report Monthly	Calcula Roll An	
Flow	Sample Measurement		none						0			
PARM Code 50050 1 Mon.Site No.inf-01	Permit Requirement		REPORT (Mo.Avg.)	mgd			100			5 Days / Week	Elapsed Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9				0			
PARM Code 80082 Y MON; Site No. EFA-01	Permit Requirement			1.11	20,0 (An,Avg.)		age Silver	MG/L		Report Monthly	Calcula Roll An.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		2.1	SOCIAL SOCIAL SOCIALIS	0			•
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement	144			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab)
Solids, Total Suspended	Sample Measurement				5.8				0			
PARM Code 00530 Y Mori Site No.EFA-01	Permit Requirement	, ilia			20,0 (An,Avg.)			MG/L		Report Monthly	Calcula Roll:An.	

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	Stery fulle B 8937	813-267-2074	06/08/15

Facility Name: Village Wate		PERMIT NUMBER: FLA013087 Monitoring Group NO.: R002						WAFR: 38752					
Parameter	Qı	uantity of Loadin	9	Units	Q	tuality or Concentration		Units	No.	Frequency of	Sample	Ту	
·									Ex.	Analysis			
Solids, Total Suspended	Sample Measurement		******************************		4.9		4.9		0		_	SECTION OF	
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		#19 ¹ 5.252		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		2 4 Company	n nidion in	6.0 (Min.)		8.5 (Min.)	SU		5 Days / Week	Grat)	
Coliform, Fecal	Sample Measurement				1.1				0				
PARM Code 74055; Y Mon.Sile No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Report Monthly	Calcula Roll:An.		
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	Grat	.	
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.0				0				
PARM Code 50060 : 1 Mon, Site No. EFA-01	Permit Requirement				0.5 (Min.)	and on		MG/L		5 Days / Week	Gral	D.	
	Sample Measurement								0				
	Permit Requirement												
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!				0			undel	
Parm Code 80082 G Mon.Site No. INF	Permit Requirement				Annual (February)	POR ANGLE		MG/L		Annual	Gra	b	
TSS	Sample Measurement				#DIV/0!	to the Control of the	a nameniata il sengencia e il 1960 (1960) (1960) (1960)		0			<u> </u>	
PARM Code 00530 G Mon:Site No.INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Gral	b	

Permit Number: FLA013087

Month/Year: July-06

Three-month Average Daily Flow:

0.040

(TMADF/Permitted Capacity)x100: \$3%

	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		Ē		100								
3	0.034					7.8		3.0					
4	0.043				photos and	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		2			7.8		3.3					
8	0.083					8.0		2.5					
9	0.059				the the								
10	0.059					8.0		3.8					
11	0.086				1287	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				1996 1997	8.0		3.1					
16	0.043		7,747										
17	0.043					7.9		4.0					
18	0.048					8.0		2.8					
19	0.055		<u>-</u>		Appendix 1	7.9		2.5					
20	0.042		10.00			7.9		3.0					
21	0.057					7.9		2.0					
22	0.043					7.9		2.8					
23	0.039				200				ļ				
24	0.039					8.0		2.9	<u> </u>				
25	0.038					7.9		3.0					
26	0,058				16.2	7.9		2.7					
27	0.041		17.00 17.00			8.0		3.8					
28	0.072		100			8.0		3.1					
29	0.028				F 7	7.9		3.0					
30	0.028												
31	0.028					7.9		2.8					
PLANT STA	FFING:												

Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:	С	Certification No.:	8946	Name:	Robert Paver
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

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.

Permit Number: FLA013087

Month/Year: July-06

Three-month Average Daily Flow: none (TMADF/Permitted Capacity)x100:

none 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		4.1									
4	None											
5	None											
6	None	······										
7	None											
8	None				200							
9	None											
10	None	** ,,,,				_						
11	None		9									
12	None						ļI					
13	None		16.19									
14 15	None None		THE STREET		47.5							
16	None											
17	None											
18	None							****				
19	None											
20	None											
21	None											
22	None											
23	None								,			
24	None		11									
	None											
26	None											
27	None											
28	None											
29	None											
30	None											
31	None											
PLANT STAF	FING:				300000000000000000000000000000000000000							

PLANT STAFFING:						
Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	8946	Name:	Robert Paver
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispos	al or Reclaim	ed Water Reu	se: Evaporation / Percula	tion Ponds		
Limited Wet Weather D	Discharge Acti	vated: Y:	☐o: Not Applicable: ☑] If ye	s, cumulative days	s of wet weather discharg
* Attach additional shee	ets if necessar	v to list all cer	rtified operators.			

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



CERTIFICATE OF ANALYSIS [2407240]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407240001 Effluent gra				Sampled: 07/05/06 Matrix: Water		Received:			
Nitrate as N		2.3	mg/L	0.060	EPA 300.0	1C6846		07/6/06 16:19	JL	E96080
Total Suspended So	olids	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.

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

LIMIT:

Final

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

N/A 0.050

75% of capacity

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE: IIIC

Three Month Average Daily Flow:

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr c ate 9/23/06

COLINITY

Dalle

MONITORING REDIOD From:

08/01/2006

08/31/2006

COUNTY:	Polk				MONITORING PER	IODFrom:	08/01/2006	lo:		08/31/2006		
Parameter		Quantity of	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
					·							
									Ex.	Analysis		
Flow	Sample Measurement	0.044							0			
PARM Code 50050, Y Mon.Site No.INF-Q1	Permit Requirement	0.075 (Annual Avg)		mgd						Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement		0.057						0			
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement		REPORT (Ma.Avg.)	mgd						5 Days / Week	Elapsed Mete	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9				0			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		113-1		20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll.An	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		2.1		0			·
PARM Code 80082 MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Gral	b
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	Calcula Roll,An.	

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	Stem tules	813-267-2074	06/09/23

DISCHARGE MONITORING REPORT - PART A (Continued) PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001

Facility Name: Village Water WWTP PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001 WAFR: 15196

Facility Name: Village Wate	r WW I P		PERMIT NUI	VIBER: F	LA013087	Monitoring Group	NC R001			R: 15196		
Parameter	Qu	antity of Loadin	g	Units	luality or Concentration	n		Units	No.	Frequency	Sample	Type
									Ex.	Analysis		
Solids, Total Suspended	Sample Measurement				2.6		2.6		0			
PARM Code 00530 1 Mon Site No.EFA-01	Permit Requirement				30 (Mo:Avg:)		60.0 (Max)	MG/L		Monthly	Gra	b
рН	Sample Measurement				7.8	·	7.9		0			
PARM Code 00400 Mon. Site No.EFA-01	Permit Requirement	10.00			6.0 (Min.)		8,5 (Min.)	SU		5 Days / Week	Gra	ib
Coliform, Fecal	Sample Measurement				1.0				0			
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Report Monthly	Calcul Roll An	
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	65	Monthly	Gra	ıb
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.0				0			orfu più sal regilatio
PARM Code 50060 1 Mon, Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days / Week	Gra	ıb
Nitrate	Sample Measurement						4.6		0			
Parm Code 08520 1 Mon SiteNo. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Gra	ib
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!	·			0			
Parm Code 80082 G Mon Site No. INF 01	Permit Requirement		100		Annual (February)			MG/L		Annual	Gra	ab ,
TSS	Sample Measurement		2777 Q F-Q T-Q 1777 (1774 X 1870 C) T-	0 000 11	#DIV/0!				0			
PARM Code 00530 G Mon.Sife No.INF-01	Permit Requirement				Annual (February)	Applement of the Court		MG/L		Annual	Gra	ab

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: GROUP:

Monthly Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

Sarasota, Fl. 34240

CLASS SIZE:

N'A no flow

Three Month Average Daily Flow: Monitoring Group Number

APACITY R002(spray Field)

WAFR NO: 38752

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE: IIIC

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr c ate 9/23/06

.

COUNTY:	Polk				MONITORING PER	IODFrom:	08/01/2006	To:		08/31/2006		
Parameter	Qua	ntity of Loa	ding	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
				-								
									Ex.	Analysis		
Flow	Sample Measurement				·				0			
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Ayg)		mgd						Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement								0			
PARM Code 50050 1 Mon, Site No.inf-01	Permit Requirement		REPORT (Mo.Avg.)	mgd	and a second			To and		5 Days / Week	Elapsed Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		Albania distribution della distributioni distributioni d		0		- And Rosenberry	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll.An.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	And the second s	2.1		0			analesens.
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60 0 (Max.)	MG/L		Monthly	Grah)
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	Calcula Roll An	10/9/2008/AVOR-056

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	06/09/23

Facility Name: Village Wate			PERMIT NUM			NO.: R002	WAFR: 38752					
Parameter	Q	uantity of Loadi	ng	Units	Q	uality or Concentration		Units	No.	Frequency of	Sample	Тур
									Ex.	Analysis		
Solids, Total Suspended	Sample Measurement				2.6		2.6		0			
PARM Code 00530 1 Mon.Sile No.EFA-01	Permit Requirement				30 (Mo.Avg.)		60.0 (Max)	MG/L		Monthly	Gral	b.
рН	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	Gra	b
Coliform, Fecal	Sample Measurement				1.0				0			
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement	Σ.			200 (An. Avg.)	61)		#/100ml		Report Monthly	Calcula Roll.An	
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	Gra	.d.
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.0				0			genery
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)	Statistics (7,40	MG/L		5 Days / Week	Gra	b
	Sample Measurement						22.8		0			2442
	Permit Requirement					199				100		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!	7			0			
Parm Code 80082 G Mon Site No. INF	Permit Requirement	111			Annual (February)			MG/L		Annual	Gra	ıb.
TSS	Sample Measurement		- 1682 <u>- 177 - 1882 - 1</u>		#DIV/0!		<u> </u>		0			a
PARM Code 00530 G	Permit Requirement				Annual		7.6	MG/L		Annual	Gra	ıb

Month/Year: August-06 Permit Number: FLA013087

%9L Three-month Average Daily Flow: 0.050

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

vet weather discharg	v to ays of v			Applicable:	toN :	ated: /:	vitoA egasr	Veather Discl	ooff∃ fo eqyT V imited Wet * Attach additi
	- smev			cation No.:			Class:		Chief Day Op
<u></u>	 	l		cation No.:			Class:		Day Shift Op
	Name:			cation No.:			:sss!O		Day Shift Op
obert Paver	Name: F	1	9768	cation No.:		0	Class:	erator	Day Shift Op
teve Fuller	Vame: 5	ļ	7868	cation No.:	RihəO	8	Class:) 10	Lead Operato
								-EING:	SATS TNAJ9
	2.0		8.7			12.5		980.0	31
	2.5		7.7					0.065	30
	2.0		9.7					670.0	58
	3.2		8.7					140.0	28
								140.0	72
	3.5		8.7					690'0	56
	8.8		7.7		· · · · · · · · · · · · · · · · · · ·			0.092	55
	0.4		7.7					970.0	54
	5.5	† -	8.7					860.0	23
	3.0	 	8.7					890.0	22
	3.2		8.7					670'0'	12
					··			670'0	20
	3.5		8.7					9900	61
 -	3.0	<u> </u>	6.7		·····			980'0	81
	3.5		6.7	147		-	*****	190'0	۷١
	9.8		6.7					890.0	91
	0.4		8.7	1070			· · · · · · · · · · · · · · · · · · ·	£50,0	91
	3.6		8.7					0,00	71
	 	 			*~			0,00	13
	3.2	<u> </u>	8.7					420.0	12
	7.2		8.7	11.5			- t	270.0	
	2.5	<u> </u>						(Contract)	11
		 	8.7					980.0	01
	2.0	 	8.7		· · · · · · · · · · · · · · · · · · ·			→ 70.0	6
	7.2	<u> </u>	8.7					, Z > 0.0	8
	2.9	<u> </u>	8.7	-				890'0	<u> </u>
			ļ	133				890.0	9
	9.6		8.7					6.033	9
	7.2	<u></u>	8.7					920'0	ヤ
	1.8		8.7			11.7		860.0	3
	7.2		6.7					090.0	2
4.6 2.6	3.0	0.1	6.7		9.S	1.5	1.2	09070	l_
EFA-01 EFA-01	FFA-01	FFA-01	10-A73	10-7N1	FFA-01	INF-01	10-A73	ELW-01	eti2.noM
00930 00930	20090	74055	00400	00230	00230	28008	Z8008	09009	eboO
	(¬/ճա)	Bacteria (#/100ml)	(ajinU	12 (12) (12) (12) (13) (13) (14) (14) (14) (15)		76.4			
(¬/6w) (¬/6w)	Disinfect.)	Coliform	.bf2)	(m3\r)	(ח/6w)	(ղ/ճա)	(¬/6w)	. (WGD)	
SST etatiN	TRC (For	Fecal	Hq	SSI	SST	CBOD2	CBOD2	Flow	

Permit Number: FLA013087 Month/Year: August-06

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

				vaterWWT						
	Flow (MGD)	CBOD5 (mg/L)	(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			r.			- A				
2										
3			75							
4										
5										
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9										,
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16										
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22										
25	Section 2									
26										
27										
28	est pos				-					
30										

PLANT STAFFING:							
Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:	С	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 Dispos	al or Reclaimed	Water Reu	se: Evaporation / Perculat	tion Ponds			
Limited Wet Weather D	Discharge Activa	ted: 🖵:	o: Not Applicable:	If yes	, cumulative days	s of wet weather discha	rg
* Attach additional shee	ets if necessary	to list all cer	tified operators				

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

CERTIFICATE OF ANALYSIS [2407262]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407262001 Effluent gra	ь			Sampled: 08/01/06 Matrix: Water		Received:			
Nitrate as N		4.6	mg/L	0.060	EPA 300.0	IC6890		08/2/06 13:41	JL	E96080
Total Suspended Sa	olids	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.

When completed mail this re	port to: Departmer	nt of Environm	ental Protection	on, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, F				FL 32399-2400				
	Aqua Utilities Florid				PERMIT NUMBER		FLA013087	REPORT: Monthly				
MAILING ADDRESS:	6960 Professional	Parkway East	t		LIMIT:		Final	GR	OUP:	Domestic		
	Sarasota, Fl. 3424	0			CLASS SIZE:		N/A			750(0)		
					Three Month Ave					75% Capacity		
					Monitoring Group		R001(Perc/Evap	Ponds)	WAF	R NO: 15196		
FACILITY:	Village Water WW	TP			PLANTSIZE/TRE		IIIC					
LOCATION:	4411 Main Ave.				NO DISCHARGE	FROM SITE:			amr o	ate 10/12/06		
	Eaton Park, Fl. 338	801										
					00/01/00/0					00/00/0000		
COUNTY:	Polk				MONITORING PER	IODFrom:	09/C1/2006			09/30/2006		
Parameter		Quantity of	of Loading	Units	Qua	ality or Concentra	ation	Units		Frequency	Sample Type	
		,				•		i !	No.	of		
									•			
		I							Ex.	Analysis		
Flow				1	1		T	1	0			
	Sample Measurement	0.046			1				U			
PARM Code 50050 Y		0.075								Report Monthly	Calculated	
Mon.Site No.INF-01	Permit Requirement	(Annual Avg)		mgd						Report Montally	Roll.An.Avg.	
Flow	! .				1				0			
	Sample Measurement		0.064				İ	1				
PARM Code 50050 1			REPORT							5 Days / Week	Elapsed Time	
Mon.Site No.INF-01	Permit Requirement		(Mo.Avg.)	mgd						Juayan Week	Meters	
BOD, Carbonaceous 5 day, 20C		1	Ph.10.2	1	0.0			1	0			
•	Sample Measurement				2.9			!		!		
PARM Code 80082 Y					20.0			MG/L		Report Monthly	Calculated	
MON. Site No. EFA-01	Permit Requirement	· 克斯 法 法蒙			(An.Avg.)			WIG/L		report monuny	Roll.An.Avg.	
BOD, Carbonaceous 5 day, 20C			_ 25/48 2		0.0		2.0		0	1		
	Sample Measurement				· 2.0	İ	2.0	i	U			
PARM Code 80082 1 MON.					30.0		60.0	MG/L		Monthly	Grab	
Site No. EFA-01	Permit Requirement				(Mo. Avg.)		(Max.)	IVIGIL		Wichitity	- Gran	
Solids, Total Suspended									0	i		
·	Sample Measurement	q			5.7		ļ		U		<u> </u>	
PARM Code 00530 Y				85.47	20.0			MG/L		Report Monthly	Calculated	
Mon.Site No.EFA-01	Permit Requirement				(An.Avg.)			, IVIG/L		rreport Monthly	Roll.An.Avg.	
1 Calculated Rolling Annual Average is	the average of the curre	nt monthly average	e and the precedin	ng 11 month	's average.							
I certify under penalty of law that this do Based on my inquiry of the person or pe	rsons who manage the sy	ystem, or those pe	rsons directly resp	onsible for g	gathering the information	, the information submitte	ure that qualified person ed is, to the best of my k	nel properly ga nowledge and	ither an belief, t	d evaluate the informatue, accurate, and co	ation submitted. mplete. I am aware	
that there are significant penalties for su	bmitting false information	n, including the pos	sibility of fine and	imprisonme	nt for knowing violations.			, ·				
NAME/TITLE OF PRINCIPAL EXECUTI	VE OFFICER OR AUTHO	ORIZED AGENT		and a contract of the con-	URE OF PRINCIPAL EX	the second secon	AUTHORIZED AGENT	TELEPHOI	NE NO.	DATE (Y	Y/MM/DD)	
Steve Fuller Operator III				<u> </u>	Steve fulle			813-267	-2074	06/1	0/12	
COMMENTS AND EXPLANA	TION OF ANY VIO	LATIONS (Re	ference all att	achment	s here):							

PA File No. FLA012773-002-DW2P Version 2-9-04

PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001 WAFR: 15196 Facility Name: Village Water WWTP Frequency Sample Type Units Parameter Quantity of Loading Units **Quality or Concentration** No. of Ex. Analysis Solids, Total Suspended 3.2 3.2 0 Sample Measurement 30 PARM Code 00530 1 60.0 (Max) MG/L Monthly Grab Permit Requirement (Mo.Avg.) Mon.Site No.EFA-01 pΗ Sample Measurement 7.8 7.9 6.0 8.5 PARM Code 00400 SU 5 Days / Week Grab Permit Requirement Site No.EFA-01 (Min.) (Min.) Coliform, Fecal 0 Sample Measurement 1.1 200 Calculated PARM Code 74055 Y #/100mL Permit Requirement Report Monthly Roll.An.Ava. Mon.Site No.EFA-01 (An. Avg.) Coliform, Fecal 2.0 2 0 Sample Measurement PARM Code 74055 Report 800 Permit Requirement #/100mL Monthly Grab (Mo. GeoMean) Mon.Site No.EFA-01 (Max.) Total Residual Chlorine (for Sample Measurement 2.0 0 Disinfection) 0.5 PARM Code 50060 1 Mon. MG/L 5 Days / Week Permit Requirement Grab Site No. EFA-01 (Min.) Nitrate 0 Sample Measurement 4.0 Parm Code 08520 1 Mon 12.0 MG/L Permit Requirement Monthly Grab SiteNo. EFA-01 (Max.) BOD, Carbonaceous 5 day, 20C Sample Measurement 0 #DIV/0! Parm Code 80082 G Mon. Site No. INF Annual Permit Requirement MG/L Annual Grab 01 (February) TSS Sample Measurement 0 #DIV/0! Annual PARM Code 00530 G MG/L Annual Grab Permit Requirement Mon.Site No.INF-01 (February)

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 **GROUP: Domestic**

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT: CLASS SIZE: Final N/A

Sarasota, Fl. 34240

Three Month Average Daily Flow: Monitoring Group Number

none R002(spray Field) % OF CAPACITY

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

IIIC

WAFR NO: 38752

NO DISCHARGE FROM SITE:

dmr d ate 10/12/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PERI	IODFrom:	09/01/2006	To:		09/30/2006	
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Typ
			•						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 Tim 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			of consuminations with	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

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	Sample Typ	
									Ex.	Analysis	
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.
рН	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	1 :	
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						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!				0		
Parm Code 80082 G Mon Site No. INF	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

Permit Number: FLA013087

Month/Year: Sep-06

Three-month Average Daily Flow:

0.057

(TMADF/Permitted Capacity)x100:

75%

	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	0.080				7 11 11 11 11 11 11	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				Min of the American weeks with the American	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	0.081					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				u ja ja at saist üusiks	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:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	13244	Name:	Eddie Christmas
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: Ye N Not Applicable: If yes, cumulative days of wet weather discharge * Attach additional sheets if necessary to list all certified operators.

Permit Number: FLA013087 Month/Year: September-06

Three-month Average Daily Flow: none

(TMADF/Permitted Capacity)x100:

			viiiage v	vaterWWT.	P (RUUZ)					
	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-0
1			Constitution (Constitution Cons							
2										
3			est majoransal		talis salas Militarias					
4	129-30-4-1846 07-511-8-4-15									
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LANT STA	FING:									· _
ead Operate		Class:	B	Certif	fication No.:	8937	_	Name:	Steve Full	er
ay Shift Op	erator	Class:	С	Certif	ication No.:	13244		Name:	Eddie Chr	istmas
ay Shift Op		Class:		Certif	fication No.:		•	Name:		
ay Shift Op		Class:			fication No.:		•	Name:		
hief Day O		Class:			fication No.:		•	Name:		
- ,		r Reclaimed	Water Reuse			an Dondo	•			

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce Pl. 34946 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2407307]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407307001 Effluent grai	ь			Sampled: 09/14/06 Matrix: Water		Received: reported on \			
Nitrate as N		4.0	mg/L	0.060	EPA 300.0	IC6948		09/15/06 13:04	JL	E96080
Total Suspended S	olids	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

Result 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.

Printed: 9/21/06



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

LIMIT:

Final

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow: N/A

80% capacity

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

R001(Perc/Evap Ponds) IIIC

WAFR NO: 15196

NO DISCHARGE FROM SITE:

Monitoring Group Number

dmr d ate 10/31/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PER	IOD-From:	<u>10/01/2006</u>	To:		10/31/2006	
Parameter	Quantity of Loading			Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Flow	Sample Measurement	0.046							0		
PARM Code 50050 Y Mcn.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		Page San		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.

1 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	Stery Fulley	813-267-2074	06/11/20

Facility Name: Village Water	WWTP		PERMIT NUMBER: FLA013087			Monitoring Group I	WAFR: 15196				
Parameter	Qua	ntity of Loadin	g	Units	Quality or Concentration	on		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
рН	Sample Measurement				7.5	<u>:</u>	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.)		90 1 1 1 1 1 1 1 1	#/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				to be installed the second of		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	er maar se na i ser semminin ne neme varieweere	in housest across the reconstruction at some an		#DIV/0!				0		
Parm Code 80082 G Mon, Site No. INF	Permit Requirement				Annual (February)			MG/L		Annual	Grab,
TSS	Sample Measurement		en en en transmission en en en en en en en en en en en en en		#DIV/0!	and the second s			0		
PARM Code 00530 G Mon:Site No.INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Grab

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:

GROUP:

capacity

Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

none

FACILITY:

Village Water WWTP

Monitoring Group Number PLANTSIZE/TREATMENT TYPE: R002(spray Field) IIIC

WAFR NO: 38752

NO DISCHARGE FROM SITE:

dmr d ate 10/31/06

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY: Polk					MONITORING PERIOD-From: 10/01/2006					10/31/2006	
Parameter	Qua	antity of Load	ding	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Type
					1				Ex.	Analysis	
Flow	Sample Measurement	none							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		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			i-	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		<u> </u>
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

Facility Name: Village Water	WWTP		PERMIT NUM	IBER: FL	A013087	Monitoring Group NO.: R002			WAFR: 38752			
Parameter		Quantity of Loadin	ıg :	Units	C	Quality or Concentration				Frequency of	Sample Typ	
	1			!					Ex.	Analysis		
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	
рН	Sample Measurement		i	i i	7.5		7.8		0			
PARM Code 00400 1 Mon. Site No.EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Min.)	ຮບ		5 Days / Week	Grab	
Coliform, Fecal	Sample Measurement				1.1				0			
PÄRM 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	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	

Permit Number: FLA013087 Month/Year: October-06

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

0.059

Village waterWWTP (R001)

			Village v	vaterWWT	P (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		100 100 100 100 100 100 100 100 100 100						<u> </u>	
	0.058					7.7		2.1		
. 3	0.070					7.7		2.5		
2 3 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	all the Asset of	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		1							
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		20.00		en en en en en en en en en en en en en e					
22	0.040					7.8		2.8		
23	0.055		Mary Salar S			7.8		2.0		
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25	0.067					7.5		1.0		
26	0.063					7.5		2.2		
27	0.060				And the second	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		

31 0.00			10. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. sc. 1. s			l	_
PLANT STAFFING:							
Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:	С	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 Dispo	osal or Reclaim	ned Water Reuse: I	Evaporation / Perculation	n Ponds			
Limited Wet Weather	Discharge Act	ivated: Ye N	Not Applicable: _✓	<u>′</u>] }	If yes, cumulative days	of wet weather discharge	Э

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

Permit Number: FLA013087 Month/Year: October-06

No Flow

Three-month Average Daily Flow:

none O %

(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-0
1										
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LANT STA		•	_			2007		Managa	04 51	lau.
ead Operat		Class:	В		fication No.:	8937	•	Name:	Steve Ful	161
ay Shift Op		Class:			fication No.:			Name:		
ay Shift Op		Class:			fication No.:			Name: Name:		
ay Shift Op		Class:			fication No.:		•	Name:		
hief Day O		Class:	1 Mater Pour		fication No.:	on Ponde	•	Hallie.		
			d Water Reus				If you arrest	عديدام ويثلاوان	\4104\410=4L-	r dinaha-
	Weather Discl	narge Activa if necessary			t Applicable:		ii yes, cumi	ılative days of	wer wearne	uschar

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2407340001 Effluent gra				Sampled: 10/10/06 Matrix: Water		Received: reported on \			
Nitrate as N	. ,	7.0	mg/L	0.060	EPA 300.0	IC6975		10/11/06 19:24	JL	E96080
Total Suspended So	olids	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.

CANDICK

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:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT: CLASS SIZE: Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Three Month Average Daily Flow:

69% OF CAPACITY WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

R001(Perc/Evap Ponds) IIIC

LOCATION:

NO DISCHARGE FROM SITE:

Monitoring Group Number

DMR Date 11/06

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PERI	ODFrom:	11/01/2006	To:		11/30/2006	
Parameter		Quantity of	of Loading	Units Quality or Concentration				Units	No.	Frequency of	Sample Typ
						,			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		0.037						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 MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.4				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	Steve-Jully	813-267-2074	06/12/12

Monitoring Group NO.: R001 WAFR: 15196 PERMIT NUMBER: FLA013087 Facility Name: Village Water WWTP Sample Type Frequency Units **Quality or Concentration** Quantity of Loading Units Parameter No. Ex. Analysis Solids, Total Suspended 0 1.5 1.5 Sample Measurement 30 PARM Code 00530 1 (Max) MG/L Monthly Grab 60.0 Permit Requirement (Mo.Avg.) Mon.Site No.EFA-01 7.8 0 7.4 Sample Measurement 8.5 6.0 PARM Code 00400 Mon. 5 Days / Week SU Grab Permit Requirement (Min.) Site No.EFA-01 (Min.) Coliform, Fecal 0 1.1 Sample Measurement Calculated 200 PARM Code 74055 Y #/100mL Report Monthly **Permit Requirement** Roll.An.Avg. (An. Avg.) Mon.Site No.EFA-01 Coliform, Fecal 0 1.0 1 Sample Measurement Report 800 PARM Code 74055 1 #/100mL Monthly Grab Permit Requirement Mon.Site No.EFA-01 (Mo. GeoMean) (Max.) Total Residual Chlorine (for 0 1 Sample Measurement Disinfection) 0.5 PARM Code 50060 1 MG/L 5 Days / Week Grab Permit Requirement Site No. EFA-01 (Min.) Nitrate 7.2 0 Sample Measurement Parm Code 08520 1 12.0 Monthly Grab **Permit Requirement** MG/L SiteNo. EFA-01 (Max.) BOD, Carbonaceous 5 day, 20C 0 Sample Measurement #DIV/0! Annual Parm Code 80082 G Mon. Site No. INF-MG/L Grab Annual Permit Requirement 01 (February) TSS 0 Sample Measurement #DIV/0! PARM Code 00530 G Annual MG/L Annual Grab Permit Requirement (February) Mon.Site No.INF-01

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Agua Utilities Florida

Sarasota, Fl. 34240

6960 Professional Parkway East

PERMIT NUMBER LIMIT: FI_A013087 Final REPORT: Monthly GROUP: Domestic

CLASS SIZE:

N/A No Flow

IIIC

% OF CAPACITY

Monitoring Group Number

R002(spray Field)

WAFR NO: 38752

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave.

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Three Month Average Daily Flow:

DMR Date 11/06

Eaton Park, Fl. 33801

COUNTY:

Polk

MONITORING PERIOD-From:

11/01/2006

11/30/2006

COUNTY:	Polk				MONITORING PER	ODFrom:	11/01/2006	10.		11/30/2000	
Parameter		of Loading	Units	s Quality or Concentration				No.	Frequency of	Sample Ty	
							I P		Ex.	Analysis	
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 Tin 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	t			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

Facility Name: Village Water		PERMIT NUM	/BER: FL	A013087	Monitoring Group I	NO.: R002	WAFR: 38752 Units Frequency Sample Type				
Parameter		Quantity	of Loading	Units	(Quality or Concentration			No.	Frequency of	Sample Typ
: 				· ·		T			Ex.	Analysis	
Solids, Total Suspended	Sample Measurement			f	1.5		1.5	1	0	•	
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement				30 (Mo.Avg.)		60.0 (Max)	MG/L		Monthly	: Grab
рН	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	1 1			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		And the street of the street o
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

Permit Number: FLA013087 Month/Year: November-06

Three-month Average Daily Flow:

0.052

(TMADF/Permitted Capacity)x100:

69%

	r			vaterWWT						
	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-0
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				n a 13 Derweit in der Desta Stadt Sen (13					
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		Artis (1997) Zinga oʻlanga (1997)			7.4		2.2		
11	0.025					7.6		5.5		
12	0.025									
13	0.025		er ja i tigat Santagan		To a la de la company	7.6		2.2		
14	0.033					7.5		2.2		
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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		en en en en en en en en en en en en en e			7.6		2.2		
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24	0.019				AND AND AND AND AND AND AND AND AND AND	7.6		2.2		
25	0.024					7.5		5.0		
26	0.025				e-marin di ang ada					
27	0.025					7.7		2.2		
28	0.038	***************************************				7.6		2.2		
29	0.035					7.8		2.2		·
30	0.058		# 0,41%			7.5		2.0		

PLANT STAFFING:			·			
Lead Operator	Class;	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	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:	

If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators.

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds Limited Wet Weather Discharge Activated: Ye N Not Applicable:

Permit Number: FLA013087 Month/Year: November-06

Three-month Average Daily Flow: no flow

(TRAADE/Danished Compaits/)v400:

Code Mon.Site 1 2 3	Flow (MGD) 50050 FLW-01	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std.	Fecal Coliform	TRC (For Disinfect.)	Nitrate (mg/L)	TSS (mg/L)
Mon.Site 1 2 3		80000				Ùnits)	Bacteria (#/100ml)	(mg/L)		\a, E
Mon.Site 1 2 3		90000								
1 2 3	FLW-01	80082	80082	00530	00530	00400	74055	50060	00620	00530
3		EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-0
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30 ANT STAFI	EING:		6.286.3				<u> </u>	<u> </u>		
ad Operator		Class:	В	Cer	tification No.:	8937	,	Name:	Steve Full	ler
ay Shift Ope		Class:	- c		tification No.:	13832	_	Name:	Jerry Hah	
ay Shift Ope ay Shift Ope		Class:			tification No.:	10002	-	Name:		·
ay Shift Ope ay Shift Ope		Class:			tification No.:		-	Name:		
nief Day Ope		Class:			tification No.:		-	Name:		
			d Water Reus		ition / Perculat	ion Ponds	-			

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2407373]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water WW

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407373001 Effluent gral)			Sampled: 11/07/06 Matrix: Water		Received:	11/07/06 Wet Weight I		
Nitrate as N		7.2	mg/L	0.060	EPA 300.0	IC7007		11/8/06 19:20	JL	E96080
Total Suspended S	olids	1.5	mg/L	1.0	SM2540 D	WCSH6705		11/7/06 13:31	MAB	E84418
CBOD5		2.0 ป	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.

Printed: 11/14/06

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087

REPORT: Monthly GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

IIIC

CLASS SIZE: N/A
Three Month Average Daily Flow: 0.041

55% capacity

.

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

dmr d ate 1/23/07

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

12/31/2006 MONITORING PERIOD--From: 12/01/2006 To: COUNTY: Polk Sample Type Frequency Units **Quality or Concentration** Quantity of Loading Units Parameter No. of Ex. Analysis Flow 0 Sample Measurement 0.044 Calculated 0.075 PARM Code 50050 Y Report Monthly Permit Requirement mgd Roll.An.Avg. Mon.Site No.INF-01 (Annual Avg) Flow 0 Sample Measurement 0.029 Elapsed Time REPORT PARM Code 50050 1 5 Days / Week mgd Permit Requirement Meters Mon.Site No.INF-01 (Mo.Avg.) BOD, Carbonaceous 5 day, 20C 0 2.8 Sample Measurement Calculated 20.0 PARM Code 80082 Y MG/L Report Monthly Permit Requirement MON. Site No. EFA-01 (An.Avg.) Roll.An.Avg. BOD, Carbonaceous 5 day, 20C 2.0 2.0 0 Sample Measurement 60.0 30.0 PARM Code 80082 MON Permit Requirement MG/L Monthly Grab (Max.) Site No. EFA-01 (Mo. Avg.) Solids, Total Suspended 0 Sample Measurement 4.9 Calculated 20.0 PARM Code 00530 Y MG/L Report Monthly Permit Requirement Roll.An, Avg. Mon.Site No.EFA-01 (An.Avg.)

I certify under penalty of law that this document and all attachments were prepared ur der 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	Steve fulla	813-267-2074	07/01/23

¹ Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001 WAFR: 15196 Facility Name: Village Water WWTP Units No. Frequency Sample Type Quantity of Loading Units Quality or Concentration Parameter Ex. Analysis Solids, Total Suspended 1.7 0 Sample Measurement 1.7 30 PARM Code 00530 1 MG/L 60.0 (Max) Monthly Grab Permit Requirement Mon.Site No.EFA-01 (Mo.Avg.) Sample Measurement 7.5 7.7 PARM Code 00400 6.0 Mon. 5 Days / Week Grab Permit Requirement 8.5(max) SU Site No.EFA-01 (Min.) Coliform, Fecal Sample Measurement 1.1 200 Calculated PARM Code 74055 Y Permit Requirement #/100mL Report Monthly Roll.An.Avg. Mon.Site No.EFA-01 (An. Avg.) Coliform, Fecal Sample Measurement 0 1.0 PARM Code 74055 1 800 Report Permit Requirement #/100mL Monthly Grab Mon.Site No.EFA-01 (Mo. GeoMean) (Max.) Total Residual Chlorine (for 1.5 0 Sample Measurement Disinfection) PARM Code 50060 1 Mon 0.5 5 Days / Week Permit Requirement MG/L Grab. Site No. EFA-01 (Min.) Nitrate Sample Measurement 5.0 0 Parm Code 08520 1 Mon 12.0 Permit Requirement MG/L Monthly Grab SiteNo. EFA-01 (Max.) BOD, Carbonaceous 5 day, 20C 0 Sample Measurement #DIV/0! Annual Parm Code 80082 G Mon. Site No. INF Permit Requirement MG/L Annual Grab 01 (February) TSS Sample Measurement 0 #DIV/0! PARM Code 00530 G Annual Permit Requirement MG/L Annual Grab Mon.Site No.INF-01 (February)

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER: LIMIT:

FLA013087

REPORT: GROUP: Monthly Domestic

MAILING ADDRESS:

6960 Professional Parkway East Sarasota, Fl. 34240

CLASS SIZE:

Final N/A

no flow

COAPACITY

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave.

PLANTSIZE/TREATMENT TYPE

Monitoring Group Number

R002(spray Field) IIIC

WAFR NO: 38752

Eaton Park, Fl. 33801

NO DISCHARGE FROM SITE:

Three Month Average Daily Flow:

dmr d ate 1/23/07

COLINITY:

Polk

MONITORING PERIOD_From:

12/01/2006

Tο.

12/31/2006

COUNTY:	Polk				MONITORING PER	IODFrom:	12/01/2006	10:		12/31/2006	
Parameter	Quantity of Loading U			Units	Qua	llity or Concentra	tion	Units	No.	Frequency of	Sample Typ
									-		
									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 Sile 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	1.23	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	-	2 (1) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	-Grab
Solids, Total Suspended	Sample Measurement		3		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

Facility Name: Village Water						NO. R002	WAFR: 38752				
Parameter	Quantity of Loadin		g	Units		Quality or Concentration		Units	No.	Frequency of	Sample Typ
			_		· : :		_	:	Ex.	Analysis	
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
рН	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	9 2 2	
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				1				0		
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!				0		
Parm Code 80082 G Mon.Site No. INF	Permit Requirement				Annual (February)			MG/L		Annual	Grab
TSS	Sample Measurement				#DIV/0!				0		17 mg/das n. n.n.
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Annual (February)			MG/L		Annual	Grab

Permit Number: FLA013087 Month/Year: December-06

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

0.041

Village waterWWTP (R001)

			Village v	vaterWWT	P (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		v ^e seek is subjectively.			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				77000	7.7		2.2		
13	0.040				ing and the second	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				3.42.01.0003053	7.7		2.2		
21	0.028					7.7		2.2	<u> </u>	
22	0.029		100 mm 1			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	10					•				
DI ANT STAI	ETINO.									

PLANT STAFFING:							
Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:	С	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:		
* '		1 1	: Evaporation / Perculation	_			

Limited Wet Weather Discharge Activated: Ye N Not Applicable:

If yes, cumulative days of wet weather discharge

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

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 (mġ/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		
	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01			
Mon.Site 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-0		
22	ins alstractive December in News		SUBJECT SINGLES OF THE		Signal Section 1998 and				-	 		
23 24 25												
26 27 28 29												
30 31										 		
LANT STAF ead Operato ay Shift Operato ay Shift Operatory Shift Operatory Operatory	or erator erator erator	Class: Class: Class: Class: Class:	BC	Certi Certi Certi	fication No.: fication No.: fication No.: fication No.: fication No.:	8937 13832	-	Name: Name: Name: Name: Name:	Steve Ful Jerry Hah			

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

ARBOR BRANCH NVIRONMENTAL 5600 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407390001 Effluent grai	b			Sampled: 12/05/06 Matrix: Water		Received:			
Nitrate as N		5.0	mg/L	0.060	EPA 300.0	IC7039		12/6/06 14:01	JL	E96080
Total Suspended S	olids	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 belo Statement of Estimated Uncertainty available upon request.

NACCOROL

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:

FACILITY:

LOCATION:

Frank Hoffman, President

MAILING ADDRESS:

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Village Water WWTP

4411 Main Ave

Eaton Park, FL

COUNTY:

Polk

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA013087

Final

N/A 0.035

REPORT: GROUP:

Monthly Domestic

46%

WAFR SITE NO .:

15196

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

Three Month Average Daily Flow:

IIIC

DMR DATE:

2/3/05

MONITORING PERIOD

From: 1/1/05

% of Capacity

To: 1/31/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	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 INF:01 Y	Permit Measurement **	0 075 • (An Avg.)	addeter :	mgd	and the state of t	4.3	160 1617	and the second		Report Monthly	Calc Roll An-
Flow	Sample Measurement		0.042	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 Mon Site No INE 01 - 11 11 15 15 15 15 15 15 15 15 15 15 15	Permit Measurement		Report (Mo Avg.)	mgd				11.16		5 Days/Week	Elapsed Time
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 (1974)	Permit Measurements	100	in the second	100	20 0 (An Avg)			.mg/l		Report Monthly	Calc Roll:Ans
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		2.9	mg/l	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01 1 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Permit Measurement						60.0 (Max.) 1	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 YV	Permit. Measurement	lika.			20.0 (An Avg.) (3)			mg/l		Report Monthly	第三人称形式

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):

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 MonSite No EFA-012 12	Permit Measurement			40.75	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 El'A-01	Permit	Cara et Campo	Sarvier model of the	o de tri	6.0 (Min) ³ 4.3	res experience	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 NoverA-01. Yes	Permit				200 (An Avg.): داد		and Total	#/100ml	de tox	Report Monthly #	Calc Roll An
Coliform, Fecal	Sample Measurement				620	,	620	#/100ml	0	Monthly	Grab
PARM:Code: 74055: ***********************************	Permit Measurement	, 100 m			Report		800 (Max.)	#/100 ml		lvlonthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		:		0.6		,	mg/l	0	5 Days/Week	Grab
-PARM:Code; 50060 Mon:Site No AEFA-01-2-41-4-4-2-3	Permit Measurement		7.42		0.5 (Min:)			mg/l	1.4	5 Days/Week	Grab
Nitrate	Sample Measurement						5	mg/l	0	Monthly	Grab
PARM Code: 00620 Mon Site No. EFA-01 1	Permit: + Measurement + -	10.00	The state of the state of	6.2		i west a vision i	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 Nov INF-01	Permit Measurement		iden in the state of the state	14.W.F.	Annual . (February)			mg/l	11.4	Annual .	Grab
Solids, Total Suspended	Sample Measurement	-	:		486.0			mg/l	0	Annual	Grab
PARM Code 00530 Mon Site Nov INF-01 G	Permit **			43. 57.72	Annual (February)		Para Sangara	mg/l		a Annual	Grab.
	Sample Measurement										
	Permit:				Acres 1995 September 1995			T.		Till de la companya d	

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	Clear	В	Certificate No.	8937	Name:	Steve Fuller	
Day Sinti Operator	Class		Certificate No.	093/	Name:	Steve Fullet	
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____ Not Applicable__x__ If yes, cumulative days of wet weather

^{*}Attach additional sheets necessary to list all certified operators necessary for required operations.

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: MAILING ADDRESS:

FACILITY:

LOCATION:

Frank Hoffman, President

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Village Water WWTP

4411 Main Ave

Eaton Park, FL

COUNTY:

Polk

PERMIT NUMBER:

LIMIT:

FLA013087

Final

CLASS SIZE:

N/A 0.040 REPORT: GROUP:

Monthly Domestic

53%

WAFR SITE NO .:

15196

MONITORING GROUP NUMBER:

Three Month Average Daily Flow:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R001 (Perc/Evap Ponds) ПС

DMR DATE:

3/3/05

MONITORING PERIOD

From: 2/1/05

% of Capacity

To: 2/28/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code 50050	-Permit: « Measurement » **		of the contract	mgd	10-11-11-11		Average a			Report Monthly	Calc Roll An Avg
Flow	Sample Measurement		0.046	MGD					0	5 Days/Week	Elapsed Time Meters
2PARM Code: 50050 Mon Site No sINF-019	Permit		Report (Mo Avg.)	mgd						5 Days/Week	Elapsed Time :
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code 80082 Mon Site No. EFA-01	Permit Measurement		A Children		20.0 (An Avg.)	Territorie:		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-012-2-1	Permit Measurement	100	Secure Constitution	9 69	30.0 (Mo Avg.)		60.0 ≠ ‡ (Max.) ≠ **	mg/l	¥ 2.	Monthly	Grab
Solids, Total Suspended	Sample Measurement			:	7.8			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code 00530 Mon Site No. EFA-01 Y	Permit			1.84g	20.0 (An.Avg.)	ar de la reconstitu		mg/l	elazor Marija arak	Report Monthly	Cale 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):

Quality or Concentration

MAFR: 15196

lsunnA

IsunnA

IsunnA;

IsunnA

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Monthly

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WONILOKING GROUP NUMBER: R001

PERMIT NUMBER: FLA013087

Measurement Mon Site Not EHA OL 344 Permit PARM Gode: 50060 Measurement Disinfection) Sample Total Residual Chlorine (For WorkM.Code 74055 Measuřement Permit Measurement Sample Coliform, Fecal Permit Measurement ve Mon Site No ERA-01 - - Y PARM Code 74055 Measurement Coliform, Fecal Sample Measurement Montaid No EFA-01 7 EVENI Code 00400 Permit Measurement Sample Hq PARM. Code: 00530 Montsite No EHA-01 Measurement Solids, Total Suspended Sample Parameter FACILITY NAME: Village Water WWTP

Wen'signoring of

FARM G046 00530

PARM Code 80082

BOD, Carbonaceous 5 day, 20C Mon.Suc.NosEEA-01 (1) v. n. PARM Code 100620

Solids, Total Suspended

Nitrate

Measurement Permit Measurement Sample

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Units

Quantity or Loading

Permit Number: FLA013087

Month/Year:

2/05

Three-month Average Daily Flow: 0.040 (TMADF/Permitted Capacity)x100: 53%

				e Water WWTP (I					
	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
i	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	,
		1							1

Plan Staffing: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	A	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name: Name:	Steve Fuller David Rodriguez
Type of Effluent Disposal or Re Limited Wet Weather Discharge			Not Applicable	If yes, cumulative days o	f wet weather	

discharge: *Attach additional sheets necessary to list all certified operators necessary for required operations.

When Completed mail this report to: Department of Environmental Protection	Wastewater Facilities Management Section	m MS 3551 2600 Blair Stone Rose	Tallahassee FT 32399-2700
At usu Completed with this report to: Debaration of Distriction received	i, wastewater racinites wanagement section	ni, Mis 3331, 2000 Bian Swit Roat	, rananassee, re jejjy-e/ee

PERMITTEE NAME: MAILING ADDRESS: Frank Hoffman, President

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

LIMIT: CLASS SIZE:

PERMIT NUMBER:

FLA013087 Final

N/A

REPORT: GROUP:

Monthly Domestic

Three Month Average Daily Flow:

0.055

% of Capacity

73% WAFR SITE NO .:

15196

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave

Eaton Park, FL

MONITORING GROUP NUMBER: NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE: IIIC

R001 (Perc/Evap Ponds)

DMR DATE:

05/05/05

COUNTY:

Polk

MONITORING PERIOD

From: 4/1/045 To: 4/30/05

Parameter		Quantity	antity 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
Factorial Color (1956) Setting light (1956)	Remin Messurements	CAN A CONTRACT		1110						Rainera dennis	Call Callassi
Flow	Sample Measurement		0.058	MGD					0	5 Days/Week	Elapsed Time Meters
Province of the state of the st	e Perrilli A Measurement		PATE (CONTRACTOR)	Sign						K 17,000 (10)	i Jana Carellini. Vietnis
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
eti aravi dogle podassa Evronismento religionis e sos succes	tionni siMbosonements		ard a					1007		Planin Virginia	Zogaje radilyan
BOD, Carbonaceous 5 day, 20C	Sample Measurement	and the second training and the second secon			15.0		15.0	mg/l	0	Monthly	Grab
PARM(Ed]8-800970; 153 = 1 avion8(89)75EBA (154 = 155 + 156)	Domiti si Mengrement	a a training			30 <u>10</u>	100		0.00		a Sylonding	4,00
Solids, Total Suspended	Sample Measurement				9.4			mg/l	0	Report Monthly	Calc.Roll.An. Avg
Lexis Assigned Rolling Appeal Average	Permit Mesturementes				2010 (1995) 2010 (1995) (1995)	ЯТ 3. И Эт 18. И		11021		Regue Ventund	Pediendsham Sylvan

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	20,	863-858-2504	05/05/05

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

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 15196

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				21.0		21.0	mg/l	0	Monthly	Grab
n syria nesigi kalenda kalenda kalenda kalenda Najara Sira Sira Sira Sira Sira Sira Sira S	Sylvanianian Sylvanianian				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Control of the Contro	impil		violiti)	9.11
рН	Sample Measurement				7.0		7.6	s.u.	0	5 Days/Week	Grab
PATEVICOLOGICADIA OVORNO O PORTO DA DA PERSONA	Alemanie Vienningen in de		46		AND WITH SEA					0,004,096.3	a Chris
Coliform, Fecal	Sample Measurement				54.6			#/100ml	0	Report Monthly	Calc.Roli.An. Avg.
BASSACCAPAGUS	distriction (1992)					A. Service		(1///(disability		er versioner	Profestalls on
Coliform, Fecal	Sample Measurement				2.0		2.0	#/100ml	0	Monthly	Grab
TANKA COJIS 74050 Dyomores offer a date and see and	Terinical Coldininginging				de de l'égipti de River deu vielli		Allo Stare	[Aylorin Park	e e e e e e e e e e e e e e e e e e e
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/I	o	5 Days/Week	Grab
aparavarallersongn avtanisherpatepatelesseless asi	Permit Ngagurangun		energi energia					Hemp/			
Nitrate	Sample Measurement						5.5	mg/l	o	Monthly	Grab
BARACONIC (006-20)	Permit Mentarement						12.0	(4/0)///		30 (N) (N) (N) (N)	(cjoil)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0	Annual	Grab
Taliani tale bulk	Demile Measurement				Amud e Recidio protes			100		- Perminal	
Solids, Total Suspended	Sample Measurement				140.0	And the second s		mg/l	0	Annual	Grab
RADANCINGEO0530E9 Minuscontrol (NICO)	Bernie Meastrament				ZAmna Gebanisa			ng/		Annual	e chalis
	Sample Measurement		100						1100 St.120 T. Co.	Miller og Leavent att till den sett i flyter fil have til det Miller og til ble det for til ble det for det fly	
	Pennic Measmenche										

Permit Number:

FLA013087

Month/Year:

4/05

Three-month Average Daily Flow: 0.058 (TMADF/Permitted Capacity)x100: 73%

				e Water WWTP (R					
	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	:4				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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	<u>B</u>	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name:	Steve Fuller David Rodriguez
Type of Effluent Disposal or Rec Limited Wet Weather Discharge			percolation evapora Not Applicable		f wet weathe	ir

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

: 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

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: MAILING ADDRESS:

FACILITY:

LOCATION:

Frank Hoffman, President

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Village Water WWTP

4411 Main Ave

Eaton Park, FL

COUNTY:

Polk

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA013087

Final

Three Month Average Daily Flow:

N/A 0.050 REPORT: GROUP:

Monthly Domestic

67%

WAFR SITE NO.:

15196

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

DMR DATE:

4/6/05

MONITORING PERIOD

From: 3/1/05

% of Capacity

To: 3/31/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	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	erio					Report Monthly	Calc Roll An
Flow	Sample Measurement		0.050	MĢD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 Mon Site No√INF-01e = 1	Permit Measurement-#3		Report 2 (Mo.Avg.)	mgd			ta Caralan			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		14.5		20.0 *** (An Avg.)			mg/l		Report Monthly	Calc Roll An -
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.2		5.2	mg/l	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01 1 1	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 :	fil w		5 5 9 18 E	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):

Quality or Concentration

MYEE: 12196

MONILORING GROUP NUMBER: R001

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PERMIT NUMBER: FLA013087

Units

Quantity or Loading

Measurement Moresie No. FFA-01 Permit 💸 👫 PARM Code, 50060 Measurement Disinfection) Sample Total Residual Chlorine (For PARM Code 174055 Measurement Permit 🔻 Measurement Sample Coliform, Fecal Pennit Measurement Mon Site North FEA-01 . . Y PARM Code 74055 Measurement Sample Coliform, Fecal Measurement... PARM Code, 100400 Mon Site wo Elish-01 = 11 Measurement Hq Sample PARM Code s00530 Measurement Pérmit Measurement Solids, Total Suspended Sample Parameter FACILITY NAME: Village Water WWTP

Won Site No. 4IMB-0144 C. C.

Monsine Not INF-01: *** C

BOD, Carbonaceous 5 day, 20C

Mon'Site, No. EEA-01 1

Solids, Total Suspended

PARM Code 80082

PARM Codel 00620

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Report (Mo.Geo:Mean)#

(TMADF/Permitted Capacity)x100; 67% Three-month Average Daily Flow: 0.050

3/02

Month/Year: Permit Number: FLA013087

S gains	iff Operator Operator	Class Class Class		Certificate No. Certificate No. Certificate No.	6116	I	Vame:	zəngirbo	
Mate Staff ThidS ye	ing: Operator	Class E	<u></u> {	Certificate No.	7598	1	Vame: Steve Fr	ıller	
3.1	6,0,0					S.7	<u>, </u>	8.1	
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97									
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74	640.0					0.7		8.1	
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70	0,102					2.7		3.5	
61									
18	070.0					0.7		8.2	
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16	790.0					2.7		9.0	
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ħΙ	8£0.0					2.7		9.0	-
13	\$80.0					£.7		6.0	
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11	120.0					2.7		7.0	
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9									
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t	640.0					₽.7		0.2	
٤	\$20.0					£.7		7.2	
7	0.125					₽.7		8.2	
ı	070.0	2.2	0.004	9.8	0.041	2.7	0.1	9.2	6.8
əti Z. no	INE-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
əp	05005	28008	28008	00230	00230	00+00	\$\$0+4	0900\$	07900
	Flow (MGD)	(mg/L)	CBOD?	SST (Light) (Algorial)	TSS (Agm)	Hq (.U.2)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (Mg/L)	Nitrate (J\gm)

*Attach additional sheets necessary to list all certified operators necessary for required operations.

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes No Applicable If yes, cumulative days of wet weather

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

PERMIT NUMBER:

FLA013087

MAILING ADDRESS:

AquaSource Utility, Inc

LIMIT:

CLASS SIZE:

Final

0.055

N/A

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

Three Month Average Daily Flow:

% of Capacity

REPORT: GROUP:

Monthly Domestic

FACILITY:

Village Water WWTP

WAFR SITE NO .:

15196

Eaton Park, FL

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R001 (Perc/Evap Ponds)

LOCATION:

4411 Main Ave

NO DISCHARGE FROM SITE:

DMR DATE:

5/5/05

COUNTY:

Polk

MONITORING PERIOD

From: 4/1/05

To: 4/30/05

73%

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	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.
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			and the second			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	11,000 14,000 (10,000)	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.)		and a second of the second	mg/l		Report Monthly .	Calc.Roll.An.

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):

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	ition	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			Parity Des	30.0 (Mo.Avg.)		60.0 (Max.)	mg/l		Monthly	Grab
pН	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		en en en en en en en en en en en en en e			\$. 2	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)	24	Section 1981	mg/l		Annual	Grab
Magazaran da ja interno. Artura ette ette	Sample Measurement			To the special state of the	refree transference and		Later of the Control of the Control of			rkys, mau legty da liktori et a	Control of the Contro
	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									
31									

Class	В	Certificate No.	8937	Name [.]	Steve Fuller	
Class		Certificate No.		Name:		
Class		Certificate No.		Name:		
Class	A	Certificate No.	9139	Name:	David Rodriguez .	
	Class	Class	Class Certificate No. Class Certificate No.	Class Certificate No. Class Certificate No.	Class Certificate No. Name: Class Certificate No. Name:	Class Certificate No. Name: Class Certificate No. Name:

discharge:_ *Attach additional sheets necessary to list all certified operators necessary for required operations.

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 PERMIT NUMBER: FLA013087 MAILING ADDRESS: AquaSource Utility, Inc. LIMIT: Final CLASS SIZE: 6960 Professional Parkway East, Suite 400 N/A REPORT: Monthly Sarasota, FL 34240 GROUP: Domestic Three Month Average Daily Flow: 56% of Capacity FACILITY: Village Water WWTP WAFR SITE NO.: 38752 4411 Main Ave LOCATION: MONITORING GROUP NUMBER: R002 (Spray Field) Eaton Park, FL PLANT SIZE/TREATMENT TYPE: IIIC NO DISCHARGE FROM SITE: DMR DATE: COUNTY: Polk MONITORING PERIOD То: _____ From:

Parameter		Quantity	or Loading	Units	Qua	llity or Concentr	ation	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 .					34 2 mg - 1, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Report Monthly	Calc Roll An.
Flow	Sample Measurement			MGD						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							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	and the second of the second o	Monthly	Grab
PARM Code, 80082 Mon.Site No. EFA-01 1	Permit Measurement				30.0 (Mo.Ayg.)		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	(3. .	Report Monthly	Calc.Roll.An.

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)
			<u> </u>

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

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R002

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	ntion	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
pН	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	Grāb
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
: AND AND AND AND AND AND AND AND AND AND	Sample Measurement										
Towns and	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
Mikhadalah Secit Nebas adi Perlah Jabah Salasa Jawa Basa	Sample Measurement	<u> </u>									
	Permit Measurement										

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

Month/Year: Permit Number: FLA013087

(B007)	AIMM	Water	อธิทุก

THE To ady? Implied We: Symmetrical in the section of the sectio	lluent Disposal or I et Weather Dischai	Reclaimed Water Y :Setivated	. Kense:	Not Applicable_	If yes, cumul	w to sys of w	et weather		
Tlan Staff Ogy Shiff C Syening Sh Vight Shiff Tago Opera	operator iff Operator Operator	Class Class Class Class		Certificate No. Certificate No. Certificate No.		۱ <u> </u>	lame: lame: lame:		
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epo;	0\$00\$	78008	78008	06500	00230	00+00	\$\$0†4	0900\$	
	Flow (MGD)	(mfk/L) CBOD2	(mg/L) CBOD2	SST (J\gm)	S2T (J\gm)	Hq (.U.2)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (A\gm)	

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: MAILING ADDRESS: Frank Hoffman, President

6960 Professional Parkway East, Suite 400

AquaSource Utility, Inc

Sarasota, FL 34240

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave

Eaton Park, FL

COUNTY:

Polk

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA013087

Final N/A

0.060

R001 (Perc/Evap Ponds)

GROUP:

Monthly Domestic

% of Capacity:

<u>80%</u>

WAFR SITE NO.:

DMR DATE:

REPORT:

6/1/05

15196

MONITORING PERIOD

Three Month Average Daily Flow:

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

From: 5/1/05

To: 5/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration				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: 1NF-01 Mark 14 Mark 18 Mark 19 M	Permi. *Measurement.	0]07,5 □ (An Ave.) औ	e e e e e e e e e e e e e e e e e e e	ingd		1,000 1,000 1,000			i in the	Report Monthly	ZCale Rall At
Flow	Sample Measurement		0.062	MGD					0	5 Days/Week	Elapsed Time Meters
PARMICOde: \$0050 (Sec. 1987)	Permit Measurement		Reports and MorAvery	mfq						Dnys/Week a	Proposition
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc,Roll,An Avg
HARMICOGO 80082 200 Marshenoz Fragula Marting 2008	Remii Meastrement				20.0			102/1		Report Monthly	Colle Roll Av
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6		3.6	mg/l	0	Monthly	Grab
PARM Code 80082 Monstreino eradi (Ara Mara)	Permit Measurement				30.0 U(No Ave)		1160 0.25 L	mg/l		Monthly	. Grab
Solids, Total Suspended	Sample Measurement				8.8			mg/l	0	Report Monthly	Calc.Roll.An Avg
PARM Code 00540 Monspends EPACIDS SAME TO S	Permit. Measurements s				200 Maran Avg)	111111		mgle		Report Mobility	Crite i recili ex

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, 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):

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	Units	No. Ex.	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement				4.8	 	4.8	mg/l	0	Monthly	Grab
PARM Obdes 00530 start for Monthie No-EPA-0 best all	Permit Measurements				(0.00) (0.00 A.GE)		p (00)0 ** * (Max.) **	mg/l		aylonenty	#-() Bl
pH	Sample Measurement				7.0		7.6	s.u,	0	5 Days/Week	Grab
PARMICOde 00400 MonSue No. BRA-01	Permit		nativity (17 a.e. a.e.		i (Min) L.	i sama i s	R/S P 2(Max)	1 S.D.		Fidaya Visal	(Grab)
Coliform, Fecal	Sample Measurement		·		54.5			#/100ml	0	Report Monthly	Calc, Roll, An. Avg.
EARM Code #4055 MonSiteNo.EFA.01	Permit	. Kita yaka	E partie		2000 (Au: Avgo) 188			#/100mil.1		Monard C	CHERRIE AN
Coliform, Fecal	Sample Measurement				1.0		1.0	#/100ml	0	Monthly	Grab
PARM Code 74055	Remit s 4. Measuramentals				Report (Mo Geo Mean)		800) (Max	77/40/0ml (v vidynajúhy v	es Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/l	0	5 Days/Week	Grab
#PARMICIONESSORIO Minustrono (Practi)	Remit Messification	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (e (Costantial) Residence			mp/l:		S MOVE VANCE	Grab (4.2)
Nitrate	Sample Measurement		77.				2.9	mg/l	0	Monthly	Grab
PARMICOLE 00620 Moderno de la compación de la	Hermit Series Measurement Se	No. 1		4 10			LIZE Viktor	* 00 <u>94</u>		Violity -	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0	Annual	Grab
PARCY GOLE 800829 & AMOUNT OF THE PROPERTY OF THE PARCY O	Pemat & Superior Supe	in in the		, cylin	Angual S Gubruary) Ka	163		ne)		Annual a	g gjaldbjæ grifsk
Solids, Total Suspended	Sample Measurement	e SSNE 4500 teomphile Waadhalise			140.0			mg/l	0	Annual	Grab
DARMACOREODSO	Ferming Mercurement Sample				Annual Asset (Sebpunky)		ARTS FOR	mg/l		Abruel	
	Measurement										Mark Street
	Measuranting						ridesignik (* 1				

Permit Number:

FLA013087

Month/Year:

5/05

Three-month Average Daily Flow: 0.060 (TMADF/Permitted Capacity)x100: 80%

Village Water WWTP (ROOL)

	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	1.1					
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			l		7.4	<u> </u>	1.0					
19	0.088					7.1	5:	1.3					
20	0.065					7.1		1.6	1				
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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	<u>B</u>	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name:	Steve Fuller David Rodriguez
Type of Effluent Disposal or Rec Limited Wet Weather Discharge	laimed \ Activate	Water Reuse: (2) po		If yes, cumulative days of	wet weather	

discharge:______*Attach additional sheets necessary to list all certified operators necessary for required operations.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700 FLA013087 PERMIT NUMBER: Frank Hoffman, President PERMITTEE NAME: Final AquaSource Utility, Inc LIMIT: MAILING ADDRESS: N/A REPORT: 6960 Professional Parkway East, Suite 400 CLASS SIZE: Monthly GROUP: **Domestic** Sarasota, FL 34240 Three Month Average Daily Flow: 0.060 80% % of Capacity WAFR SITE NO.: 15196 Village Water WWTP FACILITY: LOCATION:

R001 (Perc/Evap Ponds) 4411 Main Ave MONITORING GROUP NUMBER: Eaton Park, FL PLANT SIZE/TREATMENT TYPE:

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	Qua	lity or Concentr	ation	Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.055		MGD	,				0	Report Monthly	Calc.Roll,An. Avg
FARMICATO SUOSO.	Bermi Messurement	O7() Mangang)	kert Pie	mgd	ter spokel state		Approximation of the second			- Report Mortillitis	Cale Roll Av.
Flow	Sample Measurement		0.060	MGD					0	5 Days/Week	Elapsed Time Meters
PARMICOLEVS00502 Winnshamov INFOCOM A Section	Permit Measurement	100 pg 150 120 pg 150	a alReporta a Li ((MaiAvg))	mgd		A CONTRACT OF	en menger gan kala Pengerakan			S luny (AVeal)	Prince de la como Nacional de la como Nacional de la como Nacional de la como Nacional de la como Nacional de la como Nacional de la como Nacional de la como nacional de
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc,Roll,An. Avg
PARMIGOUS 80082	Pemil Measurement	and the second section			20.0 S			(mg/		Report Montaly	alicali An
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6		3.6	mg/l	0	Monthly	Grab
PARMIGOGE 80082	Memili Memiliemenka				30 0 **(M6.AVE)***		(60,0 (Max2)	mg/l		Monthly	Const
Solids, Total Suspended	Sample Measurement				8.7			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARMIC 6d8 (00330) MOUSTIC NORTH A TO LEGY LOCKED	Permit Mensurement	A b Salas		i de la compania del compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del compa	L 20.0 L (Antaver)			mg/l		Report Manually	Cijie Relliatij

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):

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading Units		Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement				4.1		4.1	mg/l	o	Monthly	Grab
PARMICONE 005305	Perintes Measuroments				0.006 2 PAS BNO		1 (60 0) 3 ((May))	mg/l		e s Montaly	(Spal)
pH .	Sample Measurement				7.0		7.6	s.u.	0	5 Days/Week	Grab
(PARANGOLOGIO 400) #Monstrono Etga-ora-valada	Réminis Viédautement «»				5 () (Van)	and the first to	2 (8)5 5 (0) (8)0 (4)	Marine 10		GIDAV/Weak	andi (
Coliform, Fecal	Sample Measurement	-			54.7	:		#/100ml	0	Report Monthly	Calc.Roll,An. Avg.
PARMicode, 74055	Mensuramenta.				7000 37(A)7AV(27)			#/100ml		Replace Manual	FADateRoft Air
Coliform, Fecal	Sample Measurement				3.0		3.0	#/100ml	0	Monthly	Grab
dPARMICodes/(4058) Ministration/(EHASO) (224) (344)	Aermil Mensuramani				Report (Mordeo Mean)	Principal de	1080 1080 1080 1080 1080 1080 1080 1080	#/100mls		Monthly	Grali
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/l	0	5 Days/Week	Grab
PARAMORES 00602 AND AND AND AND AND AND AND AND AND AND	Permit Measurement (ara.		## 0.5 ##(Mill) \$##	Salar Salar				5 Daye/Wealch	6.01
Nitrate	Sample Measurement						2.8	mg/l	0	Monthly	Grab
PARM Cotte i00620	Permit Meastrements 2						(Max)	ng/l	1	St. Montaly	Grati
BOD, Carbonaceous 5 day, 20C	Sample Measurement				400.0			mg/l	0 -	Annual	Grab
PARMICOGE 80082	Reagni Measursinent				Aprillal Gebruary 200			Line)		Vinual Partonia paiki	GBID CONTROL OF AN AN
Solids, Total Suspended	Sample Measurement				140.0			mg/l	0	Annual	Grab
PARM 050E00580) A COMPANION COMPANIO	Penni a gara Neannemen	great (All Sept			Annuals (Contains)	er selektivis		mg/L		Amount	Grabi
	Sample Measurement										
And Mark Lines	¿Permit Measurementi.:		TO THE SECOND		and the second	A Section 1	400			Same Contract The	

Permit Number:

FLA013087

Month/Year: 6/

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			i.		7.4	ŧ:	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					
						1							

Plan Staffing: Day Shift Operator	Class	D	Certificate No.	8937	Name:	Steve Fuller
Evening Shift Operator	Class		Certificate No.	0737	Name:	Steve Puller
Night Shift Operator	Class		Certificate No.		Name:	
Lead Operator	Class	<u>A</u>	Certificate No.	9139	Name:	David Rodriguez
Type of Effluent Disposal or Rec Limited Wet Weather Discharge			rcolation ponds Not Applicable	X If yes, cumulative days of	of wet weath	er

discharge: ______*Attach additional sheets necessary to list all certified operators necessary for required operations.

./_			•			, eng									
1		Aqua America Uti	lities			Village W	WTP							ĺ	-
		543.4		551.6 OS			414	~ ~ ~						İ	٨
		Month / Year :	30ME	OS LIET STATION		el Mis I	80301	∂ ⊆o. 0 Chlorine	CI2	#1 / #2 / #3		CI2		i 1	C.r
	DATE	LIFT STATION PUMP #1	HR	LIFT STATION PUMP # 2	HR	FL.8W /	WWTP	Volume		Settle-ometer	Waste		OPER	PW	PAIN
	1	543,4	Ø	557.2	5,6	0,054		245.0	usage S.O S.O		101454132		0000 Run A-9139	7.4	1.30
	2		8	563.5	6.3	0,060	80577 80870	240.0	5.0	80/30/85		1.0	50F B8937	7.4	0.3
	3	543.4	Ø	570,3	6.8	0.065	81180	230.0	10.0		tomi-Ear	0.9	SIF	23	0.3
	4								-		<u></u>	7.5	24	-01	1.30
	5	543.4	8	502.2	11.9	0/115	81777	205,6	25.0 5.0	67/70/72	SUPPRAME ML	0,87	DAVO RODE A 9139 DAVO ROGE A 9139	7.4	0.2"
	<u>6</u>	543.4 543.4	XX XX	586,7 593.8	7.1	0.043	82347	190,0 (100,053)	10.0	01/10/12	ionins acc	42	DAVD POL A-935	52	1000
	8	543.4	8	578.0	4.2	0.068	8 2 588	180.0	(0,0	70/70/80	10 MLX ALL	1,2	DANG RO-A-9139	7.6	0.7"
	9	543,4	W W	602.8	4.8	0.046	82848	170.0	10.0	70/70/80 GF FAMME (M.G.) RAININ ()	& pur pur	11.0	DAM PO-4-9139	7.5	Du.
	10	543.4	l Ø	609.6	6.8	0.065	83201	160.0	10.0	RAINING	SMA ALT	0.8	SUF 89937	24	0.7
	11	S43.4	Ø	615,1	5.5	0,053	83540	145.0	15,0		Softwaren	9.08	DANO RO-A-913	7.6	0.84
٠. ٨	12	543.4	~	626 8	11.7	0.113	84224	1250	700	72/75/75	ISHIBAU(3)	1.0	DAVOROO-A-9139	7.3	2"
+ I from	14	5 43. 4 (sp Surrell	8	626,8	6,0	0.057	84517	125.0 120.0(86483)	20,0	72/75/75	rom. WALL	0.8	SUP	7.4	0
my second	15	552.6	19.2	632.8	Ø	0.075	484864	lin.o	18.0		iomas ale	1.1	DANDRE A-9139	スタスタ	D SO
	16	558-8	6.2	632.8	Ø	0.050	85(0Y	100-0/300.0	10,0		10 M118 AU	0.61 \$ 2,0	DALORA91-4-9139 JUF 138937	24	0
>	17	566.9	8.1	632.P	Ø	0.065	85407	290.6	10.0	75/75/70	DOMINALE 3	2.0	7 (m 138959)	7.3	Ø
USB	18 19	(29 D	177	£ 22.00	~	1000	OCALS	275.0 265.0/(14.0) 260.0/200.0 285.0 280.0/200.0(1720	12 -		(C 2) = \	3	040 P. 4 0130	711	200
aco ath	20	579,0 584.6	(Z.(5.6	632.8 632.8	Ø Ø	0,098	196777	2/5.0	10.0	70/75/70 (Superate Ishis#182	2.5	OATO POR A-9139 OATO POR A-9139	7.4	0,5"
71997 71097	21	396,4	11.8	637 9	Ø	0.09	£ 1607	260,0/20	5.0		20 Ma#132	3.04	Denolora A-939	7.0	750
FILA		6 03.1	6.7	672.0	10	0.054	82865	295.0	5,0	55/75/75	20mm #12+3	2.2	OMOROGRA-9139 SLF BASED	7.6	B
Filh 6/20 -6/21	23	61714	14,3	6.33.6 633.6	0.8	0120	87300	285,0 280.0/200.0(1120	10.0		Survita	224	SF B8932	7.2	8°
		625.4	8.0	633.6	B_	0.065	87556	2800/2000 (120	5.0	# Bronder on Hand)	2,04	OAND PC A-9139	7.3	Dozie
*	25 26	640,0	14.6	633.6	Ø	0.116	88237	290,0	10.0	XPUNCUS#1845		1,8	DALD ROMAN 9139	7-2	Bu
	27	643.6	3:6	633.6	Ø	0.0294	#E)88454	2850	50	(\$ " ")	WASIOH1 } 2		DAY Ro- A-9139	7.3	& C
24	28	649, ((*Suncu)		633.6	Ø	0,048	88772	275.0	10.0	50/25/26	WATE	1.0	SIF	1221	0.8"
ead	29	649.6	0	240-9	7.3	0.070	89116	275.0 265.0 255.0	10.0			1.8	DAND PHON A-9139	23	9.80
*	30	649.6	10	649.3	8,4	0,080	89480	255.0	10.0		WATE	44	SIF 88937	7.2	0.7
		1	L		<u> L</u>	<u> </u>	 	L	<u> </u>	1	SMIN FOOL	<u> </u>		1 3	
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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

Received:

6/07/05 13:00

[2406861]

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.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Est. 265 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2406861]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier F	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2406861001 Effluent grab				Sampled: 06/07/05 Matrix: Water		Received.	: 06/07/05 Wet Weight E		
Nitrate as N		2.8	mg/L	0.060	EPA 300.0	IC6351		06/8/05 16:38	jL	E96080
Total Suspended S	olids	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.



RECEIVED BY

DATE/TIME

HARBOR BRANCH

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

FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 339

Laboratory not responsible for omitted information

FDOH # E82417

FDOH # E83509

X FDOH # E8441

Company: AQUA UTILITIES							e-mail: DPPODP GVBC CARUA 5390 First Coast Hwy., S AMERICA COM Fernandina Beach, FL 3										
Address	915	WEST	DAU	उपभा र	R Y	PD.		Fied	1 BRICA 20	2011	Fernar					na, FL	32725 Spring Hill, FL 3460
		AMD, F		_			Method of Shipment:	COUR	•	Tempe Che	rature cked		r Lab(stody Se Intact	Jse Onl	/ pH Check	ed	LAB #2/0686/
Phone:	863-85	8-2504		Fax:	86	3-853-Y937		tandard Lab		E) N	,		V (ATI) (E	Y	N	
Client Co	ontact:	DAY	10	Poo	RIG	VEZ	\	•	IIIIC	U	1)	Ι		VATIVE		Τ.	Preservation Key
Project N	lame:	VILLAG	3E 1	MATE	37R	WWTF		Or	,		<u> </u>	ANAL'	ST	REQUES	TED	<u> </u>	H=Hydrochloric Acid P≈Phosphoric N≈Nitric Acid ST=Sodium
Sampled	ampled By: DAMD PODELGUEZ				BS	1	Busines Laboratory Ap	A	B	1					S=Sulfuric Acid Thiosulfa SH=Sodium Hydroxide U=Unpreserve		
LAB ID	COLLE DATE	TIME	Sample Type*	MATRIX**	# Containers		LE DES ill Appear			CBOD	785	NO3	FEER				COMMENTS
	16/7/05	430AL	G	WW	T	BTFWBI	ス			X							
1	6/7/05	930km	G	MM	1	10			-		X						
0	6/7/05		G	WW	1	. (1						X					NOS -> F.P.
	6/7/05	935AM	G	WN	ı	t /		Clas	1.1				X				A Clz Residian Measur
																	USING BPA APPROVED
				<u> </u>				-									Cle POCKET COLORINE
			ļ	ļ	ļ											ļ	
			ļ	ļ	 			The second second second second		ļ						<u> </u>	
	<u> </u>			 	 					<u> </u>	ļ				<u></u>	<u> </u>	
* San	ple Type: G	=Grab C=	Compo	site C	=Othe	er	** Matrix: S	=Solid SL , S	ludge DW:	=Drinking	Water	GW=G	round V	ater SW	=Surface W	/ater W	M=Wastewater M=Marine
	ISHED BY		POD	PIGI	ÆZ	i i	RELINQUISH		tu	1 1			RELIN	QUISHE	D BY	M)	mometts
DATE/TIN	ME 6	17/05					DATE/TIME	10-5	15'	7	()()	PA	DATE	TIME &	17/60	一大	ENER

1300

RECEIVED BY

DATE/TIME

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DATE/TIME 6

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: MAILING ADDRESS:

FACILITY:

Frank Hoffman, President

AquaSource Utility, Inc.

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Village Water WWTP

4411 Main Ave LOCATION:

Eaton Park, FL

COUNTY: Polk PERMIT NUMBER:

LIMIT:

FLA013087

Final

CLASS SIZE: N/A REPORT: GROUP:

Monthly Domestic

0.061 <u>81%</u> % of Capacity

WAFR SITE NO.:

15196

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

DMR DATE:

8/4/05

MONITORING PERIOD

Three Month Average Daily Flow:

From: 7/1/05

To: 7/31/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.057		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARRY Code 50050 Man Site Novan F.011	Permit Measurement of	MCAn Ave		mgd	100					Repartivientaly	Gala Rellivati
Flow	Sample Measurement		0.061	MGD					0	5 Days/Week	Elapsed Time Meters
PARA Code S0030 Pagistra Noting Durant	Herrii Measuranent	101 m . 12 171 m . 12 171 m . 12	Report Mo Ave a	e mga	eti da				1	S Day Welling	Flapsed Time
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARME odlo 80082 Moh She No FileA-0-12	Permitei Measurementes				200			mg/l		Rejuot Vioninio	Cale Rollean
BOD, Carbonaceous 5 day, 20C	Sample Measurement			L.	5.4		5.4	mg/l	0.	Monthly	Grab
PARM Code 80082 Montare Montar Addition 1	dermit dvicasurenting				300 Maarakas		(00.0 Nace)	mg/j.	111	Monthly	tarab :
Solids, Total Suspended	Sample Measurement				8.8			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Codes 00530 Maii Suesian BRAUD 2007	of erms Measurement	Sec. Sec.			200 (An AVE)			rog/L		Report Monigle	Chic Poll An alal al Av

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, I believ 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	20	(863)858-2504	05/08/04

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

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

Parameter	·	Quantity	or Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.1		2.1	mg/l	0	Monthly	Grab
PARAMICIALE (19531) Monstre North Astribus 1954	Permit (Measurament)	15 J			3010 (M6/AV2)		60 0 e e (Vlas	mg/P		violitify.	Grab.
рН	Sample Measurement				6.9		7.6	s.u.	0	5 Days/Week	Grab
FARM Code (0400)	Permit Measurement	100 100 100 100 100 100 100 100 100 100	an de la companya				8.5 Max (**)			C prayerive in) (altab
Coliform, Fecal	Sample Measurement				54.6			#/100ml	0	Report Monthly	Calc.Roll.An. Avg.
PARM Code 74055	Permit Mensmements:				200° Pa (Angang)	io water		#/100mit/s		i i king teleti. Siyatetili iliy	Calo Roll An
Coliform, Fecal	Sample Measurement	3			1. 0 U		1. 0 U	#/100ml	0	Monthly	Grab
#PARM Code 974055 Monshe Island EPASO 1. 2013 252	Hermi Meditionment a				Report (Marcies Mean)		800 ma (Max)	#/squail		Vibritity	Signif
Total Residual Chlorine (For Disinfection)	Sample Measurement		·		0.6			mg/l	0	5 Days/Week	Grab
PARMICORE 50060 Mar Sir No. EFA-014 2014	Permii Measurement #	Lagran (San			ta (Min)			mg/l-		State of the state	(chill)
Nitrate	Sample Measurement						10.0	mg/l	0	Monthly	Grab
PARM Code, 006202	Permit Measurement	14 15 E				i de la companion de la compan	(Maxo	mg/L		- Monthly	Gird.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
FPAKMicode 80082	Permi Areasurement				Angual - Angual - Anguary			men la		Amount	, tim Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	o	Annual	Grab
PARM Code 00530	Permits Measurement	254			Annual (February) »		10 % X	mg/		Amnuale	- deferab
Training Michael Training Control of Nicel Co. As a series of the Control of	Sample Measurement					, DOM					
And the second second second	Permit Measurements 18				ily pt. 70%				n program		

Permit Number:

FLA013087

Month/Year: 7

7/05

Three-month Average Daily Flow: 0.061 (TMADF/Permitted Capacity)x100: 81%

				e Water WWTP (R					
	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				<u> </u>	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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	<u>B</u>	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name:	Steve Fuller David Rodriguez
Type of Effluent Disposal or Rec Limited Wet Weather Discharge			2) rapid perc ponds Not Applicable		of wet wea	ather

^{*}Attach additional sheets necessary to list all certified operators necessary for required operations.

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3	30	29	23 88	27	26	25	24	23	22	21	20	19	18	47	16	91	14	13	12	11	10	8	8	7	6	Oi	4	မ	12	-	DATE				
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790631260.0		275.0	280.0	2900/5558	200,0/30	220.0 (420)		235 ,0	240.0	245,0	250,0	266.0	270,0		280.0	290,0	135 0/300			158.0	165,0		195.0	265.0	215.0	0.0EC	228.0	230.0	•	o 3hC	Volume	Chiorine	255.0		
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1 | Pump



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

Received:

7/05/05 12:30

[2406891]

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.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I 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	Qı	alifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	24068 Efflue					Sampled: 07/05/05 Matrix: Water		Received.	: 07/05/05 Wet Weight I		
Nitrate as N			10	mg/L	0.060	EPA 300.0	IC6384		07/6/05 12:52	JĻ	E96080
Total Suspended S	Solids		2.1	mg/L	1.1	SM2540 D	WCSH6361		07/6/05 10:23	MAB	E84418
CBOD5		٧	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

Result 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.



HARBOR BRANCH

Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

AQVA UTLUTIRS

Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN PRESS HARD COMPLETELY FILL OUT ALL NON GREYED AREAS

PRINT LEGIBLY

Labbratory not responsible for omitted information LFDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 3393

FDOH # E82417

e-mail: Of RODRICUZ CAQUA 5390 First Coast Hwy., Suite 1

FDOH # E83509 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.

PAGE

X_FDOH # E8441

Company	y <u>: 1</u>	40 N	<u> </u>	TAI	17	183	e-mail:	Ofroome									se Rd., Suite 1 2514	
Address:	415	MBST	O¥	svcW	1804	y RO.			beica.	6011	Fernan			. 32034		itona, FL	32725 Spnn	g Hill, FL 3460
	LANCOR	emo, pol					Method of Shipmen	~	Y	Tempe	rature Øked		<i>r Lab</i> stody S _Intact	Use Oi pals	p	oH ocked	LAB# <i>24</i> 0	16891
Phone:	863-85	8-250	4	Fax:	86	<u>3-853- 493</u> 7	X	Standard Lab Turn Around Ti			N	<u></u>	?	N RVATIV	Y	N	7	
Client Co	ontact:	DR	wo	Por	981	gras		Or		U	υ	U	54				Preserva	etion Key
Project N	lame;	V	UA	FG 1	FAN	ex mate		د د					L	REQUE	STED		N=Nitric Acid	ST=Sodium
Sampled	Ву:		AV			DRIGHT	Rush ir Requir	n Busines res Laboratory Ap	- 1								S=Sulfuric Acid SH=Sodium Hydroxide	Thiosulfate U=Unpreserved
LAB ID	COLLE		ple Type*	MATRIX**	Containers			SCRIPTIO		CBD	755	NOz	FRE	,			COMM	MENTS
	DATE	TIME	Sam	¥	ီ *	As W	III Appe	ar On Repo	π			/	V.				0.62	
	7/5/05	950Am	6	ww	8	BAFURAT	•			X								
1	7/5/05	755Am	G	m	1	N					X							
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* San	nple Type: G	=Grab C=	Compo	osite C	=Othe	er 🎇	** Matrix	: S=Solid SL=S	lydge DW	Drinking	Water	GW=G	round V	Vater S	W=Surface	Water V	/W=Wastewater M=	Marine
	JISHED BY	DAI		Por	121	·		ISHED BY	arten	yl					IED BY	MB	remette to	Ed Ep
DATE/TIM		7/5/	<u>\$</u>				DATE/TIM		p5'	11	2:30	019		/TIME	7/	3/05	DDY BY Satt	
RECEIVE	······	ante	4	<u> </u>	A (RECEIVE		- NOW	retto				TIME	OK HBE	LCUSIC	DUY BY JOUR	- 10012

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: MAILING ADDRESS: Frank Hoffman, President

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Village Water WWTP

4411 Main Ave

Eaton Park, FL

COUNTY:

FACILITY:

LOCATION:

Polk

PERMIT NUMBER:

LIMIT:

FLA013087

Final

CLASS SIZE:

Three Month Average Daily Flow:

N/A

REPORT:

GROUP: 80%

WAFR SITE NO.:

Monthly Domestic

15196

0.060 % of Capacity

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

DMR DATE:

8/31/05

MONITORING PERIOD

From: 8/1/05

To: 8/31/05

Parameter		Quantity	or Loading	Units	Qua	llity or Concer	ntration	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 Novine 01. Y	Permit Measurement	0.075 (An Avg.)	add Chapters	mgd				1		Report Monthly	Calc Roll An Ave
Flow	Sample Measurement		0.060	MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code: 50050	Permit-	1,12	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Mereis
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3			mg/l	0	Report Monthly	Calc.Roll.An. Avg
PARM Code, 80082 .* Mon Site No. EFA-01-2 Year	Permit- Measurement	15			20.0 (An Avg.)		27	mg/l		- Report Monthly	Calc Roll An
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0U		2.0U	mg/l	0	Monthly	Grab
PARM Code: 80082 Mon Site Norfil A-01 1	Permit Measurement	200			.30.0 (Mo.Avg.)	100	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 MonSite No: EFA-01 YES	Permit Measurement			14. II 12.	20.0 (An Avg.)	i de la companya da la companya da la companya da la companya da la companya da la companya da la companya da	235564	mg/L		Report Monthly	Calc Roll An

d 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):

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

			PARMECOJE 105330 Mon Sile Nos INTEGITO E. G.	ooina, tom onaponava	Mon Site No. INP-III	PARMicode 80082	BOD, Carbonaceous 5 day, 20C	PARM Code: 00620 Works to Nov. BPA-01 c 11	Nitrate	PARMCode 50060 3 Man Site Not EFA-01	Total Residual Chlorine (For Disinfection)	PARM Code, 74055 Mon Steinas Hra-01: 1-91	Coliform, Fecal	PARM Code 74055	Coliform, Fecal	PARM Code (00400 Mon Sir No. BEA-01	pН	PARMICode 00530	Solids, Total Suspended	Parameter
Measurement 4	Measurement	Sample	Fermit Measurement	Measurement	Sample Sample	Permit	Sample Measurement	Permit Measurement	Sample Measurement	Permit Measurement	Sample Measurement	Permit Measurement	Sample Measurement	Permit Measurement	Sample Measurement	Permit Measurement	Sample Measurement	Pennit Measurement	Sample Measurement	
																				Quantity
																				Quantity or Loading
												-la								Units
			Annual (February) 1.4	MNR	(L'ehruary)	Annual	MNR			0.5 (Mim) ****	0.8	Report (Mo/Geo/Mean)	1.0U	200 (An Avg)	54.5	6.0 Min.) Zage	7.1	10.0 _s	3.3	Qual
i de la companya de l																				Quality or Concentration
								(Max)	0.29			800 (Max)	1.0U			(Max)	7.6	60-0 e. (Max)	3.3	tion
			mg/l	mg/l		mg/l	mg/l	mg/I	mg/l	mg/l	mg/l	#/100ml	#/100ml	#/100ml	#/100ml	7.U.S	s.u.	mg/l=a	mg/l	Units
5			477	0			0		0		0		0		0		0		0	No. Ex.
1			Annual	Annual		Annual	Annual	Monthly	Monthly	5 Days/Weak	5 Days/Week	Monthly	Monthly	Report 12.	Report Monthly	5 iDays/Week	5 Days/Week	Monthly	Monthly	Frequency of Analysis
			Crab	Grab		a Grab 14 4	Grab	Grab (1)	Grab	Grab	Grab	Grab	Grab	Cald Roll An FAVE	Calc.Roll.An. Avg.	Grab	Grab	Grab	Grab	Sample Type

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)	Water WWTP (R 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				1	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 Class Class Class	B	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name: Name:	Steve Fuller David Rodriguez	
Type of Effluent Disposal or Re	eclaimed V	Water Reuse:	(2) rapid filtration per	c 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.

• :	**	, ,	-						3.50						1,0		<u>.</u>	٠.																	٠,	
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		, (B)	é	8	65	*	2	7.0	3.5	30	9	7.5	6.	イバ	10.8	7.6	7,9	12,7		=	B	Q	g g	4	Q	è	Ø,	Ø	Ø	Ø	丢		AVG-		lities	
		XX1.X	872.5	<i>865.7</i>	960.₹		00'A	# 11.10	247.3	8.44.3		£.44.8	877.3	P111/3	<i>ጸዛ૫</i> , 3	814.3	といりる	5.748		2 VV8	でいる。	821-	2000		810-2	N.508	799,6	789,3	783.6	776,4	PUMP#2	LIFT STATION	2005			(70,7)
		7,3	6.8	4.9	9,6	11.10	100	100				Ø			M'	Q)	Ø	B	14.0		200	1	7.4			S.X	ı	13	7.3	7.7	麦					
	No. 4		0.065 00263	- 1	0.092 07635	PION I DOLL	7960 D967	-		0.073 VS56		Q.	00		0.087 0409	C C	3/159 P"10/6	0.102 03/75	1	¥	3.000 C 7.00	STORY CHILD	0.076 01337		0.046 00747	0.056 604W	0.099 (25.5)	0.055 .999		0.055 99219	Electr	PL.SW / WWTP		A 1 AAAA MRDIII A	Willers WARTE	97003
\$			_	7 252,0	_		0.0			260.0	*	1 1	1	3 345.0/300.0	ÆI.	Ψ	2000	-		_	0.707	-	-		7 205.0	2000 o	2000			2	1	P Chlorina				03 (26)
		10. p		N (3	0.0	10.0	16,0	10.0	20,0		0,0	0.0	0.0			ה ה ה	\$ 58 EV	0.4	100	0,0	800			Š	10.0	3 6	300	3	300	Usaga		+	+		
		65/60/60	X2 X2	1		Supernete	Dissipping Florid	12.00	X1. 1. 1.	للا دد بد	_	PUT BY NESS OF STATES		ı	TO TO COMO TIVE	200		S MICH (NEXIN)	THE STATE OF THE							25/20/20			A COLUMN TO THE SECOND	W DOTTON	-	#4 / #2 / #2	+			
st.	d production of the state of th	Schristy	SHOTALO AND	200		Blews HAM	SMIN ALL	10 NW # 102		TONE ALL	Wales VIII	200.00	6 F. Tr. W. W. J. S.	**	JOANN ALC	, Dr. C.3	DM.W	-0	SUPPLANE	SMINAL	MAS AULION		WS#12		acronance and	100 S NO.	TABRADE	SAL VIE	Norws ACC	010010	Wash	1				
			100	4	^	1.4	1,0	0.3	1.84	7.1	3.77	3		ر بر		j			0,7	1 7		1	1.54			7	+-	300	_	7.	C N	3				
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Date issued: August 9, 2005

To:

Carolyn McFalls

Agua Utilities Florida, Inc.

415 W. Daughtry

Lakeland, FL 33809

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Received:

8/02/05 12:15

[2406920]

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.

TH ACCORD

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2406920001 Effluent gra	b			Sampled: 08/02/05 Matrix: Water		Received.			
Nitrate as N		0.29	mg/L	0.060	EPA 300.0	IC6432		08/3/05 14:56	JL	E96080
Total Suspended So	olids	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.

ON ACCORD



DATE/TIME 5

HARBOR BRANCH ENVIRONMENTAL _aboratories. Inc.

5600 US I North, Fort Plerce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584 Chain-of-Custody

Agreement to Perform Services

USE BALL POINT PEN PRESS HARD COMPLETELY FILL OUT ALL NON GREYED AREAS

PRINT LEGIBLY

DATE/TIME

5600 U.S. 1 North Fort Pierce, FL 34946

人 FDOH # E96080

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 339:

FDOH # E82417

5390 First Coast Hwy., Suite 1

FDOH # E83509 255 Enterprise Rd., Suite 1

Laboratory not responsible for omitted information

FDOH # E8441: 2514 Osawaw Blvd.

UTILITIES e-mail: DRRODRIGUEZ CAQUA AUQA Company: Fernandina Beach, FL 32034 Deltona, FL 32725 Spring Hill, FL 3460 DAVGHTERY RD. Address: Method of For Lab Use Only LAWEZAND FI - Zip: 33809 COUPLER Shipment: Temperature **Custody Seals** pН LAB#240 6920 Checked Checked Intact: 863-858 -250 y Fax: 863-853-4937 Standard Laboratory Υ Υ Ν **Turn Around Time PRESERVATIVE** ROORI GVEZ Client Contact: Preservation Key () Or H≃Hydrochloric Acid P=Phosphoric / VULART WATER WWIF Project Name: ANALYSES REQUESTED N=Nitric Acid ST=Sodium Rush in **Business Days** S=Sulfuric Acid Thiosulfet PODRIGUEZ DAVAD Sampled By: Requires Laboratory Approval SH=Sodium Hydroxide U=Unpreserved SAMPLE DESCRIPTION 800 COLLECTION SON LAB ID COMMENTS As Will Appear On Report TIME DATE IOISAM 12/05 WN BFFLUENT E/ 8/2/05 WW G NO3 DEP WW 11 1018 Cl2: 0.8 WW 11 # Cl2 FESTOVAL MEASU USING BPA APPROVED Clz POCKET COLDRINE * 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 POORIGINE RELINQUISHED BY) DAMD RELINQUISHED BY 1200S DATE/TIME & 20 - 03 DATE/TIME DATE/TIME 05 RECEIVED BY RECEIVED BY RECEIVED FOR HBEL CUSTODY BY

יס'

1300

DATE/TIME

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: MAILING ADDRESS: Frank Hoffman, President

AquaSource Utility, Inc.

6960 Professional Parkway East

Sarasota, FL 34240

PERMIT NUMBER:

FLA013087

Final

CLASS SIZE:

LIMIT:

N/A

REPORT: GROUP:

Monthly Domestic

Three Month Average Daily Flow.

0.056

% of Capacity

74% WAFR SITE NO .:

15196

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave

Eaton Park, FL

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R001 (Perc/Evap Ponds) IIIC

DMR DATE:

10/8/05

COUNTY:

Polk

MONITORING PERIOD

From: 9/1/05

To: 9/30/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	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. 0 U		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		10.7 12.0 12.0	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 SIGNAT	URE 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):

FACILITY NAME: Village Water WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	ntion	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
pН	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	Permit Measurement				Report (Mo.Gco.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 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						<u> </u>				
	Permit Measurement										1

Permit Number: FLA013087

Month/Year: 9/05

Three-month Average Daily Flow: 0.056 (TMADF/Permitted Capacity)x100: 74%

			l'illage	e Water WWTP (RI					
	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
l	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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	В 	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name: Name:	Steve Fuller David Rodriguez	
Type of Effluent Disposal or Limited Wet Weather Discha			:No_xNot Applicable	eIf yes, cur	nulative days of wet weath	er	

discharge: *Attach additional sheets necessary to list all certified operators necessary for required operations.



Date issued: September 12, 2005

To:

Carolyn McFalls Aqua Utilities Florida, Inc. 415 W. Daughtry Lakeland, FL 33809

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Received:

9/06/05 12:35

[2406961]

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.

N ACCORD

HARBOR BRANCH 5600 U.S. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 457-1584

CERTIFICATE OF ANALYSIS [2406961]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2406961001 Effluent gra				Sampled: 09/06/05 Matrix: Water		Received.			
Nitrate as N		4.2	mg/L	0.060	EPA 300.0	IC6475		09/7/05 13:07	RS	E96080
Total Suspended So	olids	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

Result 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

FROH # FORDRA



HARBOR BRANCH

5600 US I North, Fort Plerce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custo	yŁ
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and

Agreement to Perform Services

Method(s) of OVRIBR

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted informatio. XFDOH # E96080

5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E8537 307 Coolidge Avenue Lehigh Acres, FL 33

FDOH # E83509 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.

FDOH # E844

Company: AQVA VTLITES	Shipment: Fed EX	į	hal		265 Enterprise	e Rd., Suite 1 2514 Osawaw Blvd 32725 Spring Hill, FL 346
Address: YIS WEST DAVCHTORY RD. CANGRAND, FL. Zip: 33810	e-mail: Of Rook & Uze Adva	Temperature Checked	Custod Int		pH Checked	LAB# <u>2406961</u>
Phone: 863-858-250Y Fax: 863-853-493 Client Contact: DAWD ROPLEVEZ Project Name: MUARE WATER WWTE	Standard Laboratory Turn Around Time Or Rush in Business Days	UU	US	N SERVATIVE STEQUESTE	Y N	Preservation Key H=Hydrochloric Acid P=Phosphor N=Nitric Acid ST=Sodium S=Sulfuric Acid Thiosul
Sampled By: PAND ROPELEUT	Requires Laboratory Approval	AD	D			SH=Sodium Hydroxide U=Unpresen
LAB ID	PLE DESCRIPTION Vill Appear On Report	CERT	NO.	7 P		COMMENTS
19/6/05 1020 FM 6 WW 1 BFFUB	N	X				
0 19/6/05 1020 Am G WW 1 11		X				
0 9/6/05 1020M G WW 1 C1			X			N03-7 FP
19/6/05/1025MM C WW 1 21	(z: 1,8		X			ADCIZ ROSIDAN MENON
						USING BAP APPRO
						C/2 POCKET COLORU
	-					
* Sample Type: G=Grab C=Composite	** Matrix: S=Solid SL=Sludge DW=0	Drinking Water	GW=Grou	nd Water SW=S	urface Water W	/W=Wastewater M=Marine
RELINQUISHED BY DAWN BYANS DATE/TIME 9/6/05	RELINQUISHED BY Monome DATE/TIME 9/6/05	the		LINQUISHED BY TE/TIME		
RELINQUISHED BY DAWN BYANS DATE/TIME 9/6/05 RECEIVED BY M. BONOMELLS DATE/TIME 9/6/05 1235	RECEIVED BY FEEL FY DATE/TIME 9/6/05		RE	CEIVED FOR HBI TE/TIME	EL CUSTODY BY	Patt 1045

4	30	29	28	27	26	26	24	23	22	21	20	19	18		18	15		ಪ		-1	10	8	8	7	6	0.	•	ယ	N	-3	DATE					
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	970.2	966.5	975.8	8.576	\$ 8586	‰ Ý		98.8 8	966.8	6096	965,7	965.7	965,7		9,5%	961.6	956.8	950.2	945.9	M'Ehb		936,7	929.7	923.)	917.2	912.3	-	905,2	8,778	240.2	PUMP#2	LIFT STATION	705			8.188
	3.7	0,5	Ø,	Ø,	Š	ß	1	Q	6.1	g,	Ç Q	Ø	0,2		2,0	8,7	6.6	K.3	2.5	6.7		2,0	6.6	5.5	637	7.7		イバク	7.6	٧,٧	五					
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

PERMITTEE NAME:

Frank Hoffman, President

PERMIT NUMBER:

FLA013087

MAILING ADDRESS:

AquaSource Utility, Inc.

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

CLASS SIZE:

0.054

% of Capacity

71%

15196

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R001 (Perc/Evap Ponds)

WAFR SITE NO .:

Eaton Park, FL

NO DISCHARGE FROM SITE:

Three Month Average Daily Flow

DMR DATE:

11/2/05

COUNTY:

Polk

MONITORING PERIOD

From: 10/1/05

To: 10/31/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.051		MGD					0	Report Monthly	Calc.Roll.An. Avg
PARM Code, \$0050 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 1	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	The state of the s			20.0 (Ап.Avg.)			mg/l		Report Monthly	Cale 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 1	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	Qual	ity or Concentra	ition	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 1	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	Permit Measurement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				53	20.00 000000000000000000000000000000000		#/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				0.2 *			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						5.6	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	<u> </u>	The second distribution is a second s	mg/l	0	Annual	Grab
PARM Code 00530 Mon.Site No. INF-01 G	Permit Measurement				Annual (February)			mg/l		Annual	Grab
educes of the section	Sample Measurement										
	Permit Measurement						A PART OF THE STATE OF THE STAT				

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA013087

Month/Year:

10/05

Three-month Average Daily Flow: 0.054 (TMADF/Permitted Capacity)x100: 71%

				e Water WWTP (Ri					
	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
l	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:	Class	В	Cartificants No.	9027	Mamai	Carrie Fullon	
Day Shift Operator	Class	В	Certificate No.	8937	Name:	Steve Fuller	
Evening Shift Operator	Class		Certificate No.		Name:		
Night Shift Operator	Class		Certificate No.		Name:		
Lead Operator	Class	Α	Certificate No.	9139	Name:	David Rodriguez	
Type of Effluent Disposal or	Reclaimed \	Water Reuse	e:i				
Limited Wet Weather Discha	arge Activate	d: Yes	No_x_ Not Applicabl	e If yes. cum	nulative days of wet weath	er	

discharge: _____*Attach additional sheets necessary to list all certified operators necessary for required operations.

(0.68) 1/2

2 2	3	29	28	27	28	26	24	23	22	21	20	18	18	17	16	16	14	13	12		6	80	œ	7	6	œ	4	co	10	_	DATE			Spr. S	L
7.156		997.5	7,766	797.5	990,7	2 786	974.3		960.3	4.25.4	4.346	939.9	935.1	9281	9258		914.0/ms124?	7. 7.806	7.806	908.7	98.7		908,7	708,7	1,806	908,7	908,7	908.7		a _{10.3} , 7	PUMP#1	LIFT STATION	Month / Year:	7,806	THE PROPERTY OF THE PARTY OF
0	1	B	Ø	6.8	7.8	X,O	H,O		7,9	6.0	6,5	4.0	7.8	i,	8.3		Ý	Ø	Ó	Ø	B	7	ST.	Q	0	Ø	Ö	Ø		Q	责		OCT		
1062.5		1034.8	JOYA, X	/0V3,3	1042.3	16413	1042,3		1037.7	(037.7	(037.7	1037.7	1037.7	(037.7	1637.7		037.7	1036.5	1030.6	1025.5	(0 9,S		8,0101	(2, 1 00)	998.4	992,9	946,3	9A0.8		8.566	PUMP#2	LIFT STATION	Sa	970 2	
7.7		6.0	5,5	50	Q.	Q	6.6	,	ø	Ġ,	Ŕ	Ś,	/X	ď,	S		1.2	59	1.5	0	, (,		5.9	6,5		9.3	53	o N		3,5	五				-
00073 33198		15052 . 850,0	pioss Jana	C	0.00		0,182 \$ 2268	()	7	•	0.053 21388	0.032 855 2192	0,063,85, 200%	ΥĒ	0.095 20fos		20371	٠.			0,083 19577			0,062 18949	0.053 18723		0.053 18232	0.048 18c55		1753	Electrical	HUMW / WOLF		(71/06	
ם,מפנים		230,0	340.0	B-US;0	250.0		276.0	befor Blues ou	\$10,¢	V	65.0/530.0	75.6	65.0/80.0		80.0	/	000		-		0.3%		O	70.0/ (20.0	80.0,	90.0		lib.e		135.0	Volume	Chiorine		745, c	The second secon
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Bruch Hong of		Paghic #3 1/2)	Brut Hoppers	Blow Autor	(BLUMES OF MAYO)	(Bury of mars)	And the states	SHUT KRYDOKES	(cond-span)	80	SHOT AND TO PIGS	,	0/65/65	Shot Aid DICE)		,	SHA SPE PUMP) TOPHES KU	play 6th Royal	60/59/701	CHURCHINE	SHATHICZO DIGS		KONYAO SUBSTITUTE	BLUDS ON HA			& low star san fles				Settle-ometer	#1 / #2 / #3			
10mg ALC		Ø	SAIN ALL	10mm Ale	JOMS ALL	6	Ore Ku	() *		Supposerie	#2 10 ms 0.6	AND THE	Siftering	TOPHY ACC		,	DAIL AC	9	(liphus#152)0.8		MY SoutO)			Marsan	₹£1 ^{5,1} 1,4		m sun (Waste				
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ジ		7.0	7.7	7.0	6.9	0	S	}	6.0	7.0	_		_	-	6	•	il,	7,3	7	バロ	パン	,	カン	ス	ない		7.0	7,7		Ŋ	D V	F	-		



Date issued: October 10, 2005

To:

Carolyn McFalls

Aqua Utilities Florida, Inc.

415 W. Daughtry

Lakeland, FL 33809

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Received:

10/04/05 12:13

[2406992]

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.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North. Fort Pierce Pt. 34946 Phone: (772) 465-2400, Ext. 285 Fext. (772) 467-584

CERTIFICATE OF ANALYSIS [2406992]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2406992001 Effluent grab)			Sampled: 10/04/05 Matrix: Water		Received:			
Nitrate as N		5.6	mg/L	0.060	EPA 300.0	IC6508	· · · · · · · · · · · · · · · · · · ·	10/5/05 19:11	RS	E96080
Total Suspended S	olids	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

Result 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 belo

Statement of Estimated Uncertainty available upon request.

ED IN ACCORD



HARBOR BRANCH **ENVIRONMENTAL**

5600 US | North, Fort Pierce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

ARVA WILTIES

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and

Agreement to Perform Services

Method(s) of COURIER

USE BALL POINT PEN PRESS HARD **COMPLETELY FILL OUT** ALL NON GREYED AREAS **PRINT LEGIBLY**

Laboratory not responsible for omitted information K FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E8537 307 Coolidge Avenue Lehigh Acres, FL 33!

FDOH # E83509 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.

FDOH # E844

Compan	y <u>:</u>	AUUR	<u> </u>	TIL	Arb	3	Shipment:	FedE	./					En.	•	ise Rd., Suite 1 25		
Address:	413	S WEST	DA	avoil	TOP	y RO.		1eur	<u> </u>	<u> </u>	<u> </u>			雄	Deltona, FL	. 32725 S _I	oring H	III, FL 346
	863-	358 -Z	50Y	_Fax:	86	33809 385 3* 193	7	PFODFLOW Standard Labourn Around Ti	oratory	Tempè Che	rature cked N	Cu	stody Se Intact Y		pH Checked Y N	LAB# <u>2'</u>	<u> 10 (</u>	6992
Client Co Project N				foot t		NEZ PR WWTF	Rush in	Or Business	: Dave	U	0	V	57	EQUESTE	D .	Preset H=Hydrochloric Acid N=Nitric Acid S≃Sulfuric Acid	đ	P=Phosphorio ST=Sodlum
Sampled	Ву:	9	AM	Pe	OP	igur!	-	Laboratory App	- 1			ש				SH=Sodium Hydrox	dde	Thiosulf U=Unpreserv
LAB ID	COLLE DATE	TIME	Sample Type*	MATRIX**	# Containers			CRIPTIC On Repo		CBOD	755	N03	FBCAL			COM	IME	NTS
	10/4/05	9954	G	WW	1	BFF.				X							(
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	10/4/05	l		WW	1	N		(12)	9,9				X			x Clz FOR	JUKE	Mexical
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*	Sample Tv	pe: G≖Grab	C=C	omposi	te		** Matrix: S	S=Solid SL=Slu	ıdge DW=l	- 	Water	GW=G	ound W	ater SW=Si	urface Water \	// NW=Wastewater N	1=Mariı	ne
F ₽	RELINQUIS			D F	AN	5		DBY Mon						JISHED BY				***************************************
≖ 4,	DATE/TIME				II-		DATE/TIME	10/4/0			-	,	DATE/TI					
Tage	RECEIVED DATE/TIME	7.57		mei	<u> </u>		RECEIVED BY DATE/TIME						RECEIV DATE/II		L CUSTODY B		<u>ب ئر</u> د 1	
	<u> </u>		-		-	; PINK to CLIEN			4/05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DATEIT	IVIC.		AIN PAGE	10-	4

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ten Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2700

RMITTEE NAME:

Frank Hoffman, President

JILING ADDRESS:

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

CILITY: CATION: Village Water WWTP

4411 Main Ave

Eaton Park, FL

Polk

UNTY:

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA013087

Final

N/A

REPORT: GROUP: Monthly Domestic

Three Month Average Daily Flow: 0

0.053

% of Capacity

71% WAFR SITE NO.:

15196

MONITORING GROUP NUMBER: R001 (Perc/Evap Ponds)

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIIC

DMR DATE:

12/06/05

MONITORING PERIOD

From11/01/05 To 11/30/05

Parameter	neter Quantity or Loading Units Quality or Concentration					ation	Units	No .Ex.	Frequency of Analysis	Sample Type	
low	Sample • Measurement	0.054		MGD					0	Report Monthly	Calc,Roll.An. Avg
ARM Code, 50050	Permits (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	0.075 (Antave) 3	Salar Sept. 1942	mgd		La secretaria		133.78		Report Monthly	Cale Roll And
low	Sample Measurement		0.059	MGD					0	5 Days/Week	Elapsed Time Meters
ARM Code, 50050 fomSire Noviku 2012 - 11 20 20 20	Permit Measurement		Reports (Mo Avg.)	mgd		Apr.				5 Days / Vocal	Ellapsed Uline:
OD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Report Monthly	Calc.Roll.An. Avg
ARM Code: 80082; Ign Site No/HPA-01: 25 York 245 1	Permit Measurement		P. Newski 13		200 (An Aven) 14	23476		l mg/L		Report Mentily	Calcar all Art.
OD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0	mg/l	0	Monthly	Grab
ARMiCode 80082 4on Site No. BFA 01 (41)	Permit Measurement				20.0 (Me.Ave.)		(60.0) (Max.)	mg/l		Monthly	Crab c
olids, Total Suspended	Sample Measurement				7.2		Barrier and Control of the Control o	mg/l	0	Report Monthly	Calc.Roll.An. Avg
ARM Gode, 00530	aPermit 4 5 5 5 Measurement at				# (AurAve))/05			samg/[_{2]}		(Report Monthly)	(CalaiRalli An

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

ertify 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 mitted 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.

IAME/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 teme + uller	863-858-2504	05/12/06

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

P 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	Quali	ty or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
olids, Total Suspended	Sample Measurement				5.4		5.4	mg/l	0	Monthly	Grab
ARM/Gelic 00530 a	Permit Measurement as				30.00 cm s (V(6:/AVE)		60-0) (Max.)	er (ing)		Monthly	foraib
A	Sample Measurement				7.3		7.9	s.u.	0	5 Days/Week	Grab
ARM Code (10400) on Sue No. EFA-01	Permit elvieasurement #				(Min)		(Max.)	11 15 D		Siciary Aveek	Alexander (Constitution of Con
oliform, Fecal	Sample Measurement		,		53			#/100ml	0	Report Monthly	Calc.Roll.An. Avg.
ARMCode 74055 odsnenoseeasuss systematic	Permit Measurement	A Part of			200 se 2(An Avg.) se	e de la companya de l		s:#/100ml (s		Reports st Monthly	Grate Coll And
oliform, Fecal	Sample Measurement				1.0		1.0	#/100ml	0	Monthly	Grab
ARM(Code 74055 on Site No. BFA-014 17	Permit Measurement				Report (Mo Crea Mean)		800 g.) s (Max)	#400m)-		Monthly	Corab (4)
otal Residual Chlorine (For isinfection)	Sample Measurement				0.6			mg/l	0	5 Days/Week	Grab
ARM Code \$6060.	Permit Measurement	40.00			O Section 1		taki si sa sa sa	mg/l		C Days Week	Grab
itrate	Sample Measurement] 	0.90	mg/l	0	Monthly	Grab
ARM Code, 00620) Ionisiie Nogëra-Dhesaussan	Permit Measurement		Tataati i	ger i	D. Brandson		12.0 (Vax.)	mg/l		Monthly	g Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annual	Grab
ARM(Crae 80082 on(Spenso 41Nif-01) G. 188	Permit Measurement				Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual			ing/i	al esta	Annual	errab.
olids, Total Suspended	Sample Measurement				MNR			.mg/l	0	Annual	Grab
ARM/Code(005308619) all fon Site No. History Code	Permits Measurement a				Annual (Reblumy) a			e (myles)		Allman Sign	nand Graby in the
	Sample Measurement		tatus kiig sepance s skeskirdi								
(1) 建设置设置 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	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)

				e Water WWTP (Ri					
	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	<i>.</i> :•				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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	<u>C</u>	Certificate No. Certificate No. Certificate No. Certificate No.	13244 8937	Name: Name: Name:	Eddie C Steve Fuller
Type of Effluent Disposal or Rec			NT-4 A1111	TC		
Limited Wet Weather Discharge	Acuvate	d: Yes No>	Not Applicabl	e If yes, cumulative days of	n wet weath	अ

discharge:____*Attach additional sheets necessary to list all certified operators necessary for required operations.

ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2407017]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Village Water

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407017001 Effluent grai	b			Sampled: 11/01/05 Matrix: Water		Received.			
Nitrate as N		0.90	mg/L	0.060	EPA 300.0	IC6544		11/3/05 8:09	RS	E96080
Total Suspended S	olids	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

Result 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.

Printed: 11/7/05

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: MAILING ADDRESS: Frank Hoffman, President

AquaSource Utility, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

Fl_A013087

Final

N.'A

REPORT:

Monthly Domestic

Three Month Average Daily Flow:

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

0.054 %

% of Capacity

71% WAFR SITE NO.:

15196

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave

Eaton Park, FL

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

IBER: 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	Qua	lity or Concentr	ation		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 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				4.2		4.2	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				8.1	The second secon	to the second second second second second second second second second second second second second second second	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	

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	2 tens tullar	(863)858-2504	06/01/06

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	Qual	ity or Concentra	ntion	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		0.0		30.0 (Mo.Avg.)		60,0 (Max.)	mg/l		Monthly	Grab,
pН	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 i	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			nıg/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	<u> </u>	************	mg/l	0	Annual	Grab
PARM Code 00530 Mon Site No. INF-01 G	Permit Measurement				Annual (February)			nig/l		Annual	Grab
	Sample Measurement	m#* # 155 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	Permit Measurement				es, ca	e production of the second					see 1

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 (R					
	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	4				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 Evening Shift Operator Night Shift Operator Lead Operator	Class Class Class Class	B A	Certificate No. Certificate No. Certificate No. Certificate No.	9139	Name: Name: Name: Name:	Steve Fuller 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 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: C

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

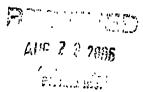


Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

August 22, 2006

Colleen M. Castille Secretary



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.

Printed on recycled paper.

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 c-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

FAC	ILITY AND INS	PECTION IN	FORMATION	@ = Optional
Name and Physical Location of Facility	WAFR ID:	1	County	Entry Date/Time
Vall lacks	FLAOI	3027	Polle	819106
Village Water	72000	3007	Phone	@ East Date/Time
		•		
Name(s) of Field Representatives(a)	J.IIIe.			Phone
		•		
	•			
	and the same and the	7/1		
Name and Address of Permittee or Desig	Nated Representative	Title	Phone	@ Operator Cerdification #
				•
•				•
				,,
Inspection Type	Samples Token(Y/N):	@ Sample	the:	Samples Split (YAV):
Domestic Indi	istrial Were Plates T	ancal Mais	@ Log book Yolume	: @ Page
	ACTIVITY COMPL	DANCE ARE	ASSEVATION	
				alegyer same vigasyalujen
Significant Non-Comphance	Griens Should be Reviewe	distribut of Comp	liance Ratings Are Giv	TIME Areas Marked by a distribution
PERMITSORDERS	PROGRAM	多元的 医	ITY OFFICATIONS	FFEUENT/DISPOSAL.
1.+Parmit	WE 3. Laboratory		fility Site Review	/C 9. ♦ Effluent Quality
NA 2.+Compliance Schedules	WE 4. Sampling /C 5. Records & Reports		w Messurement eration & Maintenance	JC 10. • Effluent Disposal W€ 11. Residuals/Sludge
13, Other: "		/C 8.4 Op	eration de Maintenance	Wa- 12. Groundwater
TO MICE AND ADDRESS OF THE PARTY OF THE PART				
Pacility sed/or Order Compliance Status:	In-Compliance	Out-Of-Compliance	Significant-O	td-Of-Compliance
Recommended Actions:				
Name(s) and Signature(s) of Impector(s)			District Office/Phone !	Turnber Date
				3/16/06
Frank L. Fulghum III			SWD/813.632.	7600
@ Signature of Rawlewer. Joe Squitteri -			District Office/Phone) SWD/813.632.	
Fill Off This Section	rof Allisurace avair	r.Discharger In	pections (CEL, C	(redir/redea)
Transaction Code	NYDES Number	.YR/	MO/DA lasp	Type Inspector Fac Type
N S				2 3
		NAL NPDES COMM		
Inspection Type (Field I) A PAL	B-CBI-C-CEI-S-ESI-X-	XSI R-RI		
Inspection Code (Field 2): S=State	PERSONAL PROPERTY.	ad Teloint State/EP	A-Stale Lead, L-Local	
Pacility Type (Field 3): -1=Municil		Ustrial and Privately	Owned Domestic 3 - A	enculpral Adaderal - 1975
Every other field is self explanator,				

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

REPORTED AND A SERVICE OF THE PARTY OF THE P

Re:

<u>Highlands County - PW</u>

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 email 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) which we have

Mr. Wendell Faircloth (w/enc)

Mr. Mark Charneski - Florida DEP

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

Contact: Phone:

David Wendell Faircloth

Owner Name:

Lake Placid Fl 33852

Contact:

(863) 471-1400

Aqua Utilities Florida

Leesburg FL 34749

John Lihvarcik

Owner Address:

PO Box 490310

Phone:

(352) 435-4028

This Inspection Date:

Jul 31, 2006

Last Sanitary Survey Date:

Last C.I. Date: Jun 23, 2004

May 31, 2005 Community

PWS Type:

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: Auxiliary Power:

No Yes

Tested Weekly?

Yes

DESIGN CAPACITY

0.072 MGD

STORAGE CAPACITY

0.020 MG

CHLORINATION

Chlorinator Type:

Gas

Cl2 Residual:

2.1 mg/l

Plant: Remote:

0.3 mg/l27 Venetian

Location: Gas Cylinder Scale:

Yes

Gas Cylinder Chained:

Yes

Adequate Air-pak:

Yes

Adequate Ventilation:

Yes

Dual Chlorination: Auto-switchover:

Yes Yes

Alarm:

Yes

PRESSURE

Plant:

54 psi

Remote:

57 psi

AERATION

Yes

Type: Condition:

Cascade 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	—	<u> </u>
By-pass piping	Y		
Pressure gauge	N/A		
On/Off pressure	и		
Sight glass	ш		
Fittings for sight glass	u		
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.

PWS: 6280064

Date: 07/31/06

- 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.

PWS: 6280064 Date: 07/31/06

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.

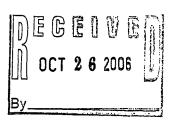
COMMENTS:

- 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. Ker	nney Karminder Kenny	Engineering Specialist II	Date	817	/ 2006
Approved By; James Oni	Ous James On!	P.E. III	Date	8,7	/ 2006



Department of **Environmental Protection**



leb Bush Governor

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

October 23, 2006

Colleen M. Castille Secretary

Pleuse see my regulats one complied with.

Re:

Highlands County - PW

Sebring Lakes Water

PWS I.D. Number: 5284137 Compliance Inspection Report

Dear Mr. Lihvarcik:

PO Box 490310 Leesburg FL 34749

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.

ing a street water

John M. Lihvarcik, President & COO

Aqua Utilities, Florida, Inc.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or email 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)

ing that the real behavior is the Berrah

e to principal with the Period of Stoke Latin they Warre April

"More Protection, Less Process"

างการเมืองเลยอยู่นัก เหมา ในเดียวสมัย เรียบหนึ่น และ และสามารถสมาชาการ สุดการสุด และเดือนทายนาย สารุสสารุสารี

Printed on recycled paper.

State of Florida Department of Environmental Protection South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:

Sebring Lakes Water System

County: Highlands PWS: 5284137

Address:

5313 Knight Ave

Contact: Robert Paver

Sebring FL 33875

Owner Name:

Phone: (941) 650-3032

Aqua Utilities Florida, Inc

Contact: John Lihvarcik

Owner Address: PO Box 490310

Phone: (352) 435-4028

Leesburg FL 34749

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: Served Population:

46 102

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: Location: 0.5 mg/l Free

PRESSURE

'Plant:

72 psi

Remote:

48 psi

AERATION

Type:

Cascade

Condition: Good

TREATMENT PROCESSES: Aeration, Hypochlorination, Corrosion Control (Sequest-all)

PWS: 5284137

Date: 10/19/06

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	Н	
Capacity, MG	0.015	0.010	
Gravity drain	Υ	Y	
By-pass piping	Y	Υ.	
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	Υ	
Air release valve	N/A	N	
Pressure relief valve	N/A	Y	
Access padlocked	Υ	Υ	

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

PWS: 5284137 Date: 10/19/06

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

Approved By; James Oni

| Approved By; James Oni | James Oni | P.E. III | Date | 0 / 20/2006

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	IMPERIAL T	ERRACE WEST	C	ounty	Lake	PWS ID #	3350584
Plant Location _	11709 Magnolia Di	rive, Tavares, FL 3277	8			Phone	352/787-0980
Owner Name	Florida Water Service	ces Attn: Craig Anders	on			Phone	407/880-0058
Owner Address	P.O. Box 609520.	Orlando, FL 32860-95	20				
Contact Person	Will Fontaine		Title	Lead Ope	erator	Phone	352/787-0980
This Survey Dat	e <u>4/28/04</u>	Last Survey Date		6/6/00	La	ast C.I. Date	10/4/01
PWS TYPE & C Community (Non-transier Non-Community (Non-Community (Non-Community (Non-Community (Non-Community (Non-Community (Non-Community (Non-Serial #6266. WC35-00804 Unapproved SERVICE AREA Subdivision Food Service: [OPERATION & Certified Operator (s) & Control (LASS (5C) of Non-community inity stem with approval 4/4/63; Serial #6266- B, 10/11/67; WC35-1 492-001, issued 5/29/	A. 9/26/67 188760 5/3/91 100. TICS N/A Not required umber 3. G. Kissick ath C-5825 bt required Stual No N/A No N/A Yes N/A 244 per MOR 380 gpd 4pd 6/03 288 MGD	RING AND SCORE THE SCORE	WATE GROUN SURFACE PURCHA Emerger Emerger JXILIARY Yes Capacity of evitchover: andby Plants Operate hat equipments Well purce High S Treatments Disinfection Attack Measure Extension Attack Measure Extension Control of the control	ER SOUR D; Numb DE/UDI; S ASED from the second of the seco	er of Wells	uired 35 ual 1 hr/wk. nation s No Unk ? Meter es No rogram: Yes No NA
COMET: SITE ID	PROJE	CT ID	•			Receive	ed

MAY 1 2 2004

PWS ID#_	3350584	
Date	5/6/04	

GROUND WATER SOURCE

Well Num	ber	1(bldg)	2(outside)		
Year Drille	ed	1963	1999		
Depth Dri	lled	. 425'	260'		
Drilling Me	ethod	UNK	Combination		
Type of G	rout	UNK	Neat Cement		
Static Wa	ter Level	UNK	10'		
Pumping \	Water Level	UNK	15'		
Design W	ell Yield	UNK	UNK		
Test Yield		UNK	UNK		*
Actual Yie	ld (if different than rated capacity)	UNK	UNK		
Strainer		UNK	Open		
Length (or	utside casiņg)	UNK	160'		
Diameter	(outside casing)	8"	4"		
Material (d	outside casing)	Steel	Blk Steel		
Well Cont	amination History	None noted	None noted	-	
Is inundati	ion of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	>100'-Accepted1	>100'-Accepted1		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
	Туре	Vert. Turbine	Submersible		
	Manufacturer Name	Goulds	Grundfos		
PUMP	Model Number	8RJH07	75S75-12		
	Rated Capacity (gpm)	400	100		
	Motor Horsepower	20	7.5		
Well casing 12" above grade?		Yes	Yes		<i></i>
Well Casing Sanitary Seal		Yes	Yes		- 7
Raw Wate	r Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Fence/Hor	using	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.

•					PWS ID#_	3350584
**					Date	5/6/04
CHLORINATION (Dis Type: ☐ Gas ☑ Hy	vno.	•		STORAGE FACILITIE (G) Ground (H) Hy	dropneuma	tic (E) Elevated
Make Chem-tech	(Capacit	y <u>* gpd</u>	(B) Bladder (C) Cle		
Chlorine Feed Rate _	100% V	<u>veii 2, 6</u>	0% Well I	Tank Type/Number	H/1	
Avg. Amount of Cl ₂ ga Chlorine Residuals: If	as used Plant	1.5	unk Remote .9	Capacity (gal)	3,000	
Remote tap location				Material	Steel	
DPD Test Kit: Or	n-site one		h operator t Used Daily	Gravity Drain	Yes	
Injection Points Prior			Osea Daily	By-pass Piping	Yes	
Booster Pump Info 1	hp Gou	lds, Mo	del # HB2510	Pressure Gauge	Yes	
Comments *2 - chlor 30 gpd for well 1 with				Sight Glass or Level Indicator	Yes	
				Fittings for Sight Glass	Yes	·
				Protected Openings	Yes	
Chlorine Gas Use	YES	NO	Comments	PRV/ARV	Both	
Requirements Dual System				On/Off Pressure	40/60	
Auto-switchover	H			Access Padlocked	Yes	
Alarms:		ليسا		Height to Bottom of		
Loss of Cl ₂ capability	П			Elevated Tank		•
Loss of Cl ₂ residual				Height to Max.		
Cl₂ leak detection				Water Level	<u>_</u>	
Scale			· e	Comments		
Chained Cylinders						
Reserve Supply					X	
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation				HIGH SERVICE PUM	PS	
Room Lighting				Pump Number		
Waming Signs				Туре		
Repair Kits				Make		
Fitted Wrench				Model		
Housing/Protection			-	Capacity (gpm)		
4				Motor HP		
AERATION (Gases, F	e, & M	n Remo	oval)	Date Installed		
Type		Capacit	y			
TypeAerator Condition				Maintenance		
Bloodworm Presence				Comments		
Visible Algae Growth						
Protective Screen Col	ndition _					

Comments __

PWS ID#_	3350584	
Date	5/6/04	

MONITORING VIOLATIONS	MCL VIOLATIONS		

DEFICIENCIES:		
No deficiencies!! Overall, the plant look	ked good!!	
,		

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	•	
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\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Inspector K M	Title Env. Specialist I	Date <u>5/6/04</u>
Approved by Rolmio C. Towar	Title Env. Manager	Date <u>77/04</u>

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State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name PALM MOBILE HOME ESTATES	c	ounty	Lake		
Plant Location 24702 Plumosa Drive, Leesburg	 .				352/787-0980
Owner Name Florida Water Services, Attn: Craig Anders	son			Phone _	407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860					
Contact Person Will Fontaine This Survey Date 4/29/04 Last Survey Date	. Title .	Lead Or	perator	Phone _	<u> 352/787-0980</u>
This Survey Date Last Survey Date		10/4/01		Last C.I. Date _	6/6/00
PWS TYPE & CLASS Community (3C) Non-transient Non-community	\boxtimes	SURFA	ND; Nur	nber of Wells I; Source	
☐ Non-Community				from PWS ID#	
PWS STATUS Approved system with approval number & date	L	Emerge Emerge	ency Wa ency Wa	ater Source ater Capacity	
HRS #2380, 4/7/61, WC35-4940, 6/5/61	Αl	JXILIAR'	Y POW	ER SOURCE	
WC35-210288, 4/8/92		Yes	☐ Nor	ne 🛛 Not Red	quired
☐ Unapproved system	So	ource	_		
	Ca	apacity of	f S <u>ta</u> ndb	oy (kW)	
SERVICE AREA CHARACTERISTICS	Sv	vitchover	: 🔲 Au	ıtomat <u>ic</u> 🔲 Mar	nual ·
Residential (MHP)				Yes 🗌 No	
Food Continue Taylor Taylor NO NZ N/A				er Load	
Food Service: ☐ Yes ☐ No ☒ N/A	W	hat equip	ment d	oes it operate?	
OPERATION & MAINTENANCE		- Well p	pumps	Pumps	
Certified Operator: Yes □ No □ Not required		High High	Service	Pumps	
Operator(s) & Certification Class-Number	ا	reat	ment E	quipment	
B. Heath C-5824, W. Fontaine C-6813, J. Worrell	کار م	ausiy 1/2	max-da	y demand? ⊡Yo	S LINO LIOUK
C-6597, G. Kissick C-7846	C	Jillillellis			
O & M Log: Yes □ No □ Not required					
Operator Visitation Frequency Hrs/day: Required Actual Days/wk: Required 6 Actual 6	TF	REATME	NT PRO	CESSES IN US	E
Hrs/day: RequiredActual	(Chlorinati	on		
Days/wk: Required 6 Actual 6	- 1	ron filter			
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A MORs submitted regularly? ☒ Yes ☐ No ☐ N/A	W	hat additi	ional tre	eatment is neede	d?
Data missing from MORs? No Yes N/A	Fo	or control	of what	deficiencies?	
Number of Service Connections 61	DI	STRIBU	TION S	YSTĖM	
Population Served 153 Basis per MOR				evice Flo	w Meter
Average Day (from MORs) 12,052 gpd				4"Water Spec	
Max. Day (from MORs)0586MGD 12/03	Ba	ckflow P	revention	on Devices: 🛛	∕es No
Max-day Design Capacity 93,600 gpd				None observed	
Comments				nection Control F	
	Co	oliform Sa	ampling	Plan: ⊠ Yes [□No □N/A
	<u> </u>	J.1111101110			
COMET: SITE ID PROJECT ID	-				

Received

MAY 1 2 2004

PWS ID#_	3350981
Date	5/6/04

GROUND WATER SOURCE

Well Number	₩,	1			1
Year Drilled		1961			
Depth Drille	ed	340'			
Drilling Met		UNK	. ,		
Type of Gro	out	UNK			
Static Wate	r Level	UNK			
Pumping W	ater Level	UNK			
Design Wel	ll Yield	UNK			
Test Yield		UNK			
Actual Yield	(if different than rated capacity)	UNK			
Strainer	<u> </u>	UNK			
Length (out	side casing)	UNK			
Diameter (o	outside casing)	8"			
Material (ou	ıtside casing)	Black iron			
Well Contar	Well Contamination History				
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
	Septic Tank	· UNK			
SET	Reuse Water			·	
BACKS	WW Plumbing	UNK			
, -	Other Sanitary Hazard	None noted			
	Туре	Submersible			
	Manufacturer Name	Franklin Elec.*			
PUMP	Model Number	UNK			
	Rated Capacity (gpm)	130			
-	Motor Horsepower	15			
Well casing 12" above grade?		Yes			
Well Casing	Sanitary Seal	Yes	٦٠		·
Raw Water	Sampling Tap	Yes			
Aboye Grou	ınd Check Valve	Yes			
Fence/Hous	sing	Yes	,		
Well Vent P	Protection	Yes			·

COMMENTS *Installed 5/17/99

Provide additional information for "Unk", if available.

					Date	5/6/04
CHLORINATION (Dis	sinfectio			STORAGE FACILITI	FS	
Type: ☐ Gas ☑ H)i i)		(G) Ground (H) Hy		atic (E) Elevated
Make Chem-tech	7,00	Capacit	y *60 gpd ·	(B) Bladder (C) Cl		(_/
Chlorine Feed Rate _	<u>50% &</u>	: 55% str	oke rate	Tank Type/Number		
Avg. Amount of Cl ₂ g	as used	ا ا	N/A	Capacity (gal)	1500	
Chlorine Residuals:	Plant	1.1	Remote4	Material	Steel	
Remote tap location DPD Test Kit: Or	n-site	⊠ Wit	h operator	Gravity Drain	Yes	
□ No	one	☐ Not	Used Daily			
Injection Points Prio	r to H/1	and by-	oass.	By-pass Piping	Yes	
Booster Pump Info		•		Pressure Gauge	Yes	
Comments <u>*2 - 30 g</u>	pd chlor	inators.		Sight Glass or	Yes	
				Level Indicator		
<u> </u>		······		Fittings for	Yes	
Chlorine Gas Use	YES	NO	Comments	Sight Glass	Yes	
Requirements			· .	Protected Openings	<u> </u>	
Dual System		Ш		PRV/ARV	Both	
Auto-switchover				On/Off Pressure	40/60	
Alarms:				Access Padlocked	Yes	
Loss of Cl ₂ capability				Height to Bottom of		
Loss of Cl ₂ residual Cl ₂ leak detection		片		Elevated Tank		
Scale	一一	旹		Height to Max.		
Chained Cylinders				Water Level		40" 1:
Reserve Supply			` .	Comments Has three	iron filters,	42" diameter
			<u> </u>	,		
Adequate Air-pak						
Sign of Leaks				,		
Fresh Ammonia						
Ventilation				.		
Room Lighting						
Warning Signs			· · · · · · · · · · · · · · · · · · ·	HIGH SERVICE PUM	IPS	
Repair Kits				Pump Number		
Fitted Wrench	П			Туре	•	
		- - -		Make		
Housing/Protection				Model		
_				Capacity (gpm)		
AERATION (Gases, I	Fe, & M	n Remo	val)			
TypeAerator Condition	(Capacity	/	Motor HP		
Aerator Condition	·			Date Installed		
Bloodworm Presence Visible Algae Growth				Maintenance		
Protective Screen Co	ndition	-,		Comments		.45.
Comments						
						シテ原体観点に 鬼い

PWS ID#_

PWS ID#	3350981	
Date	5/6/04	

	**	
EFICIENCIES:		
	· · · · · · · · · · · · · · · · · · ·	
-		
Overall, the plant looked good at the	e time of inspection. Keep up the	good work.
		· · · · · · · · · · · · · · · · · · ·
•	**************************************	
· · · · · · · · · · · · · · · · · · ·		
3	1	· · · · · · · · · · · · · · · · · · ·
ず		
\$\frac{1}{2}		
nspector <u>KM</u>	Title Env. Specialist I	Date5/6/04

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT Plant #2

Plant NameSPRING LAKE MANOR		Co	ounty	Lake	PWS ID #	3351021-02
Plant Location 2038 Live Oak Drive, Fruitland Par					Phone	352/787-0980
Owner Name Florida Water Services, Attn: Craig	Anderso	on			Phone	407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32	860		·			
Contact Person Will Fontaine		Title _	Lead Ope	erator	Phone	352/787-0980
This Survey Date Last Survey	Date _		10/3/01	La	ast C.I. Date	8/24/99
PWS TYPE & CLASS		RA	W WATE	R SOUF	RCE	
☐ Community (5D)	-	\boxtimes	GROUN	D; Numb	er of Wells	1
Non-transient Non-community		一	SURFAC	CE/UDI: S	Source	
☐ Non-Community		一	PURCH	ASED fro	m PWS ID#	
		X	Emergei	ncy Wate	r Source Pine	ey Woods
PWS STATUS			Emerge	ncv Wate	r Capacity2	16 MGD
Approved system with approval number & dat	е		,.0			
HRS #4695, 1/31/61, As-builts 11/6/73,		AU	XILIARY	POWER	SOURCE	
HRS #B-4695-B, 5/23/75, WC35-0080519-001			Yes .	None	□ Not Requ	uired
Issued 1/19/99, cl. 3/25/99		Sou	ırce			
☐ Unapproved system		Ca	oacity of	Standby	(kW)	
		Sw	itchover:	☐ Auto	matic	uai
SERVICE AREA CHARACTERISTICS		Sta	ndby Pla	n: 🔲 Ye	es 🗌 No	
Subdivision		Hrs	Operate	d Under	Load	
	_	Wh	at equipr	nent doe	s it operate?	•
Food Service: Yes No N/A] Well p	umps		
ODED ATION O MAINTENANOE		1	I High S	Service Pi	umps	
OPERATION & MAINTENANCE		L	Treatn	nent Equi	ipment	
Certified Operator: Yes No Not require	ea	Sat	isfy 1/2 r	nax-day (demand? ∐Ye	s
Operator(s) & Certification Class-Number		Cor	nments _	Intercon	nected with Pine	y Woods WTP.
B. Heath C-5824, W. Fontaine C-6813, J. Worrell	_	<u>G</u>	enerator l	ocated at	the Piney Woods	WTP.
C-6597, G. Kissick C-7846						_
O & M Log: Yes No Not required					ESSES IN US	=
Operator Visitation Frequency		_ <u>C</u>	<u>hlorinatio</u>	<u>n</u>		
Hrs/day: RequiredActual						
Non consecutive Days? Ves Ves Ves	_	Wh	at additio	onal treat	ment is needed	?
Non-consecutive Days? Yes No No No.	A /A	_				
MORs submitted regularly? Yes No No		For	control	of what de	eficiencies?	
Data missing from MORs? ☑ No ☐ Yes ☐ N//	٠,					
	- '	פות	TDIDIIT	ION SYS	TEM	
Number of Service Connections171*	_			ring Devi		Meter
Population Served 596* Basis per MOR	_	1		•	4" Precision	IVICICI
					Devices: XY	
						B2 140
Max. Day (from MORs)086gpd5/03 Max-day Design Capacity1008MGD					None observed ction Control Pr	ogram: Yes
Max-day Design Capacity1008 MGD Comments _*Combined total for both plants.						
Combined Max-day Design Capacity for both plants					an: X Yes	
is .316 MGD.	_	COI	muents _	THEICOIL	nected with Pines	y WOOUS WIF.
15.510 IVIOD.			• •			
COMET: SITE ID PROJECT ID		•			Recei	ved

MAY 1 2 2004

PWS	ID#_	3351021-02	
Date_		5/6/04	A

GROUND WATER SOURCE

Well Num	ber	1			
Year Drille	ed .	1961			
Depth Dril	led	336'			
Drilling Me	ethod	UNK			
Type of G	rout	UNK			
Static Wat	ter Level	UNK	·		
Pumping \	Water Level	UNK			
Design W	ell Yield	UNK			
Test Yield		UNK			
Actual Yie	d (if different than rated capacity)	UNK			
Strainer		UNK	,		
Length (or	utside casing)	140'			
Diameter ((outside casing)	6"			
Material (d	outside casing)	Black Steel			
Well Conta	amination History	Some			
Is inundati	ion of well possible?	No			
6' X 6' X 4	" Concrete Pad	Yes			·
	Septic Tank	<100'Accepted			
SET	Reuse Water				
BACKS	WW Plumbing	<100'			:
	Other Sanitary Hazard	None observed			
	Туре	Vert. Turbine			
	Manufacturer Name	Peerless			
PUMP	Model Number	6CIC4			
	Rated Capacity (gpm)	140			
	Motor Horsepower	10			
Well casin	g 12" above grade?	No-Accepted			
Well Casir	ng Sanitary Seal	Yes 🤫			
Raw Wate	r Sampling Tap	Yes			
Above Gro	ound Check Valve	Yes			- W
Fence/Hou	using	Yes		<u> </u>	
Well Vent	Protection				
			l		

COMMENTS Provide additional information for "UNK", if available.

				PWS ID #	3351021-02 5/6/04
		•			3,0,0
CHLORINATION (Dis Type: ☐ Gas ☒ Hy Make <u>Chem-tech</u>	ypo	, 30 gpd			(E) Elevated
Chlorine Feed Rate	100% stroke rate	•	Tank Type/Number	H1	
Avg. Amount of Cl₂ ga Chlorine Residuals: I	as used Plant <u>1.3 </u> F	<u>N/A</u> Remote <u>1.0</u>	Capacity (gal)	5,000	
Remote tap location _	Toby & Hickor	y hosebibb	Material	Steel	
DPD Test Kit: Or	n-site 🔯 With one 🔲 Not	operator	Gravity Drain	Yes	
Injection Points Prior			By-pass Piping	Yes	
Booster Pump Info _			Pressure Gauge	Yes	
Comments			Sight Glass or Level Indicator	Yes	
Chlorine Gas Use	YES NO	Comments	Fittings for Sight Glass	Yes	
Requirements	123 140	Comments	Protected Openings	Yes	
Dual System		-	PRV/ARV.	PRV	
Auto-switchover			On/Off Pressure	35/60	
Alarms:		·	Access Padlocked	Yes	
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			Height to Bottom of Elevated Tank		
Scale			Height to Max. Water Level		
Chained Cylinders			Comments	<u> </u>	
Reserve Supply					
Adequate Air-pak		·			
Sign of Leaks					
Fresh Ammonia			•		
Ventilation					•
Room Lighting					•

AERATION (Gases, Fe, & Mn Removal)

Warning Signs
Repair Kits
Fitted Wrench

Housing/Protection

Type	Capacity
Aerator Condition	
Bloodworm Presence	·
Visible Algae Growth	
Protective Screen Conditio	n
Comments	

HIGH SERVICE PUMPS

HIGHTOLICA	. 01111 0			
Pump Number		}		
Туре				
Make			-	
Model				
Capacity (gpm)				
Motor HP				
Date Installed				
Maintenance				
Comments				
			17 (N. 24)	
			Y-27, 77, 27, 27, 27	

PWS	ID #	3351021-02	
Date		5/6/04	Ä

MONITORING VIOLATIONS		MCL VIOLATIONS		
		-		
EFICIENCIES:				
ericiencies.	-	•		.•
No deficiencies at the time of the inspe	ection. O	verall, the plant loo	ked good.	
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Vn.				
spector KM	Title	Env. Specialist I	Date	5/6/04
proved by Roberto C. Com	Title	Env. Manager	Date S	/7/64 · .

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
- > Ouail 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.