HIGHLANDS COUNTY

Leisure Lakes WTF Leisure Lakes WWTF Lake Josephine Sebring Lakes

Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 4 of 16

Containing:

Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

Aqua Utilities Florida, Inc.

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MONTHLY OPERATION REPORT I	FOR PWSs TREATING RAW GRO	UND WATER OR PURCHASE	D FINISHED WATER
		CHE TICHELY OLD FORMULE	DINIONED TIMES

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See Pages 4 for 1	therruetions,	U	fruery, 2007					
Public Water Sy	yitom:(PWS).Informat			·				
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PWI Type:	(V) Community	☐ Non-Transfert No		Translent Non-Co		(Consecutive	4-4-5	***************************************
	respections as Rind of Month:		16		Teta	Population Street of End of	Month: 632	
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Plant Name:		, , , , , , , , , , , , , , , , , , , ,			• •	Plack Telephone Number:	(91)	907-7470
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I, the undersigned Water relationship because to the best of my knowledge and belief. I certify that all drinking 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 obscribed 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 M least ten years.

Signature and Date	Slemeture and Date	لي	02/04/02
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David W. Feirwich
Printed or Typed Name

Lionus Mumber

DEP FORM 62-465, SCOTIANON

DOCUMENT NUMBER-DATE

Page 1

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Lake Suzy

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

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MONTHLY	OPERATION REP	ORT FOR PWSs	TREATING RAW	GROUND WATER C	R PURCHASED	FINISHED WATER
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General Information	un i	Febru	шу, 2007				
Public Water Syste	m (PWS) Informs	tion		• •			
PWS Name:	Leisure Lakes / Com			· · · · · · · · · · · · · · · · · · ·		PWS Identification Num	nber: 6280064
PWS Type:	(Z) Community	Non-Translent Non-Co	ommunity ,	Transient Non-Com	munity	Consecutive	
Number of Service Comme			•		Tota	Population Served et End	of Month: 632
PW8 Owser	Agus Utilities Florid	la, lno.	1	,			
Contact Person:	Clem P. LaBrecque		i		Conf	act Person's Title:	Area Manager, South Plorida
Contact Person's Mailing		6960 Proflesional Parkway Bas	1, Suite 400 :		City: Sarasota	State: Plecida	Zip Code:34240
Contact Person's Telephon		(941) 907-7470			Cont	act Person's Fax Number:	(941) 907-0965
Contact Person's E-Mall A							
Water Treatment P				P () P*			
	Colore Lakes					Piant Telephone Numbe	
Plant-Address:	101 Park View Circle				City: Lake Placid	. State: Florida	Zip Code: 33852
Type of Water Treetment	by Plast:	✓ Raw Ground Water		A 1 A 444.A.		· · · · · · · · · · · · · · · · · · ·	
the state of the s			Purchase	Frished Water	· · · · · · · · · · · · · · · · · · ·		
	Operating Capacity of P	flant, gallons per day:		72,000	······································		
Plant Category (per subsec	Operating Capacity of Potton 62-699.310(4), P./	fland, gàilíona par day: A.C.):	TV Purenase	73,000			99,310(4), F.A.C.); C
Plant Category (per subsec	Operating Capacity of Potion 62-699-310(4), F.A	flant, gallons per day:		72,000 License Class	License Number	I	59,330(4), F.A.C.); C Day(8) / Shift(8) Worked
Plant Category (per gribase	Operating Capacity of Potlon 62-699-310(4), F./	fland, gàilíona par day: A.C.):		72,000 License Class	License Number 8189	6 Days/Week - Intshift	Day(s) / Shift(s) Worked
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Plant Category (per subsection)	Operating Capacity of Potion 62-699-310(4), F./ David W. Faireloth Donald P. Cavoni	fland, gàilíona par day: A.C.):		72,000 License Class	License Number 8189	6 Days/Week - Intshift	Day(s) / Shift(s) Worked
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Plant Category (per gubeco	Operating Capacity of Potion 62-699-310(4), F./ David W. Faireloth Donald P. Cavoni	fland, gàilíona par day: A.C.):		72,000 License Class	License Number 8189	6 Days/Week - Intshift	Day(s) / Shift(s) Worked
Plant Category (per subsection)	Operating Capacity of Potion 62-699-310(4), F./ David W. Faireloth Donald P. Cavoni	fland, gàilíona par day: A.C.):		72,000 License Class	License Number 8189	6 Days/Week - Intshift	Day(s) / Shift(s) Worked
	Operating Capacity of Potion 62-699-310(4), F./ David W. Faireloth Donald P. Cavoni	fland, gàilíona par day: A.C.):		72,000 License Class	License Number 8189	6 Days/Week - Intshift	Day(s) / Shift(s) Worked

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 Data	David W. Faircloth Printed or Typed Nama	License Number
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DEP Form 62-656..900@Alternate

Page 1

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

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116 11	oils Date	Terotte Y	landa Ventra	of:		February, 2007								
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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

MONIHER	OPERATION REPORT	FOR PWSS TREATING	RAW GROUND WATER	R OR PUR
THE PARTY OF THE P				
PLOREDA	•			
FLORIDA				

See Pages 4 for Instr						
l. General Information		March, 2007				
A. Public Water System	(PWS) Informs	ition				
PWS Name:	Leisure Lakes / Cove		······································		PWS Identification Number	#: 6280064
PWS Type:	✓ Community	Non-Transient Non-Community	ransient Non-Com	nunity	Consecutive	
Number of Service Connect	ions at End of Month:	276			Total Population Served at End of	Month: 632
PWS Owner:	Aqua Utilities Florid	a, Inc.				
Centact Person:	Gleus P. LaBrecque				Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing As		6960 Professional Parkway 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. Water Treatment Pl						
Plant Neme:	Loisure Lakes				Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle			City: Lake Pla	cid State: Florida	Zip Code: 33852
Type of Water Treatment by		✓ Raw Ground Water Purchased Fini	shed Water		ersel -	
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:	72,000			
Plant Category (per subsecti	on 62-699.310(4), F.A		1		Plant Class (per subsection 62-699	
Licensed Operators		Name	License Class			y(s) / Shift(s) Worked
	David W. Faircloth		<u> C </u>	8189	G.Daya/Week - 1st shift	
Other Operators:	Donald P. Gavoni		C	5674	2 Days every other weeker	ıd.
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11. Certification by Lead/Chief Operator

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

Dane	ا حما	PM/04/07
Signature and Date		

David W. Faireloth
Printed or Typod Name

8189

License Number

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

PWS D				6280064		Plant Name:	Louvro Lake	:1						
111. [aily Data	for the M	louth/Year (ıl:		March, 2007								
Moans	of Achievin	y Four-Log	Virus Inactive	tion/Remove	: Free C	hlorine	Chlorine Di	ovide	· Ozone	i'' Comb	ined Chlori	- (Chlore	ings)	
	traviolet R		Othe			•	Ciliorative Div	0200		Come	WING CHOIL	in Comorn	IIII(Ca)	
Type c	f Disinfer	tont Resid			ution System:	Free Chin	rine)	Combin	ed Chlorine	(Chioramine	4)	Chlorine I	Navida	
- JP - (I	1	CONTRACTOR OF THE CONTRACTOR O									Chlorent	/IOXIUS	
		1			CT Calculations, or			rour-Los	y Vinis mac	byation, if A				
	ļ					CT Calo	ulations	,		, <u>.</u>	UV	Jose		
	,						Lowest CT		Į	1		İ		
	ļ					Disinfectant	Provided	1	1	1		Ì	1	
			•		Lowest Residual	Contact Time	Before or at	ļ	İ	l i	1	İ	Lowest Residual	[
	Days Plant				Disinfectant	(T) at C	Piret			1		Minimum	Disinfectant	
	Staffed or	ļ · .	Not Quantity		Concentration (C)	Measurement	Customer		l	Į į	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Condition
Day of		Hours plant		, ,	Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Repair or Maintenance Work that Involves
the	Operator	in	Water	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required mg		mW.	Distribution	Taking Water System Components Out of
Month			Producted, gal.	flate, gpd	Peak Flow, mg/L	minutes	min/L	Water, *C	if Applicable		mW-sec/cm ²	sec/cm²	System, mg/L	Operation
2	X X	24.0 24.0	30,000		3,3				}		<u> </u>		1.5	
3	$\frac{\hat{x}}{x}$	24.0	31,000 29,000		3.0				 			 	1.4	
4	x	24.0	60,000		3.2				 	 	 		1.2	
5	X	24.0			3.3	· · · · · · · · · · · · · · · · · · ·			7				1.4	
6	Х	24.0	65,000	· · ·	3.4			-	-			 	1.5	
7	Х	24.0	31,000		3.1				 		 	-	1.2	
	_ X	24.0	32,000	•	3.4			<u> </u>	1	1			1.5	
9	Х	24.0	31,000		3.3								1.4	
10		24.0	31,000		, 1							1		
=		24.0	31,000						5.50					
12	х	24.0	12,000		3.0								1,0	
13	Х	24.0	30,000		3.2				ļ	ļ		ļ	1.2	
15	X	24.0 24.0	30,000 20,000		3.4				 	 		<u> </u>	1,4	
16	÷	24.0	31,000		3.2				 	 		 	1,2	
17	X	24.0	23,000		3.1				 	 	 	 	1.3	
18	x	24.0	22,000		3.3				 	 	 	 	1.3	
19	X	24.0	28,000		3.2			 	†	 	 	 	1.2	
20	X	24.0	21,000		3.1				 	 		†	1,4	
21	×	24.0	22,000		3.3					 	1	1	1.2	
22	X	24.0	23,000		3.4					L		L	1.4	
23	Х	24.0	20,000		3.2								1.2	
24		24.0	24,000											
25		24.0	24,000					·						
26	Х	24.0	25,000		3,4				ļ				1.4	
27	X	24.0	25,000		3.3	L			ļ	 			1.2	
28	X	24.0	22,000		3.2			<u> </u>	 	ļ		<u> </u>	[.]	<u> </u>
29 30	X	24.0 24.0	24,000 25,000		3.3 3.2			 	 	 	 	 	1.0	
30	X X	24.0	23,000	<u> </u>	3.0		<u> </u>	 	 		 	 	1.2	
olej 21	^	24.0	927,000		3.0		<u></u>		٠	<u> </u>	L	L	1.0	1
-Reserve			29,903											·
Laximur			65,000											

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

CHASED FINISHED WATER

MICHINE	T OPERATION RI	EPORT FOR PWSs	TREATING RA	IW GROHND I	NATER OR	DIID
NATIONAL PROPERTY.			***************************************	000,10	WILL ON	LOIZ
FLORIDA						
FLORES						

See Pages 4 for Inst	tructions.	•			•	•	
L. General Informatio	20	April, 2007	· · · · · · · · · · · · · · · · · · ·				
A. Public Water System	m (PWS) Informs			· · · · · · · · · · · · · · · · · · ·			
PW8 Name:	Leisuro Lakes / Cove				myora da da a		
PWS Type:	✓ Community	Non-Transient Non-Community	☐ Transient Non-Com	maraiba	PWS Identification Numb Consecutive	er: 6280064	
Number of Service Connec	ctions at End of Month:	276	□ Hermicht Holl-Coll		Population Served at End of	A) (a)	
PWS Owner:	Aqua Utilities Florida			Lioter	Population Served at End of	f Month: 632	
Contact Person:	Glam P. LaBrecqua			Cont	ct Person's Title:	Acres & Company Elevely TRacide	
Contact Person's Mailing		6960 Professional Parkway East, Suite 40	0	City: Sarasota	State: Florida	Area Manager, South Florida	
Contact Person's Telephon	e Number:	(941) 907-7470	<u> </u>		ct Person's Fax Number:	Zip Code: (941) 907-0965	34240
Contact Person's E-Mail A	ddress:			Conia	ex Letecha Law Laftinest:	(341) 907-0963	
B. Water Treatment P.	lant Information				· · · · · · · · · · · · · · · · · · ·		
Plant Name:	Leisure Lakes			· · · · · · · · · · · · · · · · · · ·	Plant Telephone Number:	(0.41) 558.6	477.0
Plant Address:	101 ParkView Circle	S.		City: Lake Placid	Sinia: Florida		
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Finished Water	ICHY. LEKE FIREIG	Sizza: Florida	Zip Code:	33852
Permitted Maximum Day (Operating Capacity of P	lant, gallons per day:	72,000				
Plant Category (per subsect	tion 62-699.310(4), F.A	LC.): IV		Plaint (Class (per subsection 62-699	9.310(4), F.A.C.): C	
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth		C	8189	6 Days/Week - 1st shift	ay(3) / Dimids) Worker	
Other Operators:	Donald P. Gavoni		c	5674	2 Days every other weeker	mil.	
					- 1211/2 01 21/3 02121 11 1201761	110	
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					<u></u>		
						2,30	
	4401				<u> </u>		
I Certification by Lead	d/Clife/ Operator						
i, the undersigned wat	er treatment plant o	pperator licensed in Florida, am the	lead/chief operator of the w	ater treatment plai	it identified in part I of	f this report. I certify that	the information
bioxided thi mm ichoid	r is inno and accental	one eglosiwork vm to itse single and	belief. I perfit that all drink	cina water treatme	nt chemicals used at th	via mlant conform 4- 2707:	*
DISTRIBUTE OF OF OWNERS OF	phrionite similation	s referenced in subsection (2-35).	32U(3), F.A.C. I also certify	that the following	additional operations	records for this intest we	· • • •
way wat a noomed ope	PERSON PROTECTION AND	iteer mis districtanting the month inc	licated above: () records of	famounte of chem	calcused and chemica	of front entangent of 198 is	4
appropriate treatment	process performane	ce records. Furthermore, I agree to	provide these additional on	erations records to	the PWS owner so the	e PIVS ormer oon setsing	bricapie,
with copies of this rep	ort, at a convenient	location for at least ten years.	to the most managed of	anoug towards (And the owner so m	er an owner can lecol.	inem, together
Doniell	· > 1 —	05/07/07	Donald St. Dalament				
Signature and Date			David W. Faircloth			_	818
Swim A Gry Trace	7		Printed or Typed Name			Licensa Nun	har

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

WS ID	:		. (280054	1	lant Name:	Leisure Lake							
_		You thou All	onth/Year o	7.		April, 2007								
			Virus Inscrived				Chlorine Die	veide	Ozone	Comb	ined Chlorin	e (Chiloran	ines)	
			Other		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Citotae Di	,,=50	, 020	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	neviolet Ra		,			Free Chlo		Combin	d Chlorine	(Chlorenine	s) T	Chlorine I	pionide (
ype of	Disinfect	ant Residu	al Maintaine	d in Distribi	ition System:						<u> </u>			
				(T Calculations, or	UV Dose, to	Demostate I	our-Log	Alter topo	TABLOU' IT W	UVI	lone.	(
- 1	- 1	- 1	. [CT Calo	neticera					×**	1 1	
1	- 1		Ī								'	•	1 1	
- 1	- 1				'.	Disinfectant	Lowest CT Provided			,				•
- 1	Į	į			Lowest Residual	Contact Time	Before or at	١.			Ī		Lowest Residual	
- 1	Dom Plant			(Disinfeolant	mac	First				1	Minimum UV Dose	Disinfectant Concentration at	Emergency or Almonnel Operating Condition
J	Staffed or		Net Quantity		Concentration (C)	Magnature	Customor	!	· ·	<u>.</u>	Lowest Operating	Required.	Remote Point in	Repair or Maintenance Work that Involver
Dayof		Hours plant	of Finished		Before or at First	Point During	During Peak	T		Minimum CT	UV Dose	MW-	Distribution	Taking Water System Components Out of
1in	Operator	אנ	Water	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Texabor	pH of Weler,	Required, mg	mW-see/emi	sec/cm²	System mg/L	Operation
Month	(Place "X")	Operation	Producted, gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, C	и Аррислове	HODE	(B74-360 GI)		1.1	
1	X	24.0	26,000		3.2		ļ						1.4	
2	Х	24.0	26,000		3.4			 -				 	1.2	
3	Х	24.0	21,000		3.3		ļ		 			-	1.0	
4	Х	24.0			3.2			 					1.1	
5	Х	24.0			3.3		 		 		17. 4		1.3	
6	X	24.0			3.4			 				,		
7		24.0					 		1				<u> </u>	
8		24.0 24.0		ļ	3.2			-	1				1.3	
9	×	24.0			3.4		1						1.4	
10	X	24.0			3.3		 					1	1.3	
12	- 2	24.0			3.2		l.				· · · · ·	ļ	1.3	
13	 	24.0			3.4								1,	
14	×	240			3.0						 		 	
15	X	24.0			3.2	l	1						1,	
16	X	24.0			3.3			ļ	 		+	 	1.	
17	X	24.0			3.2						+	+	1.	
18	x	24.0			3.4		Ļ						1	
19	х	24.0			3.2			-		-	+	-	1	
20	X	24.0			3.0		 	 	 				1	
21	X	24.0			3.1	 		-	 		-	1	1.	
22	X	24.0			3.3			+	}		 	 	1.	
23	X	24.0			3.4				-		+		1	3
24	х	24.0			3.2		-	+	+	-			1	.5
25	X	24.0			3,4		 	-			1	-		
26	X	24.0			3.3		+				—		1	.1[
27	X	24.0			3.2		+				1			
28	\	24.				 								
29		24.			3.4	 	+		+	1			1	
30	X	24	19,000	4	3,4	 		1						
Total			656,000	+		٠								

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

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03/2008 THU 9:01 FAX --- leesburg orr

Ø010/025

8189

License Number

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

ALL HOTTANDE	
S/ TO 11	
FLORES	
FIFLORIDA)	

See Pages 4 for Instructions.

	General Information		N	fay, 2007							·	
A,	Public Water System	(PWS) Informa	tion		•				·			
	PWS Name:	Laisure Lakes / Cove	red Bridge		, 1			PW8 Id	extification Num	bor:	6280064	
	PWS Type:	✓ Community	☐ Non-Translent No	n-Community T	ranslent Non-Com	munity		Consecu	itive			
	Number of Service Connecti	ions at End of Month:		76		•	Total I	opulatio	n Served at End	of Month:	632	
	PWS Owner:	Aqua Utilities Florida	, Inc.		_							
i	Contact Person:	Cienn P. LaBreoque	 				Contac	i Pessoni	a Title:	Area Manager,	South Florida	
	Contact Person's Mailing Ad	ldrese:	6960 Professional Parkwa	y East, Suite 400		City: 3	Serenots	States	Florida		Zip Coda:	34240
ļ	Contact Person's Telephone	Number:	(941) 907-7470				Contac	i Person'	a Fax Number:	(941) 907-0963	j	
i	Contact Person's B-Mail Add	teu:					•					
В,	Water Treatment Pla	ent Information							,			
- [Plant Name:	Leiniro Lakes						Plant To	elsphone Number	ri	(941) 907-7	470
1	Plant Address:	101 ParkView Circle	8.			City: 1	lake Placid	State:	Florida		Zip Code:	33852
	Type of Water Treatment by	Plant:	Raw Ground Wate	r Purchased Fini	shed Water							; ·
	Permitted Maximum Day O	perating Capacity of Pi	lent, gelions per day:		72,000 '					•		
- 1	Plant Category (per subsection	cm 62-699.310(4), F.A	LC.):	IV				Haus (por	subsection 62-69	99.310(4), F.A.C.):	C	
	Licensed Operators		Name		License Class	Licens	so Number			Day(s) /.Shifl(s)	Worked	
- 1		David W. Faircioth			C .		8189	6 Days/	Week - 1st shift			
- 1	Other Operators:	Donald P. Gavoni			С		5674	2 Days	every other week	end		
- 1					ļ. <u>.</u>							
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l	, .					ļ						
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ı								<u> </u>				
- [·					ļ				
į						<u> </u>		<u> </u>				-
	Certification by Lead	Reliant (November										
щ				lorida, sm the lead/chief	energies of the v	under to	otmost slev	st identi	find in part I	of this report	certify the	the information
				nowledge and belief. I ce								
				ction 62-555.320(3), F.A								
				the month indicated above								
	• • • • • • • • • • • • • • • • • • • •			iore, I agree to provide th	ese additional of	peration	is records to	the PV	WS owner so	the PWS owner	can relain	them, together
	with amino of this remo	et at a constantent	t location for at least t	lon treats								

David W. Paircloth

Printed or Typed Name

Signature and Date

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

PWS II				6280064		Plant Name:	Loisius Lake	×						
III. D	ady Data	for the Y	onth Year	if:		May, 2007								
Moans	of Achievie	s Four-Los	Virus Inactiv	ation/Remova			Chlorine Di		C Ozos			404.4	. :	
וט רו	treviolet R	adiation	COthe			,	CRICETOR DA	03648	I OSOGB	I Comt	inad Chlori	ne (Chiona	nines)	
					4 6 .	F7								
A ype (I INDUISE	Mari Kend	UAI MAURAN		oution System:	Free Chic				(Chloramica		Chlorine I	Dioxide	
	1		l		CT Culculations, o	r UV Dose, to	Domostate:	our Lo	Virus Inno	tivation, if A	pplicable			••
						CT Culo					UVI	Dose	1	
		ŀ							T			T	1	
		}	!		1		Lowest CT			1			1 1	
	[l			Disinfestant	Provided	l	\	, ,	•	1	<u> </u>	
	Dayo Plant			I	Lowest Residual Disinfectural	Contact Time	Before or st		i	Í.		Minimum	Lowest Residual	•
	Staffed or		Not Quantity	!	Conomination (C)	(T) at C Measurement	First Customer	l		1	Lowest	UV Dose	Disinfectset Concentration at	Emergency or Abnormal Operating Condition
Day of		Hours plant	of Finished		Before or at First	Point During	During Peak	•		Меніанта СТ		Required	Resports Podet in	Repair or Maintenance Work that Involves
the .	Operator	in	Water	Peak Plow	Customer During	Peak Flow.	Flow, me-	Tempor	old of Water.	Required me		nW∙	Distribution	Taking Water System Components Out of
Month'	(Place "X")	Operation	Producted, pel.	Rate, god	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	orio/L	mW-sec/cos	sec/em ¹	System, mg/L	Operation
1	X	24.0	18,000		3,2		Ţ						1.2	
2	X	24.0	18,000		3.5								1.6	
3	X	24.0	19,000		3.4								1.5	
4	X	24.0	17,000		3.2								1.1	
5	Х	24.0	19,000		3,0								0,7	
6	Х	24.0	15,000		. 3,3							•	1.1	
7	Х	24.0	22,000		3.4								1.3	
- 8	X	24.0	18,000		3.3							<u> </u>	1.4	
9	×	24.0	40,000		3.2								2.2	
10	X	24.0 24.0	34,000 26,000		3.4								21	
12		24.0	17,000		. د. د								2.0	
13		24.0	17,000									 		•
16	Х	24.0	16,000		3.4								2.2	
15	$\frac{\hat{x}}{\hat{x}}$	24.0	16,000		3,3								2.1	
16	. х	24.0	15,000		3.2								1.4	
17	_ ×_	24.0	14,000		3.4							~~~~	1.5	
18	X	24.0	16,000		13								1,4	
19	<u> </u>	24.0	14,000		3.1								1.3	
20	X_	24.0	19,000		3.0								1.3	
31	X	24.0	21,000		3.2								1.2	
22	X	24.0	20,000		3.4								1.5	
23	X	24.0	23,000		3.3								1.4	
24	X	24.0	19,000		3.2								1.2	
25	X	24.0	17,000		3.4								1.3	
26		24.0	23,000									ļ		
27		24.0	23,000											
28	Х	24.0	24,000		3.4								1.5	
29	X	24.0	34,000		1.5								1.4	
30	X	24.0	27,000		3.4 3.3								1.3	
31.	X	24.0	24,000 645,000		2.3				L	L	L		1.2	
otal vantge		-	20,106											

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

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED V	VATER
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MONTHLY OPERATION	REPORT FOR PWS	s TREATING	RAW GRO
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ROMOA			
See Pages 4 for Instructions			

See Pages 4 for Instructions June, 2007
A. Public Water System (PWS) Information PWS Name Leisure Lakes / Covered Bridge PWS Identification Number 6280054
PWS Name Leisure Lakes / Covered Bridge PWS Identification Number: 6280064
PWS Name Leisure Lakes / Covered Bridge PWS Identification Number: 6280064
PWS Type:
Number of Service Connections at End of Month: 276 PWS Owner: Aqua Utilities Florids, Inc.
PWS Owner: Aqua Utilities Plorids, Inc. Contact Person's College P. LaBracque Contact Person's Title: Area Manager, South Florids Contact Person's Mailing. Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240 Contact Person's Telephone Number: (941) 907-7470 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's Title: Area Manager, South Florids Contact Person's Title: Area Manager, South Florids Contact Person's Title: Contact Person's Title: Contact Person's Title: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's East Number: (941) 907-0965 Contact Person's Title: Contact Person's Title: Contact Person's East Number: (941) 907-0965 Contact Person's Title: Contact Person's Titl
Contact Person's Glern P. LaBrecque Contact Person's Title: Area Manager, South Florida Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarssotz State: Florida Zip Code: 34240 Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Water Treatment Plant Information Plant Name: Loleure Lakes Plant Cate Plant Cate Plant State: Florida Zip Code: 33852 Type of Water Treatment by Plant: Amw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name: Loleure Lakes License Class License Number: Day(8) / Shift(9) Worked Lead/Chief Operator: Day/d W. Faircloth Contact Person's Title: Area Manager, South Florida Zip Code: 34240 City: Sarssotz State: Florida Zip Code: 941) 907-0965 Contact Person's Fax Number: (941) 907-0965 Contact Person's
Contact Person's Mailing Address: 6960 Professional Parkway East, State 400 City: Sarssota State: Florida Zip Code: 34240 Contact Person's Fax Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's Fax Number: (941) 907-0965 Contact Person's E-Mail Address: Plant Information
Contact Person's Telephone Number: (941) 907-7470 Contact Person's E-Mail Address: Contact Person's E-Mail Address:
Contact Person's E-Mail Address: Water Treatment Plant Information
Plant Name: Lotaire Lakes Plant Telephone Number: (941) 907-7470 Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 Type of Water Treatment by Plant: Year Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallors per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Day(d W. Fairstoth C 8189 6 Days/Week - 1st shift
Plant Address: 101 Park View Circle 8. City: Lake Placid State: Florida Zip Code: 33852 Type of Water Treatment by Plant:
Type of Water Treatment by Plant: Value Raw Ground Water Purchased Finished Water
Paralited Maximum Day Operating Capacity of Plant, gallors per day: Plant Catagory (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(9) / Shift(9) Worked Lead/Chief Operator: Day(d W. Faircloth C 8189 6 Days/Week - 1st shift
Plant Catagory (per subsection 62-699.310(4), F.A.C.): [V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: David W. Faircloth C 8189 6 Days/Week - 1st shift
Licensed Operators Name License Class License Number Day(a) / Shift(a) Worked Lead/Chief Operator: David W. Faircloth C 8189 6 Days/Week - Let shift
Lead/Chief Operator: David W. Faircloth C 8189 6 Deya/Week - Lat shift
Other Operators: Douald P. Gavoni C 5674 2 Days every other weekend
l. Certification by Lend/Chief Operator
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information
provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International

Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Daig	100	/ PANAUNT
		00,03,07
Signature and Date	7	

David W. Faircloth Printed or Typed Name

\$189 License Number

DEP Form 62-555, 900(3) Alternate

Page 1

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

PWS []	5:			6280064		Plant Name:	Laisas Lak	59						
141. Daily Data for the Months) car of: Dame, 2007														
			Virus Insetiv		l: Proc									
C m	traviolet R	g com-my			7: N. Limer	votes I	Chlorina Di	oxide	Г Охоря	Corrol	ined Chlori	se (Chlorus	nines)	
,			-				 							
r ypo c	N DIMME	TEM KOSK	mai Maintain		enion System:	Pres Chic				(Chloramine		Chlorine I	Diordds	· · · · · · · · · · · · · · · · · · ·
	ł				CT Calculations, or	r UV Dose, to	Démostate	Four-Log	Virus Inso	tivation, if /	pplicable*			
			ļ			CT Cale	ulations				UV.I	Dose]	
•			1] .	
]				Lowest CT		1	İ		ļ		
1				ŀ	Lowest Rasidui	Disinfectant Contact Time	Provided Before or at			1			Levet Residud	
	Days Plant				Distrifectual	(T) & C	First			1		Minimum	Disinfectant	
	Staffed or		Net Quantity		Conventration (C)	Measurement	Customer			I	Lowest	UV Dose	Concentration at	Braspency or Ahnormal Operating Condition
Day of		Hours plant	of Finished		Before or as First	Point During	Daving Peak		1	Minimum CI		Required	Records Point in	Repair or Maintenance Work that Involves
the Month	Operator (Place NT)	in)	Wiley	Peak Flow	Customer During	Peak Flow,	Plow, mg-	Temp of	pH of Weter,	Required, mg		æ₩-	Distribution	Taking Water System Components Out of
Michiga	X X	24.0	Producted, gul. 20,000	Rate, god	Peak Plow, mg/L	مالاشات	min/L	Wates, "C	if Applicable	roin'i,	mM-ec√cm,	100/0003	System, mg/L.	Operation
2	Ŷ	24.0			3.0		····	 					1.7	
3	×	24.0	20,000		3.3				ļ		 		1.2	
4	Ŷ	24.0	22,000		3.4							ļ	1.4	
3	X	24.0	21,000		2.5					 			1,0	
6	X	24.0	23,000		2.7								1.1	
7	X	24.0	33,000		3,4								2.2	
8	X_	24.0	22,000		3.5				· · · · · · · · · · · · · · · · · · ·				1.4	
9		24.0	20,000											
10		24.0	20,000											
11	X	24.0	19,000		3.5								1.4	
12	X	24.0	19,000		3.4								1.3	
13	<u>X</u>	24.0 24.0	17,000 17,000		3.4 3.2				<u> </u>				1.2	
15	- 2	24.0	15,000		3.2								1.1	
16	 	24.0	21,000		3.0								3.2 3.1	
17	$\frac{2}{x}$	210	12,000		3,1								1.1	
10 1	$\frac{x}{x}$	24.0	18,000		3.2								1.2	
TP	×	24.0	15,000		3.3								1.4	
20	X	24.0	13,000		2.4				-				1.5	
21	X_	24.0	15,000		3.5								1.6	
22	Х	24,0	13,000		3.4								1.5	
23		24.0	21,000											
24		24.0	21,000											
.25	X	24.0	20,000		3,5								1.4	
26	X	24.0	16,000		3.4								1.2	
27	X	24.0	16,000		3.3								1.1	
28	X	24.0	14,000		3.4			 	ļ	<u> </u>			1.2	
29	<u>X</u>	24.0	14,000		3.3								1.3	
30	X	24.0	12,000	——————————————————————————————————————	3.1			-	<u> </u>				1.1	
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Rater to the instructions for this report to determine which plants must provide this information.

04/03/2008 THU

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



See Pages 4 for Instr	uctions.					
. General Information	1	July, 2007				
A. Public Water System	(PWS) Inform	ation				
PWS Name:	Leisure Lakes / Cov				PWS Identification Number:	6280064
PWS Type:	Community	Non-Translent Non-Community	Transient Non-Com	nunity	Consecutive	
Number of Service Connect					Total Population Served at End of Month:	632
PWS Owner:	Aque Utilities Florid		<u></u>			
Contact Person:	Glenn P. LaBrecque				Contact Person's Title: Area Manage	er, South Florida
Contact Person's Mailing A		6960 Professional Parkway Bast, Suite 400		City: Sarahola	a State: Florida	Zip Code: 34240
Contact Person's Telephone	Number:	(941) 907-7470			Contact Person's Fax Number: (941) 907-09	965
Contact Person's E-Mail Ad	dress:					
. Water Treatment Pl	ant Information					
Plant Name:	Loisure Lakes				Piant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Cirol	e S.		City: Lake Pla		Zip Code: 33852
Type of Water Treatment by	y Plant:	☑ Raw Ground Water □ Purc	chased Finished Water			
Permitted Maximum Day O	perating Capacity of 1		72,000			
Plant Category (per subsecti					Plant Class (per subsection 62-699.310(4), F.A.C	
Licensed Operators		Name	License Class	License Nu	mber Day(s) / Shift((s) Worked
Lead/Chief Operator:	David W. Pairoloth		С	8189	6 Days/Wook - 1st shift	
Other Operators:	Donald P. Gavoni		С	5674	2 Days every other weekend	
ļ						
· ·						
ĺ						
l Certification by Lead	d/Chief Operato:					

L 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.

Docaro	الما	07/03/07
Signature and Date		7

David W. Faircloth Printed or Typed Name

8189 Licensa Number

DEP Ports 62-665..900(3) Alternate

Page I

PWS I				6280064		Plant Name:	Lainere Lake	(b						
			outli/Year			July, 2007								
Mouns .	of Aphievis	g Four-Log	Virus Inactiv	ation/Remova	l: Free C	hierine (Chlorine Di		C Ozone	∫ Comit	11	(#L)	-1 \	
וט 🏲	traviolet R	adiation		r (Describe):		•	CMOUNE D	CALLIE	OLORD) Com	nted Calout	De (Chiorat	(Manua)	
					ution System:	Free Chic		Cambi	ad Chlorina	(Chlorumine	- F	Chlorine I	M-124-	
7,1		1								-	. *	Chlorine	Jioxede	
	!	<u> </u>	1	· · · · · · · · · · · · · · · · · · ·	CT Calculations, o			FOUR-LO	Virus Irac	tivetion, if A			Į	i
	}			ļ		CT Calc	Autotions		,	,	UV	Dose	1	
							Lowest CT			1	1			
	ŀ					Disinfectant	Provided	İ	}				1	
				1	Lowest Residual	Contact Time	Before or at	[1	ŀ	!	1	Lowest Residual	
	Days Plant	l .	_	1	Distributant	(T) at C	First	ĺ	1	ļ		Minimum	Disinfectant	
	Staffed or	l	Net Quantity	i i	Concontration (C)	Measurement	Customer		1		Lowest	UV Dose		Emergency or Abountal Operating Conditions
Day of the	Operator	Hours please in	of Finished Water		Before or at First	Point During	Ouring Peak	Tamant		Minimum CT Required tra-	Operating UV Dose	Required, mW-	Remote Point in	Repair or Maintenance Work that Involves
	(Place 'X')		Producted, gul.	Peak Flow Rate, gpd.	Customer During Peak Flow, reg/L	Peak Flow, minutes	Plaw, mg- min't		if Applicable		UM-moc/ang	medan	Distribution	Taking Water System Components Out of Operation
	X	24.0	16,000		3.2	Created NEW	00074	···-w, C	- cappitents	110071	1714-160-010		System mg/L	
2	X	24.0	18,000		3.3					 			1.4	
3	X	24.0	14,000		3.4		···			 			1.5	
4		24.0	24,000							1			<u> </u>	
5	X	24.0	24,000		3.4									
. 6	Х	24.0	12,000		3,2				<u> </u>				1.2	
_7		24.0	18,000											
8		24.0	18,000											
9 10	X	24.0	18,000		3.4					<u> </u>		<u> </u>	1.2	
10	X	24.0 24.0	17,000 II,000		3.3								1.4	
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15	- x -	24.0	22,000		3.5								- ::	
16	Х	24.0	21,000		3.1		··············			i		 	1.4	
17	X	24.0	19,000		3.2							 	1.1	
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19	Х	24.0	28,000		3.4				<u> </u>				1.4	<u> </u>
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21		24.0	25,000											
22		24,0	25,000											
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24	X	24.0	14,000		3.1							<u> </u>	1.2	
25	X	24.0	47,000		3.3								14	
26	X	24.0	29,000 35,000		3.2 3.4								1.2	
27	~ ~	24.0	33,000		3.1				 			 	1.3	
20 29	X	24.0	32,000		3.0								1.2	
30	- 2	24.0	36,000		3.2						<u> </u>		1.3	
31	- ŵ - l	24.0	32,000	1	3.4							 	1.5	
otal			720,000	<u> </u>					<u> </u>				<u> </u>	<u> </u>
ABRUDO			23,226											
7 200			47.000											

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

47,000

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

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

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See Pages 4 for Inst	ructions.									
I. General Information		Aug	rat, 2007	<u> </u>						
A. Public Water System	n (PWS) Inform									
PWS Name:	Leisure Lakes / Cov						PWS Identification Numb	er;	6280064	
PWS Type:	✓ Community	Non-Transient Non-C	ommunity	Transient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Month	276				Total	Population Served at End o	f Month:	632	
PWS OWNET:	Agus Utilities Florid	de, Ino.				-				
Contact Person:	Olenn P. LaBreoque	9			0	Conta	ct Person's Title:	Area Manager,	South Florida	<u> </u>
Contact Person's Mailing A	ddrew:	6960 Professional Parkway Es	st, Suite 400		City: Sarasota	i	State: Florida		Zip Code:	34240
Contact Parson's Telephone	Number:	(941) 907-7470			10	Conta	ct Person's Pax Number:	(941) 907-096	5	
Contact Person's E-Mail Ac	ktrees:									
B. Water Treatment Pl	ant Information									
Plant Name:	Leisure Lakes						Plant Telephone Number:		(941) 907-7	470
Plant Address:	101 Park View Circl	s S.			City: Lake Pla	wid	State: Florida		Zip Code:	33852
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purcha	sed Roished Water						
Permitted Maximum Day C				72,000	·					
Plant Category (per subsect	ian 62-699.310(4), F.	A.C.):	[V		P	Yarri (Class (per subsection 62-699			
Licensed Operators		Name		License Class	License Nun	nber	D	ay(s) / Shift(s)	Worked_	
Lead/Chief Operator:	David W. Faircloth			C	8189		6 Days/Weak - 1st shift			
Other Operators:	Donald P. Gavoni			C	5674		2 Days every other weeks	nd		
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					·		· ************************************			
H. Certification by Lead	I/Chief Operator	T .								

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.

Danew.	09/07/07
Signature and Date	

David W. Faircloth Printed or Typed Name

License Number

Page 1

OEP Form 62-585, 900(3)Alternate

8189

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

ews ii):			6280064		Plant Name:	Leisuro Lake	5						
II. D	aily Data	for the V	outlist ear e	f's		August, 2007								
(600)	of Anhievin	g Four-Los	Virus Inactive	tion/Removal	Free C	hlorine	Chlorine Di	oxáde	Ozone	Comb	ined Chlorie	e (Chlorac	nine)	
	raviolet Ra			(Describe):										
VDe o	f Divinted	tent Resid	ual Maintains	ed in Distrib	ution System;	Pres Chie	rime [Combin	ed Chlorine	(Chlorenine) [Chlorine I	io <u>síde</u>	
7,57	1				CT Calculations, or	LIV Dose to	Demostate	Four-Los	Virus Inac	livation if A	oplicable*			
]				CT CEIONALICIES O	CT Cale			11100 1110		UVI	Joss		
			(<u> </u>		1						
	1 1		i 1				Lower CT	1		1				
						Disinfectant	Provided	1	1]			Lowest Residual	
		,			Lowest Residual	Contact Time	Before or et	1	ļ	1		Minimum	Distribution	
	Days Plant		33-1 Out makes		Distribution (C)	(T) at C Measurement	First Curiomer	1	{	1	Lowest	UV Dose	Consentration at	Emergency or Abnormal Operating Conditions
Day of	Staffed or	House plant	Net Quartity of Finished		Before or at First	Point During	During Peak		ı	Minimum CT	Operating	Required	Remote Point in	Repair of Maintenance Work that Involves
ئان مىن	Operator	in in	1Value	Peak Flow	Custooter During	Peak Flaw,	Flow ma-	Tomp of	pH of Water,	Required, mg	UV Dast,	mW-	Distribution	Taking Water System Components Out of
Month	(Plate "X")		Producted pul.	Rate, apd.	Peak Flow, mg/L	TUTALLE	با منت	Water, °C	if Applicable	min/L	mW-sectorn'	150/Um²	System, mg/L	Operation
}	X	24.0	18,000		3.2								1.3	
2	х	24.0	34,000		3,3								1.3	
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6	X	24.0	Z2,000		3.0			 		-		 -	1.1	
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10	X	24.0	17,000		3.4		 	 					1,3	
31	- 2-	24.0	18,000		3.1			1	1				1.1	
12	x	240	18,000		1.0								1.1	
13	X	24.0	21,000		3.2							ļ	- 1.2	
14	X	240	21,000		3.3				<u> </u>	<u> </u>			1.3	
15	X	24.0	19,000		3.4			<u> </u>		 	ļ	 	1.0	
16 3	X	24.0	15,000		3.0			 	}	}		 	1.2	
17	X	24.0	15,000		3,4			-		 		 	1.3	
18		24.0	17,000		3,4		 	 	 	 	-	1		
19		240	17,000					 	 	 	†			
20	X	24,0	17,000		3.3		-	t	 	1			l.	
21	X	24.0	16,000		3.2		1	1					1.3	
23	X	24.0	21,000		3.4								1.5	
24	- x	24.0	16,000		1.3								14	
25	x	24.0	18,000		3,0						<u> </u>		1.3	
26	x	24.0	21,000		3.1								1.3	
27	X	24.0	32,000		3.2							 	 	
26	X	24.0	18,000		3.4				 	 	 		 	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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MONTHLY OPERATION REPORT FOR PWSs TRE	TING RAW GROUND WATER OR PURCHASED FINISHED WAT	LER
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WITE STATE
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FLOREDA

General Information	1	Sept	ember, 2007				
Public Water System	· (DN)(C) Treformed	lia-					
PWS Name:	Leisure Lakes / Cover					PWS Identification Number:	6280064
PWS Type:	✓ Community	Non-Translent Non-C	'ammunibu	Transient Non-Com	munity }	Consecutive	
WS 13ps: Yumber of Service Connec		276	Aliminurity	T 1(a) Elic Noil-Colin	714.11.	al Population Served at End of Me	onth: 632
WS Owner:				 	1-3.	27.20044504	
	Aqua Utilities Florida,	, inc.			lc-	nact Person's Title: A	rea Manager, South Florida
Contact Person:	Glenn P. LaBrecque	(0(0 D - C - 1 - 1 D - 1 T)	- 5-h- 400		City: Sarasola	State: Florida	Zip Code: 34240
Contact Person's Mailing A		6960 Professional Parkway Ea	LEL, SURP 4UU				941) 907-0965
Contact Person's Telephone		(941) 907-7470	<u> </u>](0	HER ECHSCIT & SAY (Achillog): (
Contest Person's E-Mail Activater Treatment P							
Plant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-7470
lant Address:	101 Park View Cirole	·	 		City: Lake Placid		Zip Code: 33852
		Raw Ground Water	Dumbae	ed Finished Water	City. Lake 1 table	, Tariot	
Type of Water Treatment b Permitted Meximum Day (- Pultilas	72,000			· · · · · · · · · · · · · · · · · · ·
Plant Category (per subsect			ıv	74,000	Play	il Class (per subsection 62-699.31	0(4), F.A.C.): C
Licensed Operators		Name	47	License Class	License Numb		s) / Shift(s) Worked
Lead/Chief Operator:		146110		C	8189	6 Days/Weak - 1st shift	
Other Operators:	Danald P. Caveni			c	3674	2 Days every other weekend	
	EXMAND F. CAYON		 		70/7		
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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.

Donew	10.0000
Signature and Date	

David W. Faircloth Printed or Typed Name

8189 License Number

Page 1

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

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

PWS D				6280064		Piani Namo:	Lainure Lake)						
11t. D	aily Data	tor the V	fonth/Year	of:	•	September, 200	7							
Magas	of Achievis	g Four-Log	Viru Inativ	stion/Remove	l: Pres C		Chlorine Di	ovide	Crone	C C1	black Chlori	ne (Chlesse	-1	
וט אן	ituviožet R	adiation	. I Othe	r (Describe):		•	CHIOTEU 121	CABGO	, 04025	1 (1)	omen Cutori	ne (Culoter	muss)	•
Туре с	f Disinfec				ution System:	Pres Chle	rine [Combin	ed Chinrine	(Chlorenhae	«) F	Chiorine I	Navida	
		1	1		CT Calculations, o							CHIDIAN	Januar .	
		ļ	ļ.	· · · · · · · · · · · · · · · · · · ·	C. Calvardon, o	CT CO		rour-Los	ALLAR THEC	dvidon, u A		Dose	4	·
1			1			C. Care	TIME CONT					17086	ł	
Į	1		ļ ·	ł		[Lowest CT		•		,	1		
		l				Disinfectant	Provided	!			1	Ì	•	
	Days Plants	i	,		Lowest Residual	Contact Time	Bafore or at						Lowest Residual	
	Buffed or	•	Net Quantity	í i	Disinfectant Concentration (C)	(T) of C	First	l		[Lowest	Minimum UV Dose	Distributant	
Dayof	Visited by	Hours plant	of Finished]	Before or at Pirat	Measurement	Customer During Peak	,		Minimum CT		Required	Concentration at Respects Point in	Errourgency or Abnormal Operating Conditions Repair or Maintenance Work that Involves
100	Operator	in -	Water	Peak Flow	Customer During	Peak Plow.	Flow, ma	Temp of	oH of Water.	Required, mg		mW.	Distribution	Taking Water System Components Out of
Month	(Place "X")		Producted gal.	Rate, and,	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/con ²	\$60/4m²	System, mg/L	Operation
1		24.0												
2		24.0	37,000											
1	×	24,0	38,000		3.2								1.0	
4	X	24.0			3.4									#1 Automatic Flusher Shick Open
6	- 2 -	24.0	20,000		3.5 3.3								1.4	
	- ŵ	24.0	24,000 25,000		3.4								1.2	
- 5	- x	24.0	22,000		3.3								1,3	
9	X	24,0	26,000		3.1								1.0	
10	х	24.0	36,000		3.2								1.1	,
- 11	X	24.0	43,000		3.4								1,2	
12	X	24.0	19,000		3.3								1.3	
13	_ X	24.0	81,000		3.4									Flushed Fire Hydrenia
14	_ X	24.0 24.0	26,000 87,000		3.2								1.2	
16		24.0	87,000											
17	×	24.0	87,000		3.4			~					1.3	
18	$-\hat{x}$	24.0	60,000		3.3	······································							1.2	
19	×	24.0	\$5,000		3.4								1.4	
20	X	24.0	79,000		3.3								1.2	
21	X	24.0	79,000		3.4								1.4	
22	х	24.0	74,000		3.2								1.2	
23	X	24.0	78,000		3.3								1,2	
24	X	24.0	89,000		3.2								1.1	
25	×	24.0	. 86,000		3.4								1.3	
26	_ X		82,000		3.3								1.2	
27	×	24.0	75,000		3.2 3.3								1.2	
28	X	24.0	17,000 23,000		3.3								1.4	
30		24.0	25,000											
31		24.0	43,440							 -				
Total		,,0,	1,662,000										L	
Avgerage			53,613											
ALE OF PER			22,013											

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

89,000

URCHASED FINISHED WATER

MONIULI	OPERATION REPORT FOR	r PWSS ireating ra	M GKOOND MATER ()K PI
FLORIDA				
E/FLORIDA 3				

General Information	<u>1</u>	Octo	ber, 2007						
Public Water System	a (PWS) Inform	ation			-				
WS Name:	Leisure Lakes / Cov					PWS Identification Number	her:	6280064	
W8 Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Com	munity	Consecutive			
lumber of Service Connect						Population Served at End of	of Month:	632	
WS Owner:	Aqua Utilities Florid								
Contact Person:	Glenn P. LaBrecque	·		·	Contr	ct Person's Title:	Area Manager	, South Florida	
Contact Person's Mailing Ac	ddress:	6960 Professional Parkway E	sst, Suite 400		City: Sarasota	State: Florida		Zip Code:	34240
iontact Person's Telephone	Number:	(941) 907-7470			Cont	ict Person's Fax Number:	(941) 907-096	55	· · · · · · · · · · · · · · · · · · ·
ontact Person's E-Mail Ad				·					
Vater Treatment Pla	ant Information								
Plant Name:	Leisure Lakes					Plant Telephone Number	:	(941) 907-74	70
lant Address:	101 ParkView Cirol				City: Lake Placid	State: Florida		Zip Code:	33852
ype of Water Treatment by		✓ Raw Ground Water	Purchase	d Finished Water					
ermitted Maximum Day O				72,000					
lant Category (per subsecti	ion 62-699.310(4), P.		IV		Plant	Class (per subsection 62-69			
Licensed Operators	<u> </u>	. Name			License Number		ey(s) / Shift(s) Worked	
	David W. Faircloth								
Other Operators:	Donald P. Gavoni			С	5674	2 Days overy other week	arsd		
						<u> </u>		·	
41									
						<u> </u>			
	· · · · · ·								
					ļ			· · · · · · · · · · · · · · · · · · ·	
	<u></u>					<u> </u>			
						<u> </u>		·	
)					

Printed or Typed Name

8189

Liconse Number

Signature and Date

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

PWS II	5:			6280064		Plant Namo:	Loisuro Lako	4						
Ш	aily Dafa	for the A	onth/Year o	d:		October, 2007							· · · · · · · · · · · · · · · · · · ·	
			Virus Inactive				Chlorine Di	oride	Ozone	Comb	ined Chloric	e (Chloren	nines)	
			Othe			•	Chorate Di	J,400	, 0,,	, сощо	Tica Chioir	io (Citionia	ин се	
-					ution System:	Free Chlo		Combin	ed Chlorina	(Chloramine	۸۱ ۲	Chlorine I)iovide	
туре с	Dejnjekt 16	tant Kesid	nat Matutriza									Canorine	7.02.00	
•	1		·		CT Calculations, or			OULTOB	Virus Inac	DVATION, II A		S	<u> </u>	
	{			· · · · · · · · · · · · · · · · · · ·		टा ८५	ulations	i		·	UVI	JOSE		
		,					Lowest CT						1	
l			ł			Disinfectant	Davided C1	ŀ			•			
] .	•	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Days Plant		;		Disinfectant	(T) at C	First]			Minimum	Disinfectant	
	Staffed or	,	Net Quantity		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions,
Dayof		Hours plant			Before or at First	Point During	During Peak	Temp of	-V -d Water	Minimum CT Required, mg		Required, mW-	Remote Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
the	Operator	in.	Water	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water Oc	if Applicable	min/L	mW-seo/om	sev/cm ³	System, mg/L	Operation Operation
Month	(Place "X")	Operation 24.0	Producted, gal 41,000	Rate, grad	3.4	HEIMIGS	HOURS	1110001	a rapitavoto	11000	11111-200-000		1.3	
1 2	- x	24.0			3.2					 			1.2	
1	×	24.0		· · · · · · · · · · · · · · · · · · ·	2.2			 	 				0.8	
4	×	24.0			3.5				·			<u> </u>	1.2	
3	X	24.0	49,000		3.5								1.4	
6	х	24.0	12,000		3.1								1.2	4
7	Х	24.0	15,000		3.3								1.3	
g	Х	24,0			3.2								1.2	
٥	X	24.0			3.4								1.3	
10	Х	24.0			3.3			}	 -		 		1.2	
11	Х	24.0			3.4 3.3			}		ļ	 	 	1.2	1 1 1 1 1
12	Х	24.0 24.0		 	3.3			 	 			 	1.5	
14		24.0						 				 		
15	х	24.0			3,4			 	 	•			1,2	
16	X	24.0			3.3		<u> </u>			 		1	1.3	
17	X	24.0			3.0			<u> </u>				<u> </u>	1.1	
18	×	24.0		<u> </u>	3.2								1.3	
19	Х	24.0			3.3								1.4	
20	Х	24.0	14,000		3.5							L	1.4	
21	Х	24.0			3.1						ļ		1.2	
22	Х	24.0			3,2				ļ	<u> </u>		 	1.3	
23	Х	24.0			3.3					 	 	 	1.4	
24	X	24.0			3.4			 	 	├	ļ		1.3	
25	X	24.0			3.3			<u> </u>	 	 	 	 	1.4	
26	Х	24.0		ļ	3.4		 	 	 	 	 	 	-{	1
27		34.0					 	 	 	 	 	 	 	
28		24.0 34.0			1.5			1	╁┈┈┈	 	 	 	Ö.6	
29 30	X	34.0		 	3.4			 	 		 	 	1.2	
31	X	24.0		 	3.3			 	 	 	 	1	1.3	
Total			836,000	ļ	1	·		· -						
Avgorus	¢		26,968	1										
Maximu			73,000	_										•
				_		_								

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

1/03/2008 THU 9:08 FAX --- leesburg offic

MONTHLY OPERATION REPORT FOR PWSs	TREATING DAW OROLLAID WATER	OR BURCHASED SINIGHED WATER
MONTHLY OPERATION REPORT FOR PWSS	TREATING RAW GROUND WATER	OK POKCHASED LINISHED WATER



General Information		November, 2007				
. Public Water System	(PWS) Informa	ation				ــنع الله
PW8 Name:	Leisure Lakes / Cove			· ·	PWS Identification Number:	898008 E
PWS Type:	✓ Community	Non-Translent Non-Community	Transient Non-Com	nunity U	Consecutive	- c 13
Number of Service Connecti		276		Total I	opulation Served at End of Month:	42 - # 5
PWS Owner:	Aque Utilities Florida	a, Inc.	·-			() - इंद्र
Contact Person:	Gieno P. LaBrecque			Contac	t Person's Title: Area Ma	nager, South Florida
Cordect Person's Mailing Ad		6960 Professional Parkway East, Suite 400		City: Sarasota	State: Plorida	A) Code: 34240
Contact Person's Telephone	Vumber:	(941) 907-7470		Contac	L Person's Fax Number: (941) 90	7-0965
Contact Person's E-Mail Add	iness:					
Water Treatment Pla	nt Information					
Plant Name;	Leisure Lakes				Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Cirole	8 .		City: Lake Placid	State: Plorida	Zip Code: 33852
Type of Water Treatment by	Plant:	✓ Raw Ground Water Purchas	ed Finished Water			
Permitted Maximum Day Op		last, gallons per day:	72,000			
Plant Category (per subsection				Plant C	lass (per subsection 62-699.310(4), P.	A.C.): C
Licensed Operators		Name	License Class	License Number		ift(s) Worked
Lead/Chief Operator:	David W. Faircloth		С	8189	6 Days/Week - Lst shift	
Other Operators:	Dogald P. Gaveni		C	5674	2 Days every other weekend	
į į						
1						

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.

Dais	w .	
Signature and Date		

David W. Faireloth
Printed or Typed Nams

License Number

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

Page I

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

PWSD	D:			6280064		Plant Name:	Loisure Lak	88						
111	aily Dara	for the A	louth Veur	of:		November, 200	7							
/lesca	of Achievis	e Pour-Los	Virus Insotiv	stion/Remove			Chlorine Di		T 0					
Гυ	traviolet R	ediation.	. □ Othe	z (Describa)	. ,,		Cattorine Di	02866	Ozone	Const	ined Chlori	ne (Chloru	ninds)	
					ution System:	·			1-11-1					
yps (N TOWNS	NEUR VOOL	mer Merurem			₩ Free Chlo				(Chloramine		Chlorine I	Dioxide	
	1	}			CT Calculations, o	r UV Dose, to	Demostate	Four-Log	Virus Insc	tivation, if A	pplicable*			
	Į.]	Į.				alsticus					Dose	3	. ,
	i	ì						,					1	
		,	1]			Lowest CT		1	1 :			1	
)	!	Lowest Residual	Disinfectant	Provides	Í	1	•		1		
	Days Plant			}	Disinfectant	Contact Time (T) at C	Bafare or at First			ľ		Minimum	Lowest Residual	
	Staffed or		Net Questity		Concentration (C)	Manurement	Cratomen		i		Lowest	UV Dose	Disinfectant Concentration of	Emergency or Abnormal Operating Candition
Day of	Visited by	Hours plant	of Finished		Before or at Final	Point During	During Peak		1	Minimum CT		Required	Remote Point in	Ropeir or Maintenance Work that Involve
the	Operator	in	Water	Peak Flow	Customer During	Park Flow,	Flow rus-	Tempof	pH of Water,	Required, mg		w.₩-	Distribution	Taking Water System Components Out of
Monto	(Flace 'X')		Producted, gal	Rate, gpd.	Peak Mow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm'	\$60/CD	System mg/L	Operation
1	Х	24.0	14,000		3.2								[,]	
_1	Х	24.0	40,000		, 3.1								1.2	
)	X	24.0	15,000		3.3								1.3	
4	×	24.0	16,000		3.0								1.1	
5	×	24.0	21,000		25		<u> </u>						0.8	
	X	24.0	19,000		3.2				ļ				1.2	
-	X	24.0	19,000						<u> </u>				1.4	
9	X	24.0	15,000		3.4		 						1.2	
10	- ^	24.0	19,000		3,2								1.1	
11		24.0	18,000				<u> </u>							
12	×	24.0	18,000		3.4								1.3	
13	- x -	24.0	30,000		3.2								1.2	
10	$\frac{x}{x}$	24.0	21,000		3.3					 			1.2	
15	X	24.0	23,000		3,4								13	
16	X	24.0	19,000		3.2								1.2	
17	Х	24.0	22,000		3.0				<u> </u>				1.1	
19	×	24.0	17,000		3.3				 				1.2	
19	X	24.0	16,000		3.3								1.2	
20	Х	24.0	21,000		3.4								1.3	
21	Х	24.0	11,000	1	3.7								1.1	
22	X	24.0	21,000		3,4								1,3	
23	Х	24.0	22,000		3.2								1.2	
24		24.0	17,000											
25		24.0	17,000											
26	Х	24.0	18,000		3.4								1.3	
77	X	24.0	21,000		3.2								1.2	
#	X	24.0	14,000		3.4								1.3	
29	X	24.0	21,000		3.3								1,4	
30	X	24.0	20,000		3.2								1.3	
	I								L	<u> </u>		<u> </u>	i	
Xel		1	\$90,000											
VSD9CBLQ0			19,667											

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

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



See Pages 4 for Instr	uetlons,						
L. General Information		December,	2007				
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Leisure Lakes / Cove					PWS Identification Number	: 6280064
PWS Type:	✓ Community	Non-Translent Non-Commu	nity	Translent Non-Com	munity	Consecutive	
Number of Service Connect	ions at End of Month:	276			To	tal Population Served at End of h	Month: 632
PWS Owner:	Aque Utilities Florida	ı, lac.					
Contact Person:	Glenn P. LaBrecque				Co		Area Manager, South Florida
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, Suite	400		City: Surasota	State: Florida	Zip Cods: 34240
Contact Person's Telephone		(941) 907-7470			C	ntaci Person's Fax Number:	(941) 907-0963
Contact Person's E-Mail Ad							
B. Water Treatment Pl							
Plant Name:	Laisure Lakes					Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle				City: Lake Place	d State: Florida	Zip Cods: 33852
Type of Water Treatment by		Raw Ground Water	Purchased F				
Permitted Maximum Day O				72,000			-
Plant Category (per subsecti	on 62-699.310(4), F.A			1 T T		nt Class (per subsection 62-699.3	
Licensed Operators		Name			License Num		(s) / Shift(s) Worked
Lead/Chief Operator:				<u> </u>	8189	6 Days/Weak - 1st shift	
Other Operators:	Donald P. Oavoni			_ c	3674	2 Days every other weekend	
ŀ				- -			
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	<u> </u>			_			
		· · · · · · · · · · · · · · · · · · ·					·
1				-			
L	<u> </u>				<u> </u>		
I Certification by Leas	/Chief Operator		-				

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

,	. ~ 1	
1 Dung	ع النا	01/07/08
Signature and Date		

David W. Faircloth Printed or Typed Name

8189 License Number

MONTHLY OPERATION REPORT FOR PW"S\$ TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS II);			6280064		Plent Name:	Loisuro Lake	23						
III. D	aily Data	for the V	fourhA car c	of:		December, 200	7							
Mouns	of Achievin	g Four-Log	Virus Insective	tion/Remova	: SF Press C	blorine	Chlorine Di	mide	Ozone	Comb	ined Chlori	e (Chlorae	nines)	
U	traviolet R	adiation	┌ Othe	r (Describs):		•								
Type o	f Disinfec	tant Resid	us) Maintain	ed in Distrib	ution System:	Free Chie	rine i	Combia	ed Chlorine	(Chloremine	3)	Chlorine I	Dioxede	
			1		CT Calculations, or			Fourt or	Virus load	tiveting if A	policable		1	
	ĺ			 	DI CHICAGOOG, O	CT Cale		r dui-Lui	A II TO MADO	aradon, it i	UVI	Dose	1	
		1	i .			C1 C416	T T			J		Ī	ì	
)	•		i I			Lowest CT	ł		1	1	ĺ	1	
			1			Disinfectant	Provided	l	}	Į .]		l	
		1	i .]	Lowest Residual	Contact Time	Before or al	i		{	1	Minimum	Lowest Residual Disinfestant	
	Days Plant	i .	N		Disinfectant	(T) at C	Pinn	ľ	ì	į į	Lowest	UV Doss	Concentration at	Emergency or Abnormal Operating Condition
Dry of	Station or	Hours plant	Net Quantity of Finished		Concentration (C) Before or at First	Measurement Point During	Customer During Peak	}	ļ	Minimum CT		Required,	Remote Point in	Repair or Maintenance Work that Involves
the	Operator	in in	Water	Peak Flow	Oustainer During	Penk Floor,	Flow, me-	Tempor	pH of Water.	Required, mg		raW'-	Distribution	Taking Water System Components Out of
	(P) 100 "X")	Operation	Producted, gul.	Rate, gpd.	Peak Flow, mg/L	minutes	Trim	Water, °C	if Applicable	Trib L	mW-4¢o/pm³	sec/an	System, one/L	Operation
	X	24.0	10,000		3.1								1.2	
2	X	24.0			1.0					<u> </u>	 		1.2	
3	X	24.0			3.2		ļ						12	
5	X	24.0 24.0	17,000		3.4				 -	 			1.3	
-	Ŷ	24.0	16,000		3.0			 					1.2	
7	- x	24.0	16,000		20								8.0	
8	- 1	24.0	20,000											
9		24.0							<u> </u>					
10	×	24,0	20,000		2.1						 		0.8	
()	x	24.0	19,000		22			<u> </u>	 -		<u> </u>		0,6	
12	X	24.0 24.0	\$0,000		2.0			├		-		<u> </u>	QE	
14	- 2 	24.0	19,000		3.4			 -			 		2.2	
13	- x 	24.0	17,000		2.7			 					2.0	
16	×	24.0	20,000		2.5								1.5	
17	X	24.0	24,000		3.4								22	
18	×	24.0	24,000		33								20	
19	Х	24.0	13,000		3.2					<u> </u>	<u> </u>		1,8	
20	Х	24.0	11,000		3.4						 	 	2.0 l,8	
21	X	24,0	18,000		3.2				ļ				1.7	
22	X	24.0	15,000		3,0		 						1.7	
23	X	24.0 24.0	19,000		3.1				 	 	 		1.8	
24	X	24.0	19,000		3.2			 	 					
26	×	24.0	19,000		3.4	<u> </u>		 	 				2.1	
27	- 	24.0	15,000		13								2.0	<u> </u>
21	×	24.0	31,000		3.4								22	<u> </u>
29		24.0	18,000								ļ	<u> </u>	ļ	
30	X	24,0	19,000		3.2			<u> </u>	ļ				2.0	
31	×	24.0	21,000		3.3	L				1	<u> </u>		1 4.1	
otal			594,000											
Victor			19,161	\										

Avgerage Meximum * Rafer to the instructions for this report to determine which plants must provide this information.

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

PW	S ID:	6280064	Plant Name:	Leisure Lake	B			
17.	Summary of Use of Poly	mer Containing Acrylar	nide, Polymer (Containing F	picklorohydrin	, and l	fron	or Manganese Sequestrant for the Year: 8 2007
	Is any polymer containing the mo							polymer dose and the acrylamide level in the polymer are as
	Polymer Dose ppm =				Aczylamide Level, %	· -	T	
В	Is any polymer containing the mo polymer are as follows:	nomer <u>epichlorohydrin</u> used at th	e water treatment pla	unt?	Ø No	١	Y⇔,	and the polymer dose and the epichlorohy drin level in the
	Polymer Dose ppm =				Epichlorobydrin Lav	el, % -		
C.	Is any trop or manganese sequests	rant used at the <u>water</u> treatment p	lant?	□No	Yes, and the	ype of	sequ	iestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphosphi	ste or sodium silicate):	Photyphosphate					
	Sequestrant Dose, mg/L of phospi	hate as PO ₄ or mg/L of silicate as	8iO ₂ =	lmg/L				
	If sodium silicate is used, the amo	unt of added plus naturally contr	ting silicate, in mg/L	. au SiO ₂ =				

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

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

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

1	Pages 4 for Instr	ostions						KA.		
	neral Information		Januar	y, 2006			· · · · · · · · · · · · · · · · · · ·			
A. Pul	blic Water System	(PWS) Informa	tion							
	S Name:	Leisure Lakes / Cove				••	PWS Identification Nur	nber:	6280064	
PWS	3 Туре:	✓ Community	Non-Translent Non-Con	nmunity Tr	ansient Non-Come		Consecutive			
	nber of Service Connecti		276				opulation Served at End	of Month:	632	
	S Owner:	Aqua Utilities Florida	t, ina	· · · · · · · · · · · · · · · · · · ·				***************************************		
Con	tact Person:	Glenn P. LaBrecque			····	Contac	t Person's Title:	Area Manager,	South Florida	
Соп	tact Person's Mailing Ad	dress:	6960 Professional Parkway East,	Suite 400		City: Sarasota	State: Florida		Zip Code:	34240
Con	iact Person's Telephone		(941) 907-7470				Person's Fax Number:	(941) 907-0965		
	tact Person's E-Mail Ade									
B.W.	iter Treatment Pla	int Information								
	t Name;	Leisure Lakes					Plant Telephone Numb	er:	(941) 907-74	70
<u> </u>	rt Address:	101 ParkView Circle				City: Lake Placid	State: Florida		Zip Code:	33852
	e of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water					-
	nitted Maximum Day O				72,000					
	l Category (per subsecti	on 62-699.310(4), F.A		IV			lass (per subsection 62-		C	
	consed Operators.		Name		License Class	License Number		Day(s) / Shift(s)	Worked	
	id/Chief Operator-				C	8189	6 Days/Week - 1st shift			
Öű	ier Operators.	Donald P. Gavoni			С	5674	2 Days every other wee	kend	<u> </u>	
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	and the second second second second second second second second second second second second second second seco									
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13	地震器等之及主张	l	· · · · · · · · · · · · · · · · · · ·	-		<u></u>				
1122	rtification by Leas	UChint Omerator								
					6.1			7 - Cal. *		A. C
1, 0	De Bildelbikter war	is to see and seems	operator licensed in Florida	a, am me tead/entet t	perator of the w	ater treatment plan	it incrimed in part	or ma report 1	certury intail	ne mormacon
pro	Moed furths tebotr	is true and accura	ite to the best of my knowle	age and belief. I cer	tuy ihat ali drini	king water treatmen	nt chemicals used a	t this plant confo	m to NSr I	nternational
Sta	indard 60 or other a	ppiicable standard	is referenced in subsection	62-555.320(3), F.A.	.C. I also certify	that the following	additional operation	ns records for thi	s plant were	prepared each
day	that a licensed ope	rator staticd or vis	sited this plant during the n	ronth indicated abov	e: (1) records o	f amounts of chemi	cals used and chem	rical feed rates; a	nd (2) if app	plicable,
			nce records. Furthermore, I		ese additional of	erations records to	the PWS owner so	the PWS owner	can retain t	hem, together
wil	th copies of this rep	ort, at a convenien	it location for at least ten ye	ers.		• .				
	`		t·		•					
سل	Low P	<u>لک ا</u>	02/08/06	David W. Fair	cloth					8189
Sie	nature and Date		JUJUMENT ASMBER	Printed or Typ	ed Name			· · · · · ·	License Num	

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

04307 MAY 22 8

Page 1

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

ישs ום	:			6280064	Т	Plant Name:	Loisuro Lako	3						
DD. D	iily Data	for the M	onth/) ear o	ıl:		January, 2006								
				tion/Removal					C 0	12.0			* 2	\·
	raviolet Ra		Othe		, pr 1 100	1	Chlorine Di	o)aae	Uzone	(Comb	nos Chiorn	ie (Chiorai	nnes)	
•			•		-7 6 .	G 5 01		Damble.	ed Oblesia	(Chloramine	<u>, </u>	Chlorine I	Niesida	
1 ypo o	District	Tant Kesidi	iai wantain		ution System:	☑ Free Chic		·				Chionne L) loxide	
			ng		CT Calculations, or			Four-Log	Virus Ioso					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ha tentauva	STATE AND A CO	CT Cale		• • • • • • • • • • • • • • • • • • • •		4.5.	UV)030 	\$25.500 C	The second secon
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		4.77	·6" }	The state of the by	Çerê sanên di	Disinfectant	Lowest CT Provided		.:	1, 10 - 30				the first the second of the second
	,		, ,,,,,	an de services agrae	Lower Residual	Contact Time	Before or st		والشاشاء		** ** * * * * * *	." `	Lowest Residual	
! 1	Days Plant		,	*	Disinfectant	(T) at C	Pirst				• ,	Minimun	Disinfectant	
1	StatSed or		Net Quentity	· .	Concentration (C)	Mossirement	Curtomer	1	1		Lowest	UV Dose		Renergency or Almournal Operating Conditions;
		Hours pleat	of Finished		: Before or at Fort	Point During	During Peak	T	l	Minimum CT Required me	Operating	Required,	Remote Point in	Repair or Maintenance Work that Involves Taking Water System Components Quipt
Xonis	Operator (Place Xv)	A12044		Peak Plows	Contomer During Feak Flow, mg/L	Peak Flow,	Flow, mg-	Temp or	prior Water,	Wednesd us	UV Dose.	m)W-	Distribution System mg/L	Operation
1	X	24.0	15,000	Tree Page	1.8	IDENTIFICAS.	may!	Treates, C	Tr Applicable	38,5	mu-900 03	300/444	C.S	
1 2	x	24.0		 	1.8			 	 				0.8	
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19	Х	24,0			1,8		<u> </u>	<u> </u>	 		1		0.8	
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Total			1,135,000	4					, .		•			
Avgerag			36,613			•					•		,	
Maximu	TR.		54,000	J					.#				•	•

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

MON	ITHL Y	OPEDA	MOIT	BEDODI	EOD DIA	Se TRE	ATIMO	DAM (CHILDES	WATER	OΩ	PURCHASE!	PINISHED	WATER
141 0 17	8) [T] L. I		A I IUN	KEPUKI	FURFN	OS IRE	OMITA	KMYY	3KUUN $ u$	VVAICK	UK	PURUNASE	ノトロリンコピレ	/ YVA IER

	ROBBA								***		
	See Pages 4 for Instru	ections.	F	bruary	•				•		
I.	General Information			2003), 2006							
A	Public Water System	(PWS) Informs	tion		-					-	
- [PWS Name:	Leisure Lakes / Cove	red Bridge					PWS Identifica	tion Number:	6280064	
[PWS Type:	✓ Community	Non-Transient No	n-Community	Translent Non-C	ommunity		Consecutive			
	Number of Service Connecti	ons at End of Month:	2*	76			Total 1	Population Servi	d at End of Month:	632	
	PWS Owner:	Aqua Utilities Florid	a, Inc.			<u> </u>					
	Contact Person:	Glerm P. LaBrecque					Contac	ct Person's Title:	Area Mana	ger, South Florida	A
	Contact Person's Mailing Ad	dress:	6960 Professional Parkway	y Exst, Suite 400		City:	Sarasola	State: Florid	۵	Zip Code:	34240
	Contact Person's Telephone	Number:	(941) 907-7470	•			Conta	rt Person's Fax I	lumber: (941) 907-0	0965	
	Contact Person's E-Mail Ade	fress:									
В.	Water Treatment Pla	ent Information									
1	Plant Name:	Leisure Lakes						Plant Telephor	e Number:	(941) 907-7	470
	Plant Address;	101 ParkView Circle	S,			City.	Lake Placid	State: Florid	a.	Zip Code;	33852
	Type of Water Treatment by	Plant:	✓ Raw Ground Wate	r Purchas	ed Anished Water						
	Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		72,000						
	Plant Category (per subsecti	on 62-699.310(4), F.	A.C.):	īv			Plant C	Class (per subsec	tion 62-699.310(4), F.A.	C.); C	
	Licensed Operators.		Name		License Cla	ss Lice	nse Number		Day(s) / Shift	l(s) Worked	
	Lead/Chief Operator.				C .		8189	6 Days/Week	ist shift		
	Other, Operators:	Donald P. Gavoni			С		5674	2 Days every o	ther weekend		

H Certification by Lead/Chief Operator

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

1) 0,0	
	09/0
O' - to and Dale	

David W. Faircloth

Printed or Typed Name

Page 1

License Number

8189

2 Days every other weekend

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

१४४५ 🗓);			6280064		Plant Name:	Leisure Lake	·\$						
III. D	aily Data	for the M	onth/Year o	d:		Januar J., 2006			200)			. **	
			Virus Inactiva		: [⊅Fr∞		Chlorine Di							
ר טונ	raviola R	adiation	[Other			•	Chiorine Di	0,000	Ozono	Cumb	ined Chlorir	ie (Chioran	nines)	
•			•		ution System:	V Free Chlo		Combin	ed Chindre	(Chloramine		Chlorine I		
.,,,,,		. 100370								·		Cutorine 1)1020ce	
	10.00			<i>i.</i> (I Calculations, or	rr UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable®								of the state of th
		13,743		ig at fishes	ART STORY	CCde	ulations :	41.		1916 AT A 24 A 1)OS6 >		
ļ	•	`					London CT							
ĺ		•				Disinfoctant	Provided	•	})		'		
					Lowest Residual	Contact Time	Before or at	i]			Lowest Residual	
	Days Plant				Disinfectant	(I)#¢	First	l]		Minimum	Disinfectant	
There are	Staffed or	B	Net Quantity of Flaished		Concentration (C)	Measurement	Customer		ł		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions;
the.	Oppositor	22/20 0440	Of Philipped	Park 57	Before or at First Customer During	Point During Posk Flow	During Peak Flow, mer	Term of	Lu af Tilam	Minimum CT Required, mg	Operating UV Dose,	Required,	Remote Point in	Repair or Maintenance Work that Involves
Month	(Mary	Operation	Water Productor gal	Rata and	Post Flow, mg/L	mirates	Tion, to	Walter oc	if Abolicable	min/L		sec/cm	System mg/L	Taking Water System Components Cut of . Optration
	X	24,0	50,000		1.8			1	1			 	0.8	
2	X	24.0	52,000		1.8								0.8	
3	х	24.0	56,000		1.8								0.8	
5		24.0 24.0	32,000 32,000											
6	x	24.0		<u> </u>	1.8		 				 -		 	
7	×	24.0	31,000		8.1		 	 	ļ	 	 -	 	0.8	
8	X	24.0	31,000		1.8							 	0.8	
9	×	24.0	36,000		1.8							 	. 0.8	
10	X	24.0			1,8							1	0.8	
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14	X	24.0 24.0	33,000 42,000		1.8				<u> </u>	<u> </u>		ļ	0.8	
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Total			1,070,000				·····		, <i>ii</i>					
Averse	•		38,214					'		•	•			
Maximu	na . ·		56,000											

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

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

General Information		March,	2006			— // 	 		
Public Water System									
PWS Name:	Leinure Lakes / Cove					PWS Identification Num	ber; (280064	
PWS Type:	✓ Community	Non-Transient Non-Con	munity Tr	ansient Non-Comr	nunity	Consecutive			
Number of Service Connec		276			Total	Population Served at End	of Month:	32	
PWS Owner:	Aqua Utilities Florid		· · · · · · · · · · · · · · · · · · ·						
Contact Person:	Glenn P. La Brecque				Conta	ct Person's Title:	Area Manager, S	outh Florid	1
Contact Person's Mailing A		6960 Professional Parkway East,	Suite 400		City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephon		(941) 907-7470	.,,		Conta	ct Person's Fax Number;	(941) 907-0965		
Contact Person's E-Mail A		<u> </u>			·				
Water Treatment P					1				
Plant Name:	Leisure Lakes					Plant Telephone Number	r:(941) 907-7	470
Plant Address:	101 Park View Circl				City: Lake Placid	State: Florida		Zip Code:	33852
Type of Water Treatment i		✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day				72,000					
Plant Category (per subsec			V	<u> </u>		Class (per subsection 62-69		C ,	
Licensed Operators		Name		License Class	License Number		Day(s) / Shift(s) '	Vorked	
Lead/Chief Operation				C	\$189	6 Days/Week - 1st shift			
Other, Operators was				C	5674	2 Days every other week	end		
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E CONTRACTOR OF THE PARTY OF TH	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>					
Certification by Lea	VChief Owners								
I, the undersigned wa provided in this repor	ter treatment plant t is true and accur	operator licensed in Florida ate to the best of my knowle ds referenced in subsection	dge and belief. I ce	rtify that all drin	king water treatme	nt chemicals used at	this plant confor	n to NSF	Internation

8189

License Number

David W. Faircloth

Printed or Typed Name

Signature and Date

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

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

WS ID	:			6280064		Plant Namo;	Leirure Lake	 ,				 -		
III. Di	dly Data	for the M	omb/Year o	ıf:		March, 2006								
			Virus Inscrive			······································	Chiorine Di		Ozona	C 0	And Chin			
	raviolet Ra		[Other		., p	•	Chionne Di	7,005	1 Ozone	[Comb	imed Chieru	o (Chloren	mies)	
			•	=	ution System:	Free Chle	, ,	C	-1 Chlorian	(Chloremine		Chloring E	Maria da	
	Dishiboti	THE RESIDE	ini Maninaini	מנחבורו זוו ס	ution System:									
,		Walland.	TIGH (V.S)	Chapter Contract	CT Calculations, or	UV Dose, to	Demostate :	our-Log	Virus Inaci	tivation, if A	Applicable*	, '		
	· · · · · · · ·	2000	1	rain Artist	长不足,然而此,	or CLC*	culations verify	11 1/2	18 6 22	600	VU. LUV	Dose 🎨		The second secon
1		7 Taran			Circulations, or	3 3 3 7 7 200	100	71 17	學的意思	75. 深强	mail of the	14 25 25	(F)	Property of the property of th
	· · · · · · }	1		345 4	Hand to the state of the state	Distriction	Lowest CT Provided		Settle Syrand	(Section 1)		9.00		A STATE OF THE STA
``	ŀ				Lowest Residual	Contact Time	Before or at		'	•	ĺ		Lowest Residual	a sa sa bara a sa Maria en
- 1	Days Plant			i i	Disinfectant	(T) at C	First			1		Minimum	Disinfectures	
	Stadled or		Net Quantity		Concentration (C)	Measurement	Customer	l	Ì	i .	Lowest	UV Doss	Concentration at	Emergency or Abnormal Operating Conditions:
Dry. of	Visited by	tendo espet	of Pminhed	, ,	Before or at First	Point During	During Peak		ł	Minimum CT	Operating	Required,	Remote Point in	" Reneir or Maintenance Work that Involves
200	Operator	7	JI, Water Li	Peak Flow	Customer During	Peak Flow	Flow, me	Temp of	pH of Water,	Required me	UV Dosa	⊒ ₩, -	- Distribution	Telena Water System Components Oct of
	() 1000 X.)		Producted gal	Rata, apd.		minutes	" min/L"	Water, C	if Applicable	min/L	12/A-400\cm	60c/cm		Орежения
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7	x	24.0	11,000		1.8		+		 	 	}	 	0.8	
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9	Х	24.0	39,000		1.3		-}			 	 	 	0.8	
10	x	24.0	45,000).8				 	 	 	}	0,8	
11	X	24.0	37,000		1.8						1		8,0	
12	X	24.0	44,000		1.8		1			1	†		0.8	
13	X	24,0	51,000		1.8		1				1		0,8	
14	×	24.0	40,000		1.8								0.8	
15	x	24.0	43,000		1.1								0.1	
16	X	24,0	44,000	<u> </u>	1.8					<u></u>		<u> </u>	0.1	
17	X	24.0	46,000		1.8								0,1	
18		24.0	46,000				 		 		<u> </u>		 	
19 20	x	24.0	46,000 47,000		<u> </u>		ļ			 	<u> </u>		ļ	
21	-	24.0	51,000		1,3		 		<u> </u>	ļ	<u> </u>	<u> </u>	0.8	
	- 2	24.0	50,000		1.8		 		}	 	1	1	0.8	
22 23	- 2	24.0	41,000		1.8		 			 	ļ	 	0.1	
24	- 2 	24.0	47,000		2.2	· · · · · · · · · · · · · · · · · · ·	1	 	 	 	 	 	1.0	
25	- x	24.0	37,000		2,8			 	 	 	 	 	1.2	
26	- x	24.0	44,000		2.1		}	 	} -	 	 	 	1.0	
-27	×	24.0	55,000		1.6				 	 	 	 	0.1	
28	- 	24.0	152,000		5.9		+		 	 -	 	 		Flushed Lines
29	×	24.0	35,000		7,2		 		 	1	 	 	5.3	
30	×	24.0	58,000		2.8		1		 	 	 	 	1.3	<u> </u>
31	х	24.0	67,000		2.4		1	 	1	 	 	 	1.0	
[olal			1,517,000	<u> </u>	·	•		· · · · ·	1 1/	•	· · · · · ·	4	1,	
Mark			41,935]					1		•			
			152,000	1							•		•	
Maximur	<u> </u>		152,000	l .							•		•	

^{*} 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

**

PLONIDA							
See Pages 4 for Instru General Information	ctions.	April. 2006					
		[A A A A A A A A A A					
A. Public Water System					TOTAL ATT. ATT. ATT. ATT.	r: 6280064	
<u> </u>	Leisure Lakes / Covered Bridge		1=		PWS Identification Number	7: 6280004	· · · · · · · · · · · · · · · · · · ·
PWS Type:			Transient Non-Comm		Consecutive		
Number of Service Connection		276		Total F	opulation Served at End of	Month: 632	
	Aqua Utilities Florida, Inc.						
	Olenn P. LaBrecque				t Person's Title:	Arca Manager, South Flori Zip Code:	
Contact Person's Mailing Ad		nal Parkway East, Suite 400		City: Sarasota	State: Florida		34240
Contact Person's Telephone 1)	<u></u>	Contac	t Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Add							
B. Water Treatment Pla			· · · · · · · · · · · · · · · · · · ·		T	40.413.000	7470
	Leisure Lakes				Plant Telephone Number.	(941) 907	
	101 ParkView Circle S.			City: Lake Placid	State: Florida	Zip Code:	33872
Type of Water Treatment by			Finished Water				
	crating Capacity of Plant, gallons pe		72,000				
Plant Category (per subsection		ĮV	i		lass (per subsection 62-699	9.310(4), F.A.C.): C	<u> </u>
"Licensed,Operators		Name	License Class	License Number		sy(s) / Shift(s) Worked	
	id/Chief Operator: David W. Faircloth			(8189	6 Days/Week - 1st shift		
Other Operators;	Donald P. Gavoni		c	S674	2 Days every other weeker	nd ·	
							
				<u> </u>			
							
							
	<u></u>						
**************************************				<u> </u>			
C TO STATE OF STATE O							
Control of the second control of				<u> </u>			
				<u> </u>		···	
	220 : 4:0						
H. Certification by Lead	A the Operator				A 7 4	Cabin and Yourise	hat the information
I, the undersigned water	er treatment plant operator lice	ensed in Florida, am the lead/ch	iet operator of the v	vater treatment plu	nt identined in part i o	Charles report. I detuty t	Har me brolliano Te talana a
provided in this report	is true and accurate to the bes	t of my knowledge and belief.	certify that all drin	king water treatme	nt chemicals used at u	his birm contour to M	or international
Standard 60 or other a	pplicable standards referenced	l in subsection 62-555.320(3),	F.A.C. I also certify	y that the following	additional operations	records for this plant v	vere prepared eac
day that a licensed ope	rator staffed or visited this pla	nt during the month indicated a	bove: (1) records of	of amounts of chem	icals used and chemic	al feed rates; and (2) if	applicable,
appropriate treatment	process performance records.	Furthermore, I agree to provid	e these additional of	perations records to	o the PWS owner so th	he PWS owner can reta	in them, together
with copies of this rep	ort, at a convenient location fo	or at least ten years.	•	•			
Titol anking an annual		•		•			
r) ^							
	W	05/08/06 David W.	. Faircloth	·	·		818

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

PWS ID	:			6280064	i (C. OKT)	Plant Name:	Luisure Luke							
III. D	iily Data	for the M	outh/Year o		<u> </u>	April, 2006								
_			Vinus Inactiva			-1	Chlorine Die	ovide	Ozone	/ Comb	ined Chlorir	e (Chlorus	vinee)	
	raviolet Ri		[Other			•	Canorina Di	<i>y.</i> 244		Geniu	aloo Gilora			
Туре о	Disinfec	tant Reside	ani Maintain	ed in Distrib	ution System:	Free Chlo	rine ("	Combin	ed Chlorine	(Chloramine	s) 「	Chilorine C	Dioxide	
					OT Calculations, or									
			,	7.7	in the Park	CTC			7 11 10 4140	u 1540,9 4.1	1 VU)oso	w	
ı i				<u> </u>		3		10 100		7 1 1 1 T			-n -n	The second secon
[• ••• • •••					Lowest CT	, - · · · · · · ·	<i>:</i>]	5-1 (5A)			
	•	٠٠.	•			Disinfacturat	Provided	,		!		ļ		·
	Daya Plant				Lowest Residual Disinfectant	Contact Time (T) at C	Before or at				ļ	Minimum	Lowest Residual Disinfectant	,
	Staffed or		Net Quantity		Concentration (C)	Measurement	Customer	ŀ) '	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating Conditions;
Day of	Visited by	Hours plant	of Windshoot	, 1	Before or at First	Point During	During Peak			Minimum CT	Operating	Required	Remote Point in	Renair or Maintenance Work that Involves
une,	Operator	<u> </u>	Water Producted, gul.	Peak Flow	Customer During	Peak Flow	Floor, mg.	Texas of	pH of Water,	Required, reg	UV Dose	m₩	Distribution	Taking Water System Components Out of Operation
Month	(Lige Act)	Operation		Rate god	Pusk Flow, mg/L	mintes	``inin/L `	Water, "C	if Applicable	min/L	mW-sco/cm²	socien ³	Syxtem mg/L	Operation (Associated
		24.0 24.0	58,000 58,000				 	 	 	 	 	 	}	
3	х	24.0	57,000	 	2.2				ļ			 	0.8	
. 4	Х	24.0	60,000		1.2		 		· · · · · · · · · · · · · · · · · · ·	 			1.2	
3	Х	24.0	63,000		0.9								0.9	
6	X	24,0	59,000		1.0								1.0	
	<u> </u>	24.0			1.0					ļ			1.0	·
8	X	24.0	56,000 68,000		1.1						ļ	 	1.1	
10		24.0			0.8		 			 	 	 	0,8	
11		24.0		 				 		· ·	 	 	 	
12	Х	24.0	61,000		1.2					<u> </u>			1.2	
13	Х	24.0	61,000		0.6								0.6	
14	X	24,0		<u> </u>	0.8	· · · · · · · · · · · · · · · · · · ·				<u> </u>			0.8	
15	Х	24.0	\$1,000 65,000	į	0.7							 	0,7	
17	×	24.0			0.7		 	}		 -	 	 	0.7	
18	$\frac{\hat{x}}{x}$	24.0	59,000		0.7			 		 			0.1	<u> </u>
19	X	24.0	55,000	1	0.7			1		1	 	 	0,7	
20	Х	24.0	56,000		0.6								0.6	
21	Х	24.0			8.0								0.8	
72	X	24.0			. 0.7					<u> </u>	ļ		0.7	
23	X	24.0			0.7			ļ	ļ	<u> </u>	 		0.7	<u> </u>
24 25	X	24.0		 	0,8			 	ļ	 	 	 	0.8	<u> </u>
25	 	24.0		 	0.8		 	 	 	 	 	 	0.0	
27	x	24.0		 	0.8	- -	ļ		 	 	 	 	0.1	
28	x	24.0		T	0.9		1	†	1	 	 		0.9	
29		24.0												
30		24.0	50,000								, ,			
		1	1.54.44		<u></u>			1		1	<u> </u>		<u> </u>	<u> </u>
Total			1,804,000	4				•	# "	•				
Avgengr			82,000	-		•			1		•			
ANDREA	rg.		•****	J										

^{*} Rufer 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

				. N.A.	•	
FLORIDA					,	
See Pages 4 for Instructions.						
General Information	May, 2006					
Public Water System (PWS) Informa	tion		"			
PWS Name: Leisure Lakes / Cove				PWS Identification Number:	6280064	· · · · · · · · · · · · · · · · · · ·
PWS Type:		Transient Non-Comn	14/114/	onsecutive		<u></u>
Number of Service Connections at End of Month:	276	···	Total P	opulation Scrved at End of N	forth: 632	
PWS Owner: Aqua Utilities Florid	a. Inc.					
Contact Person: Glenn P. LaBrecque			Contac	Parson's Title:	Area Manager, South Florida	
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	(941) 907-7470		Contac	t Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Address:	T					
Water Treatment Plant Information	<u> </u>					
Plant Name: Leisure Lakes				Plant Telephone Number:	(941) 907-7	470
Plant Address: 101 ParkView Circle	. \$		City: Lake Placid	State: Florida	Zip Code:	33852
Type of Water Treatment by Plant:		inished Water				,
Permitted Maximum Day Operating Capacity of		72,000				
Plant Category (per subsection 62-699.310(4), F.			Plant C	lass (per subsection 62-699.	310(4), F.A.C.); C	
2 Licenset of Chicago	Name	License Class	License Number	Da	y(s) / Shift(s) Worked	
Derd/Chite Operator David W. Faircloth		С	\$189	6 Days/Week - 1st shift		
Other Operators Donald P. Gavoni		С	5674	2 Days every other weekens	4	
A. C. C. C. C. C. C. C. C. C. C. C. C. C.						
6.620/01/15/01/05						
Kasamas and Santa and Sant						
			<u> </u>			
Il Certification by Lead/Chief Operate	11.					
I, the undersigned water treatment plan	t operator licensed in Florida, am the lead/chi rate to the best of my knowledge and belief. I	certify that all dring. F.A.C. I also certif	iking water treatment to that the following	nt chemicals used at the additional operations is	records for this plant we	nternational re prepared eacl

Signature and Date

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

David W. Faircloth
Printed or Typed Name

8189

Licenso Number

Page 1

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

<u>تا د ان</u>				6280004		lan Name:	Leisure Lake	:E						
III. D:	ily Data	for the M	onth/Year c	1:		May, 2006						· · · · · · · · · · · · · · · · · · ·		
				tion/Removal	: ÇFree	r=	Chlorine Die		F' Ozono	Comb	14 (**)		1	
ר טווי	raviolet Ra	adiation	[Othe			•	Chlorune Die	3000	(CZONE	1 Comb	Mon Chiomi	re (C'HIOLIN	nnes)	
Type o	f Disinfec	tant Rosida	al Maintain	ed in Distrib	ution System:	Free Chlo	rine 🗀	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I)ioxide	
,.	:10 30			(T Calculations, or	UV Dose, to	Demostato I	Four-Log	Virus Inac	tivation, if A	pplicable.		n suami	
				tigation Super City	·马克·克尔尔克克。	CTCdc	ulatidna	1 1	T 14 19 1	37 197	UV I	Dose	and a second sec	[] The should be sufficiently and high there is no supplied to the state of the sta
		3.	Transfer of the state of the st	A 4 4 4 7 1	Lowest Residual		1. CF	ALL LAKE	4.00	2.33	-12 (5.1)		4. 4. 4. 7. 12	
		****	g saladai iya :				Lowest CT	7 m. 14117.	7 - W	1. (E. 30.8)				
1 1			1 3-1 1 12 1 1 1	Maria in the		Disinfoctant)	TION (CONT.)			. :	·		Lowest Residual	
	Days Plant]	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First		ľ			Miniman	Disinfectant	} · }
ì ì	Staffed or		Net Quantity		Concessation (C)	Meanurement	Customer	ļ		l i	Lowest	UVDose	Concentration at	Emergency or Absormal Operating Conditions:
Day of	Visited by	Hours plant	of Finished		Reform or at First	Point During	During Past	Ì	Ì	Minimum CT	Operating	Required,	Dames Paint in	Sanian Mark that Involves
De.	"Operator.	1	S. Wanter	Peak Nont.	Customer Doring Peak Flow, mg/L	Peak Flow	Flow, reg.	Temp of	pit of Water,	Required me min/L	UV Doils	≖W	Distribution	Taking Water Crisis Company On 12
Month	(Plent(X))	Operation	Produced gal	Read	Peak Flow, mg/L	minaea	Mer M	Wila C	if Applicable	min/L	nW-sec/cm	sec/cm²		
	Х	24.0	100,000		3,2							<u> </u>	0.8	
3	X	24.0			3.4		ļ	ļ	ļ			ļ	0.8	
4	×	24.0 24.0	70,000		3,6		 	 	 	 	 _	 	1.0	
3		24.0	20,000		3.6		 	 		 		 	1.0	
6	X	24.0			3.5		 	 	_				1.0	
7	X	24.0			3.1			 		 	 	 	0.9	
8	×	24.0	20,000		3.4	··	· · · · · · · · · · · · · · · · · · ·	-	 				1.0	
9	×	24.0	22,000		3.4					 	· · · · · · · · · · · · · · · · · · ·		1.0	
10	X	24.0			3.6								1.7	
11	×	24.0			3.3								1.2	
12	X	24.0	20,000		3.2	· · · · · · · · · · · · · · · · · · ·							1.0	
13		24.0	20,000				ļ	 	ļ		ļ	<u> </u>	ļ	
15	х	24.0		 	3.3			 -	 	 		 	1,0	
16		24.0			3.5		 	 	 	 	 	 	1.0	
17	X	24.0			2.8	·	 	 		 	-	 	0.8	
18	X	24.0			2.9				 	 			1.0	
19	X	24.0	20,000		3.2			1				<u> </u>	1.2	
20	X	24.0	15,000		3.4		T						1.3	
21	_X	24.0			2.5								1.0	
22	X	24.0			3.2								1,0	
23	X	24.0			3.4								1,0	
24	×	24.0		ļ	3.1]					<u> </u>	1.	
25	X	24.0		ļ 	3.0			 	ļ <u>.</u>	<u> </u>	<u> </u>		1.0	
26	<u> </u>	24.0		 	2.9		ļ	 	 -	ļ	 	 	0.5	<u> </u>
27	 -	24.0		 			 	 -	 	 -	 	 	 	
28	x	24.0		 	2,0	· · · · · · · · · · · · · · · · · · ·	 	 	 -	 	 	 	0.1	1
30	$\frac{\hat{x}}{x}$	24.0			2,8		 	 	 	 		1	0.5	
31	 	24.0			2,6			+	-		 	1.	1.0	
Total		<u></u>	810,000		2,0,	L		.L	<u> </u>			J	<u> </u>	· · · · · · · · · · · · · · · · · · ·
VARANT	6		26,129	4		, *		;		•	;		•	
Maximu			100,000]					1 "					•
				-										

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

SHUK! UTILITY SRV

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER	OR PU	RCHASED	FINISHED !	NATER
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at in the second										
See Pager 4 for Instr	vetions.									·
Cerman Information		June, 2006								
10-21-11-1-1-A										
Public Water Syrtem							PWS (Audification Number:		6280064	
PWS Name	Lelium Laket / Cove						Consecutive	· · · · · · · · · · · · · · · · · · ·	220004	
PWS Type:	✓ Community	Non-Transient Non-Commun	vicy LJ 16	ansient Non-Com	nuncy		Population Served at End of Me		632	· · · · · · · · · · · · · · · · · · ·
Number of Service Connect PWS Owner:						I day	Libertation periods at 1500 of be-	MATE .	V.5.4	
Contact Person:	Agna Otilities Florid			 		1~	et Personia Titoles A	van Matager, I	iouth Florida	
Contact Persons Mailing A	Glam P. LaBracque	6960 Professional Parkway East, Suits	400		City: Saran		State: Florida		Zio Code:	
Contact Persons Telephone		(941) 907-7470	1410		<u> </u>			941) 907-0965		7 - 2 - 1
Contact Person's B-Mail Ad		(341)307/14/0		····	·					···········
Water Treatment P	and Information									
Place Name:	Leiere Leke						Plant Telephone Number:		(941) 907-74	170
Plant Address:	101 ParkView Circle	a S.			City: Lake	Place d	State: Florida		Zip Code:	33852
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fink							
Pumited Maximum Day (72,000						
Mand Category (pay submed	ton 62-699.310(4) F.	AC): IV				Photo:	Class (per exhaustion 62-699.3)			
		Name	·	Lioense Class	License N	umber		(a)/Shirt(a)	Worked	
	David W. Paindoth			C	8185		6 DaywWeek - Let abit			
	Donald P. Osvoci			C	3674		2 Days every other westerd			
rest and the state of					<u> </u>				······································	· *
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l Certification by Lea	of Chart the cate	1\$								
1 throughout and			AL. 1. 1/12 A			- 4 - 1-		·	برجاء كالمسمد	sha fa

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 thring 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 so the PWS owner so

Signature and Date	David W. Februota Printed or Typed Name	License Number
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MONTHLY OPERATION REPORT FOR PW'55 TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS II);		6	28U064	1	Plant Same.	Lessure Lake	ot						*htm
HE. 1	als to r	1 h - 1 1 1 1	ende Vernet			June, 2006								100
ه جيسارا	K Aubber	ne Pour Low	Viran fonativati	m Remont	Ø Fræ									
T" Uh	mvicht	Radius(co	Ciber	ar farration	W 1100	ı	Chloring Di	enida	Ozens	Compl	binal Chlori	se (Chloren	Mark)	_
			•	ت جدید	ion System:	D 5			7.5					
2.00		4 7 7 7 7 7 7	TO STANDARD IN	DESCRIPTION OF THE PERSON OF T		*****	F- 570 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	- TA	and Chilorina			Chlorice C		
				War I.	19,	UNIDAR				经工程		1	- N. 13 P 3	And the second s
(·	ម <u>េ</u> ត្ត		ZUNN A.E	Total Past . a	ng dan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sanga Sangan sangan 17.		н	11.12.28	7. 2.5 to	Start Add	al along	200	1000	
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		4		and the same		12-				: Sinc		State 1	100000	The second of th
4	Yele.					4114	1		10 P. D. W.	N 16	10000	Sec.		The second secon
::-::	auf Africa	7.	MANUTAL STATE			25 CU = 0				144	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	-		
	Sec. 15.9			10 B	- 4x	Answer State	F STORY	ALONE	17.00	12/07	201 : 201 - / TO		25.	The same of the sa
9	7. a.v.	3	أي أب يد سندي .	TANKE S	क्षात्रक कर्ता है। स्व	A P P Co SERVE	3 1:- 3:	27		والمراجعة الموايا	Defection of	1767 (1 m m m m m m m m m m m m m m m m m m	Contractor of	Military and the state of the s
	×		وأرب المستحددات	راؤرام السابا		<u>. </u>	·		A CALLED TO SERVICE SERVICES		المساو ساويليا	4.0	A	
+	- 2	24.6 24.0	14,000		3.A 2.9			-						
-;	Ŷ	200			29			├			 		1.2	
4	×	24.0			21		 	 	 	 -	 	<u> </u>	1.1	
	X	24.0	20,000		21		 		 		 	 		
-	X	24.0	(6,000		3.0								1.4	
	· X	20			28								1.2	
-; -		340	17,000		3.0								1,6	
(0		240	18,000		2.1			 			ļ		1.0	
		24.0	18,000				 		 		 	<u> </u>		<u> </u>
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SHORT UTILITY SRV

Signature and Date
OEP Form 62-556, 900(3)/Alternate

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

		July, 2006				
Public Water System	m (PWS) Informa	-Man				•
. 40 UEEE.	Lalaure Lakes / Cove	1904 			PWS Identification Number:	6280064
PWS Type:	Community	Man Transfert Han Community	Translent Non-Comm		one cutive	
Number of Service Comes	Diggs of Food of March	276	L ITANSON NOT CANIII		pulation Served at End of Morth:	637
WE OWOE:	Agus Utilities Florid	270		1,044		
Contact Person	01 D. I			Contact	Person's Title: Area Mare	uger, South Florida
cottent Person's Mailing A	Admar:	6960 Professional Parkway East, Suite 400	1	1	State: Ploride	Zip Code: 34240
COMPLET FORMOW TOMOTOR	Norther	(941) 907-7470			Person's Fax Number: (941) 907	-0965
Andrei Person's Station A	Market .					
Weter Treatment P	ant Information					
Est Near:	Leines Lakes				Pleaf Telephone Number:	(941) 907-7470
lack Address:	101 Park View Circle	A.		City: Lake Placid	State: Floricle	Zip Code: 33852
yps of Water Treatment by	v Plant	Jef Bres Convert Minter	ased Finished Water			•
Striftled Maximum Day O	Caracity of D		72,000			
		LC.): IV		Pleas C	ium (per imbasotion 62-699,310(4), F.,	AC); C
	· · · · · · · · · · · · · · · · · · ·	Name	License Class	Liceose Number	Day(s) / Shi	ifl(s) Worked
cad/Chief Operator.	David W. Pairdoth		c	E119	6 Days/Week - Lat shift	
ther Operators:	Doneld P. Gaveni		c	5674 ·	2 Days every other workend	
••					•	

to the fire special and among the						
4 · · · · · · · · · · · · · · · · · · ·						
a la maja peranganangi denang penda di si susu makamangan menang bahagangan s tanah dalah dangan pendangan salah dangan		1				
A find the property of the find the second of the second o						

David W. Faircloth

Printed or Typed Name

08/08/06

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SHORT UTILITY SRV

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

rws to		····		6280064		Plant Name:	Laisure Lake							
			enter his train			July, 2006								
idunes o	واستطعارك	Poorles	Virne Instilive		: 17 Pres	[''	Chlorine Die	weld a	C Ocono	: Comb	ined Chlork	e (Chione		
Γ Uh	raviolet Ra	eligion .	Γ G·ther			•							<i>(</i>)	<i>=</i>
Type o	Distante	ant Resid	ual Maintaine	d in Distrib	ution System:	Fre Chie	erins [Cocubin	od Chlorine	(Chloraniae	s) ["	Chiorine D	rode	
	1				T Calculations, or						<u> </u>			
1		' .'			or Carolingues, or	CTO			An in the	· · ·	ן עט	2000		
J	;					<u> </u>	T T					·		* *
ı	<u> </u>						Lonal CT				•			. •
	1					Distribut	Provided							,
1	Coyo Name				Leonas Rasidnal Disinfectuat	Contact Tons	Parkers or at					Milain	Lower Resident Distributes	•
1	Parithet or		No Questy		Communication (C)	(T) at C Measurement	Carron]		<u> </u>	Lorest	UVD	Constantion at	Emagency or Abstronal Operating Condition
Day of	Visited by	House plant	of Plainted		Basine er et Piess	Point During	Daring Peak]		Minimum CT		Required,	Remote Price in	Bupuis or Madatasuson Work that Involves
the l	Operator	la la	Water 1	Posk Flow	Customer During	Pools Flore,	Flow, 24	Jenno og	pH of Water,	Record, ou		₽W-	Olas Osalica.	Taking Water System Companies CA of
Month			Producted St.	Rate, god	Peak Flow, 200/L	-	min/L	Water C	if Applicable	gris/L	20 W-400 CO	700/400	System, mg/L	Cyarifa.
2	X	340			2.5		 	-			 		1,1	
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12	X	24.0		····	3.3		1	 			 		1,4	
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15		24.0]]		Į				
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74	X	24.5		ļ	2.6	ļ	↓	 	 	 	 	 	1.0	<u> </u>
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Water	<u> </u>		11,581	J		•		-	:	7	•			

M. ITHLY OPERATION REPORT FOR PWSs TREATING KAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions. I. General information August, 2006 A. Public Water System (PWS) Information PWS Name: Leisure Lakes / Covered Bridge 6280064 PWS Identification Number: PWS Type: ✓ Community Non-Translent Non-Community Transient Non-Community ☐ Consecutive Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632 PWS Owner: Aqua Utilities Florida, Inc. Contact Person: Area Manager, South Florida Glenn P. LaBrecque Contact Person's Title: Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 State: Florida Zip Code: 34240 City: Sarasota Contact Person's Fax Number: Contact Person's Telephone Number: (941) 907-7470 (941) 907-0965 Contact Person's E-Mail Address: B. Water Treatment Plant Information (941) 907-7470 Plant Name: Plant Telephone Number: Leisure Lakes Plant Address: Zip Code: 33852 101 Park View Circle S. City: Lake Placid State: Florida Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): ΙV License Class License Number Day(s) / Shift(s) Worked Name David W. Faircloth ¢ 8189 6 Days/Week - 1st shift Donald P. Gavoni 5674 2 Days every other weekend

H. Certification by Lead/Chief Operator

I, the understand 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 09/08/06	David W. Faircloth Printed or Typed Name	License Number
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MONTHLY OPERATION REPORT FOR PW"SS TREATING NOW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	:			6280064		Plant Name:	Leisuro Lake	1						
III. Di	iily Data	for the VI	onth/Year o	1:		August, 2006						.,		
Меаль о	f Achievin	g Four-Log	Virus Insctiva	tion/Romoval			Chlorine Di	oxide	Ozone	┌ Comb	ined Chlorin	e (Chloran	nines)	The second of th
	raviolet Ra		C Other											الله و المناولية المناق المناق المناق المناق المناق المناق المناق المناق المناق المناق المناق المناق
Type o	f Disinfec	tant Reside	ual Maintaine	d in Distrib	ution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
				(CT Calculations, or	UV Dose, to	Demostate 1	our-Los	Virus Inac	tivation, if A	pplicable*			
ı	- 1					CT Calc				, , ,	UVI	Dose	!	e e e e e e
ì						0, 04	1		r -			1		
							Lowest CT							•••
					İ	Disinfectant	Provided					ļ		
					Lowest Residual	Contact Time	Before or at					 	Lowest Residual	,
	Days Plant				Disinfectant	(T) at C	First			•	¥	Minimum UV Dose	Disinfectant	_ , , , , , , , , , , , , , , , , , , ,
D	Staffed or	TT	Net Quantity		Concentration (C)	Measurement	Customer			, .:	Lowest Operating	Required	Concentration at	Emergency or Abnormal Operating Conditions;
Day of the	Operator	Hours plant in	of Finished Water	Peak Flow	Before or at First	Point During Peak Flow.	During Peak	Temp of	nH of Water	Minimum CT Required, mg		mW.	Remote Point in Distribution	Repair or Maintenance Work that Involves
Months	(Place (20)	Operations	Producted gal	Rate and	Customer During Beac Flowning	reak riow.	Flow, mg-	Water Se	16 Abnife ble	SUPPLIES	Sall sancal	STATE OF STATE	System to a / 1	Taking Water System Components Gut of
1	X	24.0		A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000 A 1000	2.2		THE PERSON NAMED OF THE PE	34.75 C-460	THE RESERVE	CONTRACTOR OF THE CO.	COLUMN TO STREET, STREET, ST	14.024	0.6	
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8	X	24.0	19,000		2.9								1.2	
9	Х	24.0			2.6								1.0	<u> </u>
10	Х	24.0			2.5							<u> </u>	1.0	<u> </u>
11	X	24.0			2.4						<u> </u>		1.0	
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16	$\frac{\hat{x}}{x}$	24.0		 	3.3	ļ			 -	}	 	 	1.8	
17	X	24.0		 	3.4		 		 	 	-	 	1.5	<u> </u>
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19	X	24.0			2.8		 	 	†	 	 	 	1.1	
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24	Х	24.0			2,6							Ţ <u></u>	1.0	
25	Х	24.0			2.5							1	1.1	l
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Total			698,000	1								· · · · · · · · · · · · · · · · · · ·		
Avgerag			22,516	1										
Meximu	m .		34,000	J										

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

MUNTHLY OPERATION REPORT FOR PWSs TREATING HAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions. I. General information September, 2006 A. Public Water System (PWS) Information PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632 PWS Owner: Aqua Utilities Florida, Inc. Contact Person: Glenn P. LaBrecque Contact Person's Title: Area Manager, South Florida Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240 Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470 Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): īV Plant Class (per subsection 62-699.310(4), F.A.C.): Name License Class License Number Day(s) / Shift(s) Worked David W. Faircloth 8189 6 Days/Week - 1st shift Donald P. Gavoni 3674 lC. 2 Days every other weekend 學學學園園能 中海建筑的大学的工作的工作。

H. Certification by Lead/Chief Operator

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

	•	
10/05/06	David W. Faircloth	8189
Signature and Date	Printed or Typed Name	License Number

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

FWS IL	:			6280064		Plant Name:	Leisure Lake	8						
111. Daily Data for the Month/Year of: September, 2006														
			Virus Inactiva				·	11.	- ^	~ ~ .		401.1		
	raviolet R		Othe		, , , , , , , ,	ļ	Chlorine Die	oxage	Ozone	Comb	ined Chlori	ne (Chioran	Mucs)	
-	-		•		ution System:	Free Chio		Combin	ed Chlorine	(Chloramine	<u> F-</u>	Chlorine I		
.,,,,,,	. District	CONTRACTOR	an Materiliani							<u> </u>				10-407-1
arragidis.	ģijas sastas kai	as you a single	بيوسكند والمحاد		CT Calculations, or			our-Log	Virus Inact	tivation, if A			PROMI	
-	e the special contraction		The second second		CT Calculations UV Dose									and the care
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14	-	14. 1445	Take .	i tolerk a !	CANADA PROPERTY NO. 10.	Disinfectant	Pervided		and the second s	marida y a arribanda.	430		The second second	Control Character Control
	ت بي بيط ومعدد ا	a ta	7.7		Lowest Residual	Contact Time	Before or at	e se suse in colo	Annual makes and				Lowest Residual	Control and a second
	Days Plant	t . 1	1		Disinfectant	(T) at C	First	`~				Minimum	Distinfectant	Memory and the second s
	Staffed or		Net Quantity	· · · · · · · · · · · · · · · · · · ·	Concentration (C)	Measurement	 Çustomer 				Lowest	LOATOR	Concentration at	Emergency of Abnormal Operating Conditions;
Day of	A TRITOG BY	Hours plant	of Finished		Before or at First	Point During	During Peak	Tama of		Minimum CT	Operating	Required,	Remote Point in	Repair or Maintenance Work that Involves
Month	****	Constant	Water	Lork Llow	Customer During	Peak Flow,	Flow, mg-	Tanh or	prior Water.	Required, mg	UV Dose,	mW.	Listribution	Taking Water System Components Out of Operation 13 Transmit
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7	<u>X</u>	24.0			2.3		<u> </u>					Ţ	1.0	
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26	Х	24.0			3.4								1.3	/
27	Х	24.0			3.2								1.5	<u> </u>
28	Х	24.0		ļ	3.4								1.6	
29	X	24.0		 	3.2		 		-	ļ			1,4	
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Avgerag	p		26,900	1				,		•				
Maximu			39,000	1					,					
				4					4					

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

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



See Pages 4 for In General informa		Octob	per, 2006		·			
· · · · · · · · · · · · · · · · · · ·	tem (PWS) Informa	······································						· · · · · · · · · · · · · · · · · · ·
PWS Name:	Leisure Lakes / Cov					PWS Identification Number	r: 6280064	
PWS Type:	✓ Community	Non-Transient Non-Co	ommunity	Translent Non-Comr	nunib/	Consecutive	1. 0280004	
	mections at End of Month:		2/11/10/1109 (reassigner (4011-001111		otal Population Served at End of	Month: 632	
PWS Owner:	Aqua Utilities Florid		····		<u></u>	Olar I Opuladon Dar vod at Elio Ol	WOULD OST	
Contact Person:	Glenn P. LaBrecque				lo	ontact Person's Title:	Area Manager, South Florid	&
Contact Person's Mailir		6960 Professional Parkway Eas	st, Suite 400		City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telepl		(941) 907-7470				ontact Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mai	il Address:							
Water Treatmen	t Plant Information							
lant Name:	Leisure Lakes					Plant Telephone Number:	(941) 907-	7470
lant Address:	101 ParkView Circl	e S.			City: Lake Place	rid State: Florida	Zip Code:	33852
Type of Water Treatme	ent by Plant:	Raw Ground Water	Purchased	Finished Water				
ermitted Maximum D	ay Operating Capacity of	Plant, gallons per day:		72,000				
	bsection 62-699.310(4), F.		IV			ant Class (per subsection 62-699.		
in the work of the bearing		Name		License Class	License Num		y(s) / Shift(s) Worked	
	David W. Faircloth			C	8189	6 Days/Weck - 1st shift		
allie (Cacamara)	Donald P. Gavoni			c	5674	2 Days every other weeken	d	
	lew)							
Boya (1914) (1964) Shirin 1999 Shirin								
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has the second s	2014				<u></u>		· · · · · · · · · · · · · · · · · · ·	
Contition tion by	Lead/Chief Operato					h		
I, the undersigned provided in this re Standard 60 or oth day that a licensed appropriate treatm	water treatment plans port is true and accur ner applicable standar l operator staffed or v nent process performa	t operator licensed in Flori rate to the best of my know ds referenced in subsection isited this plant during the ance records. Furthermore	vledge and belief. on 62-555.320(3), omonth indicated a c, I agree to provid	I certify that all dring F.A.C. I also certify above: (1) records o	king water tree that the follow f amounts of c	atment chemicals used at the ving additional operations re hemicals used and chemica	is plant conform to NSI records for this plant we il feed rates; and (2) if a	Internation re prepared pplicable,

8189

License Number

David W. Faircloth

Printed or Typed Name

Signature and Date

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

PWS II):			6280064		Plant Name:	Leisure Lake	8						
Ш. 1	III. Daily Data for the Month/Year of: October, 2006													
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Dioxide Chlorine Chlorine (Chloramines)														
	raviolet R		Othe			1	Chlorine Di	oxac	i Ozone	1 Comb	oined Chlori	ne (Chloran	nines)	
Туро с	f Disinfec	tant Residu	al Maintaine	ed in Distrib	ution System:	Free Chle	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I)ioxide	
	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*													re districts of a second
		WO (alliani mag	CT Calc				** ********		Doso	Land Brown	
			······································				TA CONTRACTOR			**********	-	-	and the management of the state of	Les tools Les tools
}		4,50	Fig. 1	and the second property of the second	material and a second for the second	•	Lowest CT	2.22			Parameter Street	Carrie .	100	Purpost
l · ·	• • • •		The same of the sa	A CON THE PARTY OF	and produce he	for management.	Provided		e Co e - Coese Co	المناء المسالية	4		100	I be book to an orange of the rating .
	Days Plant	-	eren eren om a sager i sager i sager i sager i sager i sager i sager i sager i sager i sager i sager i sager i	To the subsequences	Lowest Residual	Contact Time	Before or at	1	1	· ·	1	Minimum	Lowest Residual	Capter stad
ļ	Staffed or		Not Quantity		Disinfectant	(I) at C	First Customer		}	1	Lowest	UV Doso	Disinfectant	
Day of		Hours plant	of Finished		Concentration (C) Before or at First	Point During	During Peak]	1	Minimum CT	1	Required.	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	Operator	in in	Water	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water.	Required me	UV Dose.	mW-	Distribution	Taking Water System Components Out of
Month	(Place "X")	Operation	Producted pal	Rute god	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/f	mW-sec/cm²	Procedure	- System, mg/L-	Taking Water System Components Out of
1	Х	24.0	20,000		3.1						ļ ————		1.3	
2	X	24.0	25,000		3.0								1.2	
3	X	24.0	21,000		3.2								1,4	
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18	Х	24.0			3.4								1.5	
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25	 	24.0	28,000	 	3.3		 	 	 	 	 	 	1.5	
26	x	24.0	22,000		3.3			 	 	 	+		1.6	
27	x	24.0	24,000	 	3.1		 	 	 	 	 	 	1.4	
28	X	24.0	20,000		3.0	 	 	 	 	 	 	+	1.4	
29	×	24.0	26,000		2.8		 	 	 	 	+	 	1.3	
30	×	24.0	27,000.		3.0			 	 	 	}	 	1.4	
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Avgera	¢		24,032]										•
Maxim	ini		33.000	1					•					

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

ITHLY OPERATION REPORT FOR PWSs TREATING YAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions. General Information November, 2006 A. Public Water System (PWS) Information PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064 PWS Type: ✓ Community Non-Transient Non-Community __ Transient Non-Community Consecutive Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632 PWS Owner: Aqua Utilities Florida, Inc. Contact Person: Contact Person's Title: Glenn P. LaBrecoue Area Manager, South Florida Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240 Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Leimre Lakes Plant Telephone Number: (941) 907-7470 Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852 Purchased Finished Water Type of Water Treatment by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): īV Plant Class (per subsection 62-699.310(4), F.A.C.): The anti-on Special Color Name License Class License Number Day(s) / Shift(s) Worked Carlo Discoulant David W. Faircloth 8189 6 Days/Week - 1st shift Donald P. Gavoni 5674 2 Days every other weekend H. Certification by Lead/Chief Operator I. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable.

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

David W. Faircloth

Printed or Typed Name

8189

License Number

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

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

PWS II);			6280064		Plant Name:	Leisure Lake	8						
III. D	aily Data	for the M	onth/Vear c	ıf:	1	November, 200	6							
			Virus Inactive				Chlorine Di		Ozone			- (CL)		
T UI	raviolet R	adiation	C Othe		(4 1100	1	Chiorine Di	O AG G C	Uzone	ı Comb	ined Chlorir	ie (CDioran	nuics)	
-				-	ution System:	Free Chle		Combin	ed Chlorine	(Chloramine	4) <u> </u>	Chlorine I	Novide	
- , , , 0	· ~ isintee	wite Vesig	on mannam								-	CHIOUNG I	/IONING	
	و دنده	Application of the second	عرب تنبه		CT Calculations, or			Four-Log	Virus Inac	tivation, if A) Hayaray	the first the state of the stat
	at the first of the state of th			radional (rije i gataj	CT Calc	ulations				UVI	Jose	الإنفيلي والمستحددة والأمرم	meta transport 1
		Laurin a van Stranger	dramatica con company as as			VF.	Lowest CT	Top Post P	[Variation	active e	egy had a second	Or company of the second secon	The state of the s
Ì		350	igania -	to man in		Disinfectant	Provided		1	and the second second	245	waren . A .	10 tags	A belief to reduce the best of the section of
					Lowest Residual	Contact Time	Before or at		/ * ·· ·	A Section of a community	was sarah sarah		Lowest Residual	A to did to analyzation) as an income within
l	Days Plant				Disinfectant	(T) at C	First			-		Minimum	Dismfoctant	• •
	Staffed or		Net Quantity	<u> </u>	Concentration (C)	Measurement	Customer		}		Lowest	UV Dose	Concentration at	
the	Operator	Hours plant	of Finished Water	Davis Warr	Before or at First	Point During	During Peak	Temp of	LU AFTVALL	Minimum CT Required, mg	Operating UV Dose	Required, mW-	Remote Point in Distribution	Repair or Maintenance Work that Involves
Month	PlaceX	Operation	Producted pal	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg-	Water OC	if Applicable	min/L	mW-sec/cm²	sec/cm²	- System, mg/L	Taking Water System Components Out of States o
1	X	24.0	28,000		3.3		<u> </u>		1				1.4	
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13	Х	24.0	29,000		3.0			T					1.2	
14	Х	24.0			2.6								1.0	
15	х	24.0			3,1								1.2	
16	Х	24.0	26,000		2.8								1.0	
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136,000

Maximum

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

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

See Pages 4 for Instructions.				, , , , , , , , , , , , , , , , , , , ,	
Concrat Intermation	December, 2006				
	A1	•			
A. Public Water System (PWS) Informs				PWB Mentification Number:	6280064
PWS Name: Lainure Laigns / Cove		Fransiera Non-Comm	number [Consequeive	
PW8 Type: Z Community	tent tie could man de la comment	ite man real cons		Population Served at End of Month:	637
Number of Service Commotions at Red of Month:	274		10000		
PW8 Owner: Agent Utilities Florid			Cheste	et Person't Title: Area Marsage	r, South Florida
Cordent Person: Chara P. La Branque			City: Sarasola	State: Florida	Zio Code: 34240
Contact Person's Mailing Address:	5960 Professional Parkway East, Suite 400	<u> </u>		ot Person's Fex Number: (941) 907-09	
Contact Perce's Talephone Number:	(941) 907-7470			(71)	
Contact Person's E-Mail Address:					
B. Weter Treatment Plant Information				(941) 907-7470	
Plant Name: Lakes			City: Lake Parid	Plant Telephone Number: State: Florida	Zip Code: 33852
Plant Address: 10) PerkView Circl	VI flaw Ground Water Purchased R		1247		
Type of Water Treatment by Plant:		72,000			
Permitted Maximum Day Operating Capacity of			Plant	a): C	
Float Category (per subsection 62-699-310(4), F.	Name	License Clus	License Number		
David W. Paircloth		c	3189	6 Days/Week - Lat skiA	
Danid P. Cevani		Ċ	5674	2 Days sivery other weekend	
Dante F, Cavas					
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		<u> </u>			
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			T		

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 linemand 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.

		243	1 =	一大	01/05/07
Signature on	el Thete		1		

David W. Patrolath Printed or Typed Name \$189

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D.

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

PWA ID:	623006	4	Plant Name: Laise	, Lalou			
1 10 100	Note that American In Vision In Co.		Denember, 2006			;	
Manual of Arkievi	by Four-Log View headivelies/Re	moval: Free		ne Dicaide Count		(Clicano)	
Ultraviolet 1	Rediation: Other		i Cina	DE CARDINE I CARDE	Complices Care	es (CEISSENA)	
	cinet Residuel Majorained in Di		P Pres Chlorbs	Combined Chlories	(Calcardian)	Chierine Dioxide	
	A Particular Medianana P	enuncione shares:	P Her Calenda) Complian Comme	(CYTON STEERS)	CARROTHING	
					1907 100		
				* - 1 prime :			
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iodenne,	31,000		•		, *		

[&]quot; NAME to the substitute for this report to determine which plants can provide this information

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

W	S D:	6280064	100	-				
			Plant Name:	Leisue Lake				
١.	Stommars of Liver Poli-	бы Севанев, хомын	nele Pedy nice	Contained 2 (Ljac Batelii dz	का स्पूर्व	(r) is	rsi Manganesi Sequisa on for the Year? 2006
A	is any polymer containing the most follows:	nomer encylamide used at the wel	er trustment plant?		ØNo r			s polymer dose and the any lumide level in the polymer are as
	Polymer Dose spen -				Acrylemide Level	l, % ^l =		
Ð	. Is any polymer nomining the mos	nomer enichiorobydria used at the	water treatment of	m1?	☑ No		·	and the male was decreased at a section of the section of the
	polymer are se fallews:		<u> </u>		EST (AD	. 1	100,	and the polymer dose and the epinhlorohy drin level in the
	Polymer Dose spen =				Epichlorohydrin I	Lovel, 961 -		
C	is any tree or mangazine sequent	ent used at the water treatment pl	MOE?	□ No	[" Yes, and th	s type s	100	perfrant, sequestrant dose, ect., are as follows:
	Type of Sequestries (polyphosphi	de or sodium silicate):	Pholyphosphala					
	Sequestres Dose, sog/L of phospi	um as PO4 or mg/L of silicate as	SiO _t -	lmg/L				
	If sodium silicate is used, the amo	and of added plus naturally come	ring allique in mo/	1.41.810.				
				2				
•	Complete and submit Part IV of the	is report only with the monthly o	pention report for I	December of each	h year and only for	weint treat	rimil:	plants using polymer containing acrylamids,

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polymer containing spiciblershydrin, and/or an iron and managemen sequestrant.

Anylogide and epichlerobydrin levels may be based on the polymer magnification or on third-party pertification.

CLMENT



South vest Florida Water Management District

Tampa Service Office 7601 Highway 301 North Tampe, Florida 33637-6759 (813) 985-7481 or 1-800-836-0797 (FL only) SUNCOM 578-2070

December 20, 2002

Bartow Service Office 170 Century Boulevard Bartow, Florida 33830-7700 (863) 534-1448 or 1-800-492-7862 (FL only) **5UNCOM 572-6200**

Sarasota Service Office 6750 Fruitville Road Sarasota, Florida 34240-9711 (941) 377-3722 or 1-800-320-3503 (FL only) SUNCOM 531-6900

Lecento Service Office 3600 West Sovereign Path Sulte 226 Lecanto, Florida 34461-8070 (352) 527-8131 SUNCOM 667-3271

Protecting Your Water Resources

> Rongie E. Duncan Chair, Pinelles

Thomas G. Dabney, if Vice Chair, Seresote

Heidi B. McCree Secretary, Hillsborough Watson L Revnes, il

Treasurer, Pinellas Edward W. Chance

Monroe "Al" Coogler

Citrus Maggie N. Dominguez

Hillstorough Pamela L. Festress Highlands

Ronald C. Johnson Polk

> et D. Kovach Hillsborough

John K. Renke, III Pasco

E. D. "Sonny" Yergaca **Executive Director** Gene A. Heath Assistant Executive Director William S. Bilenky General Counsel

FLORIDA WATER SERVICES INC ATTN: GARY MISHOE

PO BOX 490310

LEESBURG, FL 34749-0310

TRANSFERRED ON: September 17, 2004 TO: Aqua Utilities Florida, Inc. 6960 Professional Parkway East Suite 400

On the Internet et: WaterMatters.org

2379 Broad A. St. Brooksville, Florida 34604-6899 (352) 796-1-21 or 1-800-423-1476 (FL only)

SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)

Sarasota, FL 34240 NEW EXPIRATION DATE: AUGUST 5, 2018

Modification of Permit by Rule Subject:

Project Name: LEISURE LAKES

Water Use Permit No.: 20 006456.004

Southern Water Use Caution Area

SEP 2 4 2004

RDBS UPDATE

Reference: Chapter 40D-2, Florida Administrative Code

Section 40D-2.801(3)(d)(4), Florida Administrative Code

Dear Permittee:

On November 4, 1994, the District Governing Board approved new rules for the Southern Water Use Caution Area (SWUCA), an area of stressed water resources. Your permit is located within this area. Under these new rules, all water use permits existing at the time or issued afterwards in the SWUCA were to be modified. However, due to an Administrative Hearing and subsequent appeals, the modifications did not become effective until January 1, 2003. Your specific modifications are listed in Attachment A and are considered additions or revisions to your water use permit.

If there have been changes to irrigation quantities on this permit, a brochure is included with this mailing that explains the changes. Please take a few minutes to review it so that you will better understand the changes in permitted quantities on your permit. If you have any questions regarding this permit modification, please contacts0 the appropriate Service Office, Water Use Regulation Section. For you convenience, a map that shows the Service Offices area of responsibility is enclosed. Addresses and phone numbers are included

Sincerely,

truio

BJ Jarvis, Director, Records and Data Department Resource Regulation Division

Attachment:

Attachment A

District Map

File of Record Permit No

File of Record cc:

Enclosure:

ATTACHMENT A

MODIFICATIONS

The following are modifications to the terms and conditions of your Water Use permit effective January 1, 2003:

The following Special Condition(s) are new or replace a similar condition on your permit:

- 1. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.
 - 2. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an alternative source of water, the Permittee shall apply for a Standby Alternative Source Permit. An application to modify this permit to a Standby Alternative Source Permit may be obtained upon request or may be obtained from the District's website: www.swfwmd.state.fl.us.
 - 3. The permittee shall read each customer's meter and bill the customer no less frequently than bi-monthly (every other month), and the customer's billing period usage shall be indicated on each bill. In addition, the Permittee shall provide the following information to all water customers at least once each calendar year:
 - a. Rate structure information describing applicable fixed and variable charges rates, minimum quantity charges, block size and pricing, seasonal rates, and applicable months. If billing units are not in gallons, a means to convert the billing units to gallons must be described to the customer with this information.
 - b. Historical billing period usage averaged over the three previous years for the applicable customer class.

All other terms and conditions of your previous water use permit, including the expiration date, shall remain in effect as stated, unless changed above.



South vest Florida Water Management District

Tampa Service Office 7601 Highway 301 North Tampa, Florida 33637-6759 (813) 985-7481 or 1-800-836-0797 (FL prily) SUNCOM 578-2070

Subject:

Bartow Sarvice Office 170 Century Boulevard Bartow, Florida 33830-7700 (941) 534-1448 or 1-800-492-7862 (FL only) SUNCOM 572-6200

2379 Broa reet, Brooksville, Florida 34609-6899 (352) 796-7211 or 1-800-423-1476 (FL only) SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only) World Wide Web: http://www.swfwmd.state.fl.us

Venice Service Office 115 Corporation Way Venice, Florida 34292-3524 (941) 486-1212 or 1-800-320-3503 (FL only) SUNCOM 526-6900

Lecanto Service Office 3600 West Sovereign Path Suite 226 Lecanto, Florida 34461-8070 (352) 527-8131 SUNCOM 667-3271

TRANSFERRED ON: September 17, 2004 TO: Aqua Utilities Florida, Inc.

6960 Professional Parkway East

November 17, 1999

Ronald C. Johnson Chair, Lake Wales Brenda Menendez Vice Chair, Tampa Sally Thompson Secretary, Tampa Ronnie E. Duncan

Treasurer, Safety Harbor Monroe "Al" Coogler

Lecanto Joe L. Davis, Jr. Wauchula

Rebecca M. Eger Sarasota

John P. Harties, IV Bradenton

Watson L. Haynes, II St. Petersburg

John K. Renke, III **New Port Richey**

Pamela Stinnette-Taylor Tampa

E. D. "Sonny" Vergara **Executive Director**

Assistant Executive Director

Edward B. Helvenston General Counsel

Ms. Christine Arcand **Environmental Permitting Specialist II** Florida Water Services Corporation - Leisure Lakes P.O. Box 609520

Orlando, FL 32860-9520

Final Agency Action Transmittal Letter - Approval

Modification of Permit by Letter

Project Name:

Florida Water Services Corporation -

Suite 400

Sarasota, FL 34240

NEW EXPIRATION DATE: AUGUST 5, 2018

Leisure Lakes

Water Use Permit No.: County:

206456.003 Highlands

Section/Township/Range:

15/36S/29E

Reference:

Chapter 40D-2, Florida Administrative Code (F.A.C.)

Section 40D-2.331(2)(b), F.A.C.

File of Record

RECORDS & DATA

(MAL: P&R)

Permit No._

Dear Ms. Arcand:

This letter constitutes Final Agency Action (FAA) on the request received by the District on September 10, 1999, to modify Water Use Permit (WUP) No. 206456.02 by letter. The specific modifications are listed in Attachment A and are considered a part of your water use permit.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use. ile) indi

Protecting Your Water Resources Ms. Christine Arcand, Environmental Specialist II WUP No. 206496.003 Page 2 November 17, 1999

If you have questions regarding this permit modification, please contact Said M. Abusada, P.G., at the Bartow Service Office. If you have any question regarding the Noticing Packet, please contact either Myra Ford or Adeline Wood in the Records and Data Department at the Brooksville office.

Sincerely,

Brian S. Starford, P.G., Director Bartow Regulation Department

WMM/SMA/po925

Enclosure:

Attachment A

Noticing Packet

Sections 28-106.201 and 28-106.301, F.A.C.

CC:

File of Record

Data Room, Records & Data

WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 206496.003 Page 1 November 18, 1999

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 206456.002, effective November 18, 1999. The modification is to convert a capped well into a standby well (DID No. 2), plug a well (DID No. 3), and use DID No. 1 as the primary well.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (IN GPD) ARE UNCHANGED.

AVERAGE: 56,800 PEAK MONTHLY: 113,600 CROP PROTECTION: N/A

2. WATER USE: PUBLIC SUPPLY

_ 3. THE FOLLOWING WITHDRAWAL POINT IS DELETED:

I.D. NO. PERMITTEE/	DEPTH DIAM. ŢOTAL/CASED			GALLONS PER DAY PEAK COLD					
DISTRICT	(IN.)	(FT.)	USE	AVERAGE	MONTHLY P	ROTECTION			
3/3	4	590/492	N/A	Т	O BE PLUGGED)			

4. THE STATUS/PERMITTED QUANTITIES FOR THE FOLLOWING WITHDRAWAL POINTS ARE CHANGED:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED (FT.)	USE/ STATUS	GALLONS PE AVERAGE	COLD PROTECTION	
1/1	8	1520/485	PS	56,800	113,600	NA
2/2	4	550/448	S/B	9,600	113,600	N/A

5. SPECIAL CONDITION NO. 2 IS MODIFIED:

Special Condition No. 2 requiring metering of two wells is modified to read as follows:

The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter, or other flow measuring device(s) as approved by the Resource Regulation Department Director, for District ID No. 1, Permittee ID No. 1 Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a semi-annual (January and July) basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons.

WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 206496.003
Page 2
November 18, 1999

SPECIAL CONDITION NO. 3 IS ADDED:

By January 15, 2000, District ID No. 3, Permittee ID No. 3, shall be properly abandoned (plugged bottom to top) by a licensed water well contractor in accordance with Chapter 62-532.500(4), F.A.C., under a Well Abandonment Permit issued by the District unless an extension of time is granted by the Bartow Regulation Department Director.

All other terms and conditions of this permit shall remain the same as stated on WUP No. 206456.002, and this permit will still expire on August 2, 2018.

Southwest Florida Water Management District 2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899 (352)796-7211 or 1-800-423-1476(Florida Only) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

12/07/98

FLORIDA WATER SERVICES CORP

PO BOX 609520 ORLANDO:FL 32860-9520 TRANSFERRED ON: September 17, 200-TO: Aqua Utilities Florida, Inc. 6960 Professional Parkway East. Suite 400 Sarasota, FL 34240 NEW EXPIRATION DATE: AUGUST 5, 2018

Subject: EXTENSION - Water Use Permit No. 6456-02 LEISURE LAKES

Dear Permittee:

We are pleased to inform you that THE EXPIRATION DATE DF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 08/05/18. Through a process of random selections by computer, the District has extended the expiration date of certain permits with annual average daily withdrawals of less than 500,000 gallons. This process will ensure that the number of renewal applications received in any one year does not exceed our capacity to evaluate and process the applications.

This extension of permit duration does not require any action on your part and is at no cost to you. However, you will need to update your records so that you will file an application for renewal during the year prior to the new expiration date.

Although the expiration date of your permit has been extended, you are still required to comply with all the terms and conditions of your permit. For example, if your permit was issued with conditions requiring data, reports, etc. to be submitted, you must continue to submit all such required information at the regular intervals specified in the conditions of your permit. For any permit condition that has the expiration date as the date by which action, report submission or other compliance is required, the previous expiration date applies, not the newly extended expiration date.

As a further reminder, your extended permit is still subject to and must comply with all applicable District rules, including those relating to:

- the conditions of issuance for water use permits, and
- relevant established minimum flows and levels and associated prevention and recovery strategies,

associated prevention and recovery strategies, and can be modified or revoked for noncompliance with the permit, District rules, and Chapter 373, Florida Statutes.

PAGE 2

If the withdrawals on the referenced permit are no longer in use or if you have sold the property, please inform us by return letter. Also, please provide the name and mailing address of the new owner.

If you have any questions about this one-time extension of your permit duration, please contact Hydrologists in our Bartow Regulation department at (941)534-1448 or 1-800-492-7862 (Florida only).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, indicating that your permit expiration date is now 08/05/18. He appreciate your assistance in this matter and it will help us to serve you better in the future when you submit your renewal application.

Sincerely,

(Signed)
BJ Jarvis, Director
Records and Data Department

BJJ/

cc: File of Record - Water Use Permit No. 6456.02

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL PERMIT NO. 206456.02

EXPIRATION DATE: August 5, 2008

PERMIT ISSUE DATE:

August 5, 1998

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

PROJECT NAME:

Leisure Lakes

TRANSFERRED ON: September 17, 2004 TO: Aqua Utilities Florida, Inc.

GRANTED TO:

Florida Water Services Corporation

Post Office Box 609520 Orlando, FL 32860-9520 6960 Professional Parkway East

Suite 400

Sarasota, FL 34240 NEW EXPIRATION DATE: AUGUST 5, 2018

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE:

56,800

PEAK MONTHLY:

113,600

<u>Use</u> <u>Average</u> <u>Peak Monthly</u>

Public Supply:

56,800 gpd

113,600 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION:

Highlands County, approximately 5 miles northwest of the City of

Lake Placid on US Highway 27, then 2 miles west on Lake Frances

Road.

TYPE OF APPLICATION:

Renewal

WATER USE CAUTION AREA:

Highlands Ridge

Southern

APPLICATION FILED:

June 17, 1998

ACRES:

0.5 Owned

85.0 Serviced

85.5 Total

APPLICATION AMENDED:

N/A

Permit No.: 206456.02

Permittee: Florida Water Services Corporation

Page

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Leisure Lakes

USE TYPE

POPULATION <u>SERVED</u>

PER CAPITA

RATE

Residential Single Family

568

Gross = 100 gpd/person

I.D. NO.				GALLONS PER DAY			
- PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TTL./CSD.	<u>USE</u>	AVERAGE	PEAK MONTHLY		
1/1	8	1,520 / 485	PS	28,400	56,800		
3/3	4	590 / 492	PS	28,400	56,800		

PS = Public Supply

DISTRICT <u>I.D. NO.</u>	SECTION/TOWNSHIP/RANGE	LOCATION LAT./LONG.
1	15/36/29	272103.55/812455.86
3	15/36/29	272104.49/812453.71

SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Bartow Regulation Department, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34609-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit. Permit No.: 206456.02

Florida Water Services Corporation Permittee:

Page

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter(s). or other flow measuring device(s) as approved by the Regulation Department Director, Resource Regulation, for District ID No(s). 1 and 3, Permittee ID No(s). 1 and 3. Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a semi-annual (January and July) basis and reported to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permit Data Section, Records and Data Department, indicating zero gallons.

STANDARD CONDITIONS:

- 1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

Authorized/Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permit No.: 206456.02

Permittee: Florida Water Services Corporation

Page

40D-2 Exhibit "A"

WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

- 1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
- 2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
- 3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
- 4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
- 5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
- 6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
- 7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
- 8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
- 9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
- 10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

Permit No.: 206456.02

Permittee: Florida Water Services Corporation

Page

5

- 11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
- 12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. A reduction in water levels which impairs the ability of a well to produce water;
 - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
- 13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
 - b. Sinkholes or subsidence caused by reduction in water levels;
 - c. Damage to crops and other vegetation causing financial harm to the owner, and
 - d. Damage to the habitat of endangered or threatened species.
- 14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
- 15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
- 16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
- 17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Permit No.: 206456.02

Permittee: Florida Water Services Corporation

Page 6

SUBPART B - FORMAL PROCEEDINGS

40D-1.521 Initiation of Formal Proceedings

- (1) Formal proceedings shall be initiated by petition to the District. The term petition as used herein includes any application or other document which expresses a request for formal proceedings. Each petition should be printed, typewritten or otherwise duplicated in legible form on white paper of standard letter size and signed by the petitioner or his representative. Unless printed, the impression shall be on one side of the paper only and lines shall be double spaced and indented.
- (2) All petitions filed under these rules shall contain:
 - A) The name and address of the District and the District's file or identification number, if known;
 - B) The name and address of the petitioner or petitioners;
 - C) An explanation of how each petitioner's substantial interests will be affected by the District's determination;
 - D) A statement of when and how petitioner received Notice of the District's Proposed or Final Agency Action:
 - E) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
 - F) A concise statement of the ultimate facts which petitioner believes entitle him to relief sought as well as the rules and statutes which support petitioner's claim for relief;
 - G) A statement of preference of presiding officer,
 - H) A demand for the relief to which the petitioner deems himself entitled; and
 - I) Other information which the petitioner contends is material.
- (3) Upon receipt of a petition for formal proceedings the District shall review the petition and shall provide a statement of compliance of the petition which the requirements of this rule to the Board and the petitioner. The Board shall accept those petitions in substantial compliance with this rule which have been timely filed and which state a dispute which is within the jurisdiction of the District to resolve. If the petition is accepted the Board shall designate the presiding office. The District shall promptly give written notice to all parties of the action taken on the petition, and shall state with particularity its reasons therefore.
- (4) If the Board designates a Hearing Officer assigned by the Division of Administrative Hearings as the presiding officer, the Agency Clerk shall forward the petition and all materials filed with the District to the Division of Administrative Hearings, and shall notify all parties of such action.
- (5) Petitioners entitled to a hearing pursuant to Subsection 120.57(1), Florida Statutes, may waive their right to a formal hearing and request an informal hearing before the Board pursuant to Subsection 120.57(2), Florida Statutes, which may be granted at the option of the District.

The District does not discriminate based on disability. Anyone requiring reasonable accommodation under the ADA should contact the Records and Data Department at (352) 796 - 7211 or 1-800-423-1476: TDD only 1-800-231-6103.

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Analysis metrods: MF = SM9222B & D, MTF = 9221B & EC/MUG; MMO/MUG. SM9223B; HPC = SM9215B Results: A = colliforms are absent; P = colliforms are present; C = confluent growth; TNTC = too numerous to count once

qe2:Sf 80 f0 1qA

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WAT	ER SYSTEM INFORMA	TION (to be completed by sar	noler - Please tv	ne or print le	oibly)
1002/C Will	me of order that office a	12011 (to be completed by att	ilpaci - i icase ty	be or brant te	gioty)
System Name:	LEISURE LAKES (Cov	ered Bridge)	PV	VS 1,D. #:	6280064
System Type (c		unity () NonTransient Nonco	mmunity () T	ransient Non	Community
Address:	101 Parkview Circle Sou	rth			
City:	Lake Placid	State: Florida	ZIP Code:	33852	
Phone:	(941) 907-7470	Fax #:			
E-Mail Address	s:				
SAMPLE IN	FORMATION (to be con	pleted by sampler)		_	
Sample Number:	282653	Location Code (if Known):			
Sample Date:	3/15/2007	Sample Time:	1120 A	M PM (cir	cle one)
Sample Location	on (be specific): Point of En	atry			
Disinfectam Resid	tual (Required when reporting	results for tribalomethanes and halo	cetic acids):	3 g/L	Field pH 7.4
Sample Type (Check Only One)	Reason(s) fo	r Sample (Chec	k all that app	oly)
Distribution		Routine Compliance (with 62-	550) X Qu	arterly	
X Entry Point (to	Distribution)	Confirmantion of MCL Excee	iance* So	ecial (not for co	mpliance with 62-550.)
Diani Tan (nat	for any there with 62 FFO.				·
	for compliance with 62,550.)	Composite Multiple Sites**	v _{''}	olation Resoluti	on
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Max. Residence	ce Time	Other:			
Ave. Residence	e Time	Sampling Procedure Used or other	Comments:		
Near Pirst Cos	tumer				
NOTE: See 62	00(6) for requirements and rest- -550.512(3) for additional reque MCL exceedances.	irements for *	* See 62-550,550(4 aults page for each	-	nts and attach a
Sampler'sName:	David W. Faircloth				
Sampler's Pho	ne #: (863)	471-1400 Sampler's Fax	: <u>-</u>	(863) 4	71-2102
Sampler's E-Ma	ail Address: Shoutilsve O no	Lcom		···	
CERTIFICAT	ION (to be completed by	sampler)			
1.	David W. Faire	cloth		Operator	
do HEREBY CI	(Print Name) ERTIFY that the above pu	blic water system and sample	collection inform	(Print Title)	plete and correct
				_	-
Signature:	12000 L	2		Date:	3/15/2007
Reporting Format 6 Effective January 1	52-550.730 995, Revised January 2004	Phono Lad 3			
		Page 1 of 3			

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Lab Name:	Short Environmental	Laboratories	Florida Certificatio	E85458		
Address: 10405 US Highway 27 South			Certification Expin	ation Date:	06/30/0	
Sebring, FL 33876				Phone #:		55-4022
nalysis ini	FORMATION (to be con	npleted by lab)		Date Sample(s) Receiv		3/15/2007
PWS ID (From	n Page 1):	6280064		Sample Number (From F	Page 1):	282653
Lab Assigned	Report Number or Job ID	282653				
Group(s) An	alyzed & Results attach	ed for compliance with Cl	hapter 62-	550, F.A.C. (Check all the	nat apply):	
organics S	ynthetic Organics	Volatile Organics	Disinfe	ction Byproducts		
All 17	All 30	All 21		Tribalomethanes		
Partial	All Except Dioxin	Partial		Haloacetic Acid		
Nitrate	x Partial			Bromate		
Nitrite	Dioxin Only	Radionuclides		Chlorite		
Asbestos On	ìy .	Single Sample				
		Qtrly Composite	e**	Secondaries		
				All 14		
	Lead & Copper			x Pactial		
Were any an	alyses subcontracted?	(x) Yes	() No	_		
	provide DOH certifica	tion Numbers: FOR EACH SUBCONT	RACTED	E84129		
		CERTIFICAT				
		V. Murto		Labor	atory Direc	tor
		Name)		•	nt Title)	
do HEREBY	CERTIFY that all attac	thed analytical data are co	rrect and t	inless noted meet all req	uirements o	f the
National Env	ironmental Laboratory	Accreditation Conference	(NELAC)) .		
Signature:	Dani	In unto		Date:	3/31/2	007
* Failure to prov	ride a Valid and current Florid	la DOH lab certification number	444	r Analysia Charle for the overth		
results will resul	it in rejection of the report, po	asible enforcement against the	ublic water:	n Analyte Sheet for the alliene Existent for failure to sample, a	at sustinar	
	ion of the DOH Bureau of L				,	
** Please provid	le radiological sample dates d	c locations for each quarter.				
OMPLIANCE	DETERMINATION (o be completed by DEP or	DOH)			
	on Info Satisfactory:	() Yes () No	Sample A	nalysis Info Satisfactory:	()	Yes () No
		e or highlight group(s) above)		Revised Report Rec	•	
•	F	or highlight group(s) above)	•		or pignlight ((roup(s) above)
Reason(s):	MCL(s) Exceeded Missing Analyte She	Detection(s) Location Unsatisf	uctory	Analysis Unsatisfac	tory	
Dames Marie	Other:					
Person Notifi	ed:		Date Notif	ied:		
Comments: Date Review	A	DEBUOU P	mula a Acc			
Reporting Forma	~	DEP/DOH Revi	ewing Utt	ICIAI;		
	1995. Revised January 2004	Page 2 o	4 3			
Ellective January	TOO STATE OF THE PARTY AND	t age 20	, ,			

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number/Job ID:

282653

PWS ID (From Page 1):

6280064

	·			_					_			
Contam ID	Contam Name	мст	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	ug/L	ACSUIT	Quantilei	EPA 525.2	0.1	0.01	Date	Date	1 me	E84129
2010	Lindane		ug/L		 	EPA 525.2	0.06	0.02	 			E84129
2015	Methoxychlor	40	ug/L			EPA 525.2	0.05	0.10				E84129
2020	Toxaphene	3	ug/L			EPA 508.1	0.5	1				E84129
2031	Dalapon	200	ug/L		 	EPA 515.3	1.	1				E84129
2032	Diquat	20	ug/L	···-		EPA 549.2	1.	0.4	ļ			E84129
2033	Endothall	_	ug/L		<u> </u>	EPA 548.1	20.	9				E84129
2034	Glyphosate		ug/L	···-		EPA 547	10.	6				E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	· · · · · · · · · · · · · · · · · · ·	·	EPA 525.2	0.3	0.6				F84129
2036	Oxamyl (Vydate)		ug/L			EPA 531.1	0.5	2				E84129
2037	Simazine	4	ug/L			EPA 525.2	0.07	0.07				E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1.0	Ü	EPA 525.2	1.	0.6	3/21/2007	3/22/2007	0958	E84129
2040	Pictoram	500	ug/I.			EPA 515.3	0.75	0.1	0/10/12/07	<i>57112.13</i> 001	0,00	E84129
2041	Dinoseb	7	11g/1.			EPA 515.3	0.5	0.2				E84129
2042	Hexachlorocyclopentadiene	50	11g/J.			EPA 525.2	0.2	0.1				E84129
2046	Carbofuran	_	ug/L			EPA 531.1	0.5	0.9				E84129
2050	Atrazine		ug/L			EPA 525.2	0.06	0.1				E84129
2051	Alachlor		ug/L			EPA 525.2	0.2	0.2				E84129
2063	2,3,7,8-TCDD (Dioxin)		ng/L					0.005				
2065	Heptachlor		ug/L			EPA 525.2	0.08	0.04				E84129
2067	Heptachlor Epoxide	0.20	ug/L			EPA 525.2	0.1	0.02				E84129
2105	2,4·D		ug/L			EPA 515.3	1.	0.1			f	E84129
2110	2,4,5-TP (Silvex)	50	ug/L			EPA 515.3	0.25	0.2				E84129
2274	Hexachlorobenzene		ug/L			EPA 525.2	0.05	0.1				E84129
2306	Benzo(a)pyrene	0.20	ug/L			EPA 525.2	0.1	0.02				E84129
2326	Pentachlorophenol		ug/L			EPA 515.3	0.1	0.04				E84129
2383	Polychlorinated biphenyls (PCBS)	0.50			~	EPA 508.1	0.2	0.1				E84129
2931	Dibromochloropropane	0.20				EPA 504.1	0.005	0.02				E84129
2946	Ethylene Dibromide (EDB)	0.02				EPA 504.1	0.005	0.01				E84129
2959	Chlordane		ug/l.			EPA 508.1	0.05	0.2				E84129

NOTE: Effective January 1, 2004 results indicating non-detection with a reported lab MDL > 50% of the MCI, will not be accepted for compliance with 62.550, J10(4)(b).

Reporting Format 62-550.730

All results meet the requirements of NELAC unless otherwise noted.

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be repalced with acceptable results from sumples collected during the same monitoring period.

LABORATORY ANALYSES

ARRIVED SITE
DEPARTED SITE
ARRIVED LAB

10405 US 27 S 1 L G SEBRING, FL 33876 Amber (863) 655-4022 (800) 833-4022 HCI FAX: (863) 655-5820 CLIENT NAME: NOW FAIR CLOTH SHORT UTTETTIES #8 PROJECT SHORT UTILITIES LEISURE LAKES 525.2 SAMP # OF FIELD ID# SAMPLE ID DATE TIME TYPE GRABEWELL **LABORATORY ID#** CONT DEHP POK DW 282658 COMMENTS: YES NO SOME CONTAINERS MAY BE PRE-RESERVED. SAMPLES ICED TO 4C PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES. NUTRIENT CONTAINERS PRESERVED HISOA METALS CONTAINERS PRESERVED HNOS OTHER 64021 SAMPLE QTY: RELINGENSHED BY ACCEPTED BY DATE TEME DEPARTED LAB 3-15-07 1257

SHORT ENVIRONMENTAL LABORAFORIES

CHAINORGUSTODY AND TRANSMITTAL FORM

(800) 833-4022 (863) 655-4022 Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

SHORT

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client: Address: Inc.

P.O. Box 490310

Report #: Date:

2006080219

August 19, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Leisure Lakes

Attention:

Sample #'s:

266722-266724

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation		
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.		
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.		
,===:::	•		Q	Sample was analyzed out of holding time.		
			J	Estimated value; value may not be accurate.		
Total Pages:		4				

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Robert A. Watkins, Jr. Project Manager

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Page 1 of 1

(800) 833-4022 (863) 655-4022

Fax: (863) 655-5820 shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

SHORT

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client: Address: Inc.

P.O. Box 490310

Report #:

2006080219

Date:

August 19, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

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This report package includes the following

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Robert A. Watkins, Jr.

Project Manager

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Page 1 of 1

10405 US 27 South

Sebring, Florida 33876

(863) 655-4022 (800) 833-4022 NELAP Accredited FDOH# 85845

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

08/16/2006 Page 1 of 3

Leesburg,, FL 34749-0310

Laboratory Number:

266722

Project:

Leisure Lakes

Location:

DWTP

Sample ID: Well 1 Outside

Sampled By:

R. Paver on 07/25/2006 @ 1210

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
•						
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

10405 US 27 South Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

08/16/2006 Page 1 of 3

Leesburg,, FL 34749-0310

Laboratory Number: 266722

Project:

Leisure Lakes

Location:

DWTP

Sample ID: Well 1 Outside

Sampled By:

R. Paver on 07/25/2006 @ 1210

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	٠	Result	Units	Method Analyst	Date/Time of Analysis MDL
				· · · · · · · · · · · · · · · · · · ·	
Sulfide		1.98	mg/L	EPA 376.1 T. Heath	07/26/2006 @ 1156 0.05

10405 US 27 S

SEBRING, FL 33876 (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820

SAMP

DW

TYPE GRAB WELL

Χ

LOCATION

X

Aqua Wilities

TIME

1210

1215 1218

CLIENT NAME:

DATE

7-25.06

leisure lates

PROJECT:

SAMPLE ID

P.O.E.

(PLEASE PRINT)

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	Polto-	LE	7-25-06	1340
				<u></u>

CHAIN OF CUSTODY AND TRANSMITTAL FORM

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

0

10405 US 27 S

LOCATION:

DWTP

266722

266723

PERODIC

LABORATORY ID#

SEBRING, FL 33876 (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820

SAMP

DW

TYPE GRAB WELL

Agua Wilitics

TIME

1210

1215

1218

CLIENT NAME:

DATE

7-25.06

leisure lates

PROJECT:

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28810

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SAMPLER'S NAME:

(PLEASE PRINT)

FIELD ID#

SAMPLE ID

Well loutside

well 2 in side

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

P.O.E.

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876 **SHORT**

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida.

Client:

Inc.

Report #:

2006080048

Address:

P.O. Box 490310

Date:

August 7, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Leisure Acres

Attention:

Sample #'s:

266722-266724

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	1	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
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Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Robert A. Watkins, Jr.

Project Manager

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Page 1 of 1

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

SHORT

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client: Address:

P.O. Box 490310

Report #:

2006080048

Date:

August 7, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Leisure Acres

Attention:

Sample #'s:

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Commonly used Qualifiers with explanations:

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Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
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			J	Estimated value; value may not be accurate.
Track Dance				

Total Pages:

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Project Manager

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Page 1 of 1

10405 US 27 South Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

08/02/2006 Page 1 of 3

Leesburg,, FL 34749-0310

Laboratory Number: 266722

Project:

Leisure Lakes

Location:

DWTP

Sample ID:

Well 1 Outside

Sampled By:

R. Paver on 07/25/2006 @ 1210

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
		 -		·		
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

10405 US 27 South Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

Page 1 of 3

08/02/2006

Leesburg,, FL 34749-0310

Laboratory Number: 266722

Project:

Leisure Lakes

Location:

DWTP

Sample ID;

Well 1 Outside

Sampled By:

R. Paver on 07/25/2006 @ 1210

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

10405 US 27 South

Sebring, Florida 33876 (800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

08/02/2006 Page 2 of 3

Leesburg,, FL 34749-0310

Laboratory Number: 266723

Project:

Leisure Lakes

Location:

DWTP

Sample ID:

Well 2 Inside

Sampled By: R. Paver on 07/25/2006 @ 1215

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	method	Analyst	Date/Time of Analysis	MDL
						
Sulfide	2.20	mg/L	EPA 376.1	T. Heath	07/26/2006 & 1156	0.05

10405 US 27 South Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845

(863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

08/02/2006 Page 2 of 3

Leesburg,, FL 34749-0310

Laboratory Number:

266723

Project:

Leisure Lakes

Location:

DWTP

Sample ID:

Well 2 Inside

Sampled By:

R. Paver on 07/25/2006 @ 1215

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis MD1	L
	· · · · · · · · · · · · · · · · · · ·		·		······································	
Sulfide	2.20	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156 0.05	5

10405 US 27 South Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.

P.O. Box 490310

Page 3 of 3

Leesburg,, FL 34749-0310

Laboratory Number: 266724

Project:

Leisure Lakes

Location:

DWTP

Sample ID:

P.O.E.

Sampled By:

R. Paver on 07/25/2006 @ 1218

Received:

07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis MDL	
						
Sulfide	0.48	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156 0.05	i

Respectfully Submitted, Robert A. Watkins, Jr. Project Manager

08/02/2006

10405 US 27 S

SEBRING, FL 33876 (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820

LABO	RA1	FOR	YA	NAI	YSES	_
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Sampler's na (Please Print	· KEPECHANECS	CLIENT NAME:	Agua W	klikes				·····					
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COMMENTS	SOME CONTAINEDS MAY 22												
COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED. PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES. SAMPLES ICED TO 4C NUTRIENT CONTAINERS PRESERVED, H2SO4						YES	NO						
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Sample QTY: RELINQ	UISHED BY:	ACCEPTED BY:	DATE:	TEME:
Ro	LfRa-	16	7-25-06	134)

28810

CHAIN OF CUSTODY AND TRANSMITTAL FORM

FPSC-COMMISSION CLERK



Florida Department of Environmental Protection

South District P.O. Box 2549

Fort Myers, FL 33902-2549

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 10, 2007

John M Lihvarcik, President & COO Aqua Utilities Florida, Inc. PO Box 490310 FOR your information.

Need to work of Billi Robert to report to Homs

~

Re: <u>Highlands County - PW</u>

Leesburg, Florida 34749

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 in violation of Rule 62-555, F.A.C. Deficiency 15 must be addressed by June 8, 2007, as this is a repeat deficiency from 2006. Failure to take corrective action to meet any applicable standard or treatment technique set forth in Chapters 62-550, 62-555, and 63-560 is a prohibited act under Chapter 62-560.310(1). The Department can take enforcement and assess administrative penalties.

Correct the remaining deficiencies as soon as possible and notify the Department in writing postmarked no later than June 25 2007, 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.

State of Florida Department of Environmental Protection South District - Fort Myers Office

SANITARY SURVEY REPORT

Plant NameLEISURE LAKES	County <u>Highlands</u> PWS ID # 6280064
Plant Location Hillcrest St in Covered Bridge Sub-Division	sion, Lake Placid FL 33852 Phone
Owner Name Aqua Utilities, Florida, Inc.	Phone Phone
Owner Address 6960 Professional Parkway East, Suite	400, Sarasota FL 34240
Contact Person Glenn LaBrecque	Title Regional President Phone (941) 907-7420
Contact Person Glenn LaBrecque This Survey Date 5/31/05 Last Survey Date	6/18/02 Last C.I. Date 6/23/04
PWS TYPE & CLASS	RAW WATER SOURCE
	GROUND; Number of Wells 2
Non-transient Non-community	SURFACE/UDI; Source
Transient Non-Community	PURCHASED from PWS ID #
	Emergency Water Source
PWS STATUS	Emergency Water Capacity
Approved system with approval number & date	
WC28-02187 (3/11/77)	AUXILIARY POWER SOURCE
	Yes □ None □ Not Required
☐ Unapproved system	Source Gas powered generator
SERVICE AREA CHARACTERISTICS	Capacity of Standby (kW)45 kw
	Switchover: Automatic Manual
Residential Community	Standby Plan: ☐ Yes ☒ No
Food Sonios Vos No No NA	Hrs Operated Under Load 1 hr/wk.
Food Service: Yes □ No □ N/A	What equipment does it operate?
OPERATION & MAINTENANCE	Well pumps
Certified Operator: Yes No Not required	High Service Pumps
Operator(s) & Certification Class-Number	Treatment Equipment
David Faircloth "C" 8189	Satisfy 1/2 max-day demand?
	Comments
O & M Log: ☐ Yes ☐ No ☐ Not required	
Operator Visitation Frequency	TREATMENT PROCESSES IN USE
Hrs/day: Required Visits Actual Visits	Chlorination, corrosion control, aeration.
Days/wk: Required 3 Actual 6	
Non-consecutive Days?	What additional treatment is needed?
MORs submitted regularly? Yes No No N/A	None
Data missing from MORs? No Yes N/A	For control of what deficiencies?
· · · · · · · · · · · · · · · · · · ·	_ N/A
Number of Service Connections 200	DISTRIBUTION SYSTEM
Population Served 400 Basis X2	Flow Measuring Device Flow Meter
Average Day (from MORs) 23,100 gpd	Meter Size & Type 4" Neptune
Max. Day (from MORs) 65,000 gpd	Backflow Prevention Devices: ✓ Yes No
Max-day Design Capacity 72,000 gpd	Cross-connections None observed
Comments	Written Cross-connection Control Program: Yes
	Coliform Sampling Plan: ⊠Yes ☐ No ☐ N/A
	Comments Plant pressure 55 psi
	Remote pressure 54 psi

PWS ID #	6280064
Date	5/31/05

GROUND WATER SOURCE

			 		
Well Nun		1 (inside)	2 (outside)		
Florida II		AAH9357	AAH9358		
Year Dril		1974	1975		
Depth Dr		1520'	590'		
Drilling M	lethod '	Rotary	Rotary		
Type of C	Grout				
Static Wa	ater Level	20'	22,		
Pumping	Water Level	50'	40'		
Design W	rell Yield	200	50		
Test Yiek	t	450			
Actual Yie	eld (if different than rated capacity)	200	50		
Strainer		40' Screen			
Length (o	utside casing)	485'	492'		
Diameter	(outside casing)	8"	4"		
Material (outside casing)	Steel	Steel		
Well Cont	amination History	OK	OK		
Is inundat	ion of well possible?	No	No		
6' X 6' X	1" Concrete Pad	Yes	Yes		
	Septic Tank	None	None		
SET	Reuse Water	No	No		
BACKS	WW Plumbing	No	No	<u> </u>	
!	Other Sanitary Hazard	None	None		
	Туре	V Turb	Submers		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number		UTM 20432		
	Rated Capacity (gpm)	200	50		
	Motor Horsepower	-			
Well casin	g 12" above grade?	Yes	No		
Well Casir	ng Sanitary Seal	Yes	Yes		
Raw Wate	r Sampling Tap	Yes	Yes	,	
Above Gro	ound Check Valve	Yes	Yes		
Fence/Hou	using	Yes	Yes		
Well Vent	Protection	Yes	Yes		
			1	L	i

COMMENTS		-	
	 		

			PWS Date	SID#6	280064 /31/05
					31/03
CHLORINATION (Disinfection) Type: ☐ Gas ☐ Hypo Make Regal Chlorine Feed Rate Well not operating)100 ppd	STORAGE FAC (G) Ground (H (B) Bladder (G	H) Hydropn C) Clearwel		E) Elevated
	at time of	Tank Type/Num	iber G		T
inspection 5.6		Capacity (gal)	17,0	00	
Avg. Amount of Cl ₂ gas used <u>5-6</u> Chlorine Residuals: Plant <u>1.7</u> Rem	note <u>1.0</u>	Material	Conc	rete	
Remote tap location Tap in front of Clu		Gravity Drain	Ye	s	
DPD Test Kit: ⊠ On-site ⊠ With or None □ Not Us		By-pass Piping	Ye	s	
Injection Points Aerator		Pressure Gauge	N/	A	
Booster Pump Info N/A		Sight Glass or	N/A	<u> </u>	
Comments	·	Level Indicator			- [
		Fittings for	N/A	4	
		Sight Glass			
Chlorine Gas Use YES NO C	omments	Protected Openi	ngs Ye	s	
Requirements		PRV/ARV	N/A	A	
Dual System 🗵 🗌		On/Off Pressure	N//	1	
Auto-switchover		Access Padlocke	ed Ye	s	
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection		Comments			
Chained Cylinders					
Reserve Supply					
Adequate Air-pak					
Sign of Leaks		HIGH SERVICE			
Fresh Ammonia		Pump Number	1	2	
Ventilation 🗵 🗌		Туре	Cent.	Cent.	
Room Lighting		Make	Sterling	Sterling	
Warning Signs		Model	C62OAM	C62OAM	
Repair Kits		Capacity (gpm)	208@133'	208@133'	
Fitted Wrench		Motor HP	15	15	
Housing/Protection		Date Installed	1998	1998	
		Maintenance	Weekly	Weekly	
AERATION (Gases, Fe, & Mn Removal) Type Tray Capacity U		Comments			
erator Condition ok					
Bloodworm Presence No Visible Algae Growth No					
Protective Screen Condition ok					
Comments					

PWS ID #	<u>628</u> 0064
Date	5/31/05

DEFICIENCIES:

- 1. There was no written preventative maintenance program onsite for review and there was no record onsite for review of any preventative maintenance that is being performed. It was indicated in a letter dated September 28, 2004 that the system was working towards establishing a written preventative maintenance program. "Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly," Rule 62-555.350(2) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.
- 2. There was no isolation valve-exercising program or any record of exercising isolation valves onsite at the water treatment plant. It was indicated in a letter dated September 28, 2004 that the system was working toward establishing a written preventative maintenance program. In the same letter it was indicated that the equipment manufacturer of the isolation valves recommends that the valves be exercised annually. This statement needs to be a part of the (written) preventative maintenance program. The program needs to identify the location of the valves (including those at the water treatment plant) by a listing or map location. There needs to be a record that documents that the valves have been exercised. Rule 62-555.350(12)(c) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.

3. There was no written flushing program onsite for review. The December 2004 plan that was submitted to the Department needs to be revised. The dead-end mains are to be identified and they "shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water". Rule 62-555.350(2) F.A.C. There needs to be a record that the dead-end mains are being flushed. Rule 62-555.350(12)(c) F.A.C. The frequency of flushing may change based in the initial chlorine reading when the line is flushed.

COMMENTS:

1/"An operation and maintenance manual is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

2. 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

b we know when the last inspection report. If a sup was?

PWS ID#	6280064
Date	5/31/05

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. The cleaning and inspection must be completed by August 28, 2008.

3. An emergency preparedness plan is due to be completed by December 31, 2004. (Note: the Department will be changing the compliance date to December 31, 2005 by a rule revision.) "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with Emergency Planning for Water Utilities, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

(a) A communication chart as described in Chapter 5 of AWWA Manual M19. (b) Written agreements with other agencies, utilities, or response organizations.

(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a

(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.

(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

4. An up-to-date map of the drinking water distribution system is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

5. Recordkeeping Requirements

Suppliers of water need to keeps records at the facility or convenient to the facility for review during an inspection. Rule 62-550.720, F.A.C.

PWS ID#_	6280064
Date	5/31/05

"Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:

- (1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
- (2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
- (3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
- (4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
- (5) Monthly operation reports shall be kept for a period of not less than 10 years.
- (6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C."

Suppliers of water need to keeps operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555.350(12) F.A.C.

- "(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.
- (a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C."
- (b) For all public water systems except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office or Approved County Health Department within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C., and shall do so using the following forms as applicable: Form 62-555.900(2), Monthly Operation Report for Subpart H Systems, as incorporated into paragraph 62-550.817(11)(a), F.A.C.; Form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(4), Monthly Operation Report for Consecutive Systems that Do Not Treat Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(6), Monthly Operation Report for Consecutive Systems that Receive Purchased Finished Water from a Subpart H System, as incorporated into paragraph 62-550.817(11)(b), F.A.C.; Form 62-555.900(11), Monthly Operation Report for Summation of Finished-Water Production by CWSs that Have Multiple Treatment

PWS ID#	6280064
Date	5/31/05

Plants, hereby adopted and incorporated by reference, effective August 28, 2003. Copies of these forms are available from the Department of Environmental Protection Drinking Water Section, M.S. 3520, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Suppliers of water shall keep copies of monthly operation reports, together with any additional operation records required by the monthly operation reports, for at least ten years in accordance with subsection 62-550.720(5), F.A.C.

(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. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C.

Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

- "(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:
 - (a) Identification of the plant;
- (b) The signature and license number of the operator and the signature of the persons making any entries;
 - (c) Date and time in and out;
 - (d) Specific operation and maintenance activities and any repairs made:
 - (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
 - (f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800.

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.

40 CFR 141.91 Recordkeeping Requirements; Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

RECOMMENDATIONS: None		/ ;
Inspector: Raymond W Kenney Royman Venny Title Engineering Specialist II	Date_	6/2/65
Reviewed by James Oni Dust James M. Title P.E. III	Date_	6/2/05
,		1

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 Sarasota, Florida 34240

LIMIT:

01/01/07 To: Final

01/31/07

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

MONITORING PERIOD-From:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Pontis

Please read instructions before completing this form.

Parameter			tity or Loadir		\ Qu	ality of Cond			No. Ex	Frequency of Analysis	Sample Type
Steret code Mon., Site No.	<u> </u>	Average	Madmum	Units	Minknum	Average	Meximum	Unite			
FLOW, in sondulk or thru peniment plans	Sample Measurement	6.024	0.020	MGD						Continuous	Flow Meter
050050 1 DTH-01 ANNUAL AYERAGE DALLY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flatv Meter
BOD, Cerbonacious (5 day 200 C)	Sample Meansument					8.6	6.5	rng/L		Monthly	Greato
60062 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Semple	mo/L ·		Monthly	Graib
BOD, Cerbonacious (5 day 200 C)	Sample Measurement					2.6		mg/L		Monthly	Gnab
ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Gneb
189, EFFLUENT	Sample Massurement					3.2	2.0	mg/L	_	Monthly	Greeb
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2,8		mg/L,		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/t.		Monthly	Genip
pH	Sample Measurement				7.4		7.6	s.u,		Daily 5.wk	Gnab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		6.5, (max)	s.ü.		Daily 5.wk	Grab

Learlify 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 penalities for submitting false information including the possibility of fine and imprisorment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR ALTHORIZED AGENT (Type of PHYS) SOCIATURE OF PRINCIPAL EXCENTIVE OFFICER OR ALTHORIZED AGENT TELEPHONE NO. DATE (TYPE AMOD) Wendell L. Faircloth (863) 471-1400 07/02/26							<i></i> _				
Wendell L. Faircloth (863) 471-1400 07/02/26	NAME/TITLE OF PRINCIPAL EXECUTIVE DEFICER OR ALTHORIZED AGENT (Type of PHY)	519 (AT	URE	<i>[[]</i>	CIP/L	g Zin	TE FICEN	OF AUTHOR	12E0 AG-801	TELEPHONE NO.	CATE (1YAGADD)
	Wendell L. Faircloth					1				(863) 471-1400	07/02/26

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

DCCUMEN | NUMBER - DATE

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

LIMIT:

Please read instructions before completing this form.

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

01/01/2007 To: 01/31/2007

Sarasota, Florda, 34240

CLASS SIZE:

Final Minor

FACILITY: Leisure Lakes / Covered Bridge FACILITY ID:

5228P05930

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

GROUP:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL

Dual Perc / Evap Ponds

Parameter		Quant	tity or Loadin	9	Qu	ality of Conc	entration	-	No. Ex	Frequency of Analysis	Saunple Type
Storet caste Man. ,Sile No.		Average	Maximum	Units	Minimum	Average	Madmum	Units			
DOLIFORM, FECAL	Sample Messurement				6	NA.	5	#1100		Monthly	Grab
031616 1 EFA-01 EFT-LI/ENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	BCIO (mind)	#/1 00		Манфу	Grap
COLIFORM, FECAL	Sample Measurement					1.7		#/100		Monthly	Gnub
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					SOD NAN_AVG.		, 8 4100		Monthly	Grab
Chibrine, Total Rusidual (For Dividection)	Sample Messurement				1.4	,	,	mg/L		Daily 5 wk	Grap
050080 1 EFA-01 EFRUENT GROSS VALUE	Permit Requirement				0.5 (min)		والميضي و	mg/L		Douby 5 yes	Grip
MTROGEN, TOTAL (m. N)	Sample Messassiment						0.10	mg/L	l	Monthly	Gmb
000800) 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (mass)			Monthly	Greb
BOD, Carbonacious (5 day 200 C)	Sample Messugement					595		mg/L		Monthly	Grab
080082 G NF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Greb
TES, INFLUENT	Sample Messurement					1280		mg/L		Monthly	Grado
000530 G INF-01 NF-UENT GROSS VALUE	Permit Requirement			<u> </u>		REPORT MONITH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-081-DW3P

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

0.021 42%

Month / Year: January-07 Leisure Lakes / Covered Bridge Nitragen, Fecal TRC (For Time Type of Effluent Effluent рH pH influent Influent Collform Nitrate, Flow sample Dish(ect.) CBOD5 TSS CBOD5 TSS (a.u.) (B.U.) Total (sa Bacteria (MGD) sample (C/G) min. max. (mg/L) (mg/L)(mg/L)(mg/L)(mg/L) N) (mg/L) (#/100ml) 50060 00820 00530 00400 00400 74055 00530 80082 Code 50060 60082 INF-001 EFA-001 EFA-001 EFA-001 EFA-001 EFA-001 EFA-001 Mon.Site FLOW-001 INF-001 0.034 1.6 7.6 0.034 2 1.5 7.5 0.010 3 7.5 1.4 0.035 4 1.8 7.5 0.020 5 7.5 1.6 в 0.021 7.4 1.5 0.023 7.5 1.7 0.026 8 1.5 7.6 0.028 9 1.8 7.5 10 0.011 0.1 13:00 G 3.2 7.5 5 2.0 695 1,260 5.5 0.028 11 1.9 7.5 0.017 12 0.024 13 2.1 0.024 7.5 14 0.023 15 2.0 7.5 0.023 16 7.5 2.3 0.030 17 1.8 7.6 0.014 18 2.0 7.5 0.024 19 1.7 7.5 20 0.027 1.9 7.6 21 0.021 2.0 7.5 22 0.026 7.6 1.8 0.022 23 2.0 7.5 0.025 24 2.2 7.6 0.019 25 7.5 2.3 26 0.024 27 0.022 28 0.022 2.0 7.5 29 0.021 2.2 7.4 30 0.027 7.5 2.1 31 0.028 0.733 Total 0.10 7.5 5 1.9 1260 5.5 3.2 695 Mo.Avg. 0.024

PLANT STAFFING: Day Shift Operator	Class:	С	Certification No.: 9088	Name:	Wendell L. Faircloth
Evaning Shift Operator	Class:		Certification No.:	Name:	
Night Shift Operator	Cines:		Certification No.:	Name:	
Lead Operator	Class:		Certification No.:	Name:	<u> </u>
Type of Effluent Disposal or i	- Recisimed Wate	r Reuse:			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilitles Fiorida, inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6980 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

02/01/07 To: 02/28/07

Sarascta, 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:

B001

Lake Placid, FL 33862

PLANT SIZE/TREATMENT TYPE:

3C .

COUNTY

Highlands

TYPE OF EFFLUENT DISPOSAL: Discovered Designations before completing this form

final Perc /: Even Ponds

		Pleas	eread instruc	flons bef	ore completing	g this form.	· ''			Frequency	Gample Typ
Peremeter		Quán	tity of Loadin	g	Qu	elity of Con	KI &	of Analysis			
Storet ecide Mori. Alba No.	- I	Average	Madmum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or tieu restructi plant	Serrois Measurement	0.028	0.020	MGD		·				Continuous	Flow Mater
0500#0 1 OTH-01 WINUAL AVERAGE BALLY	Permit Requirement	Report Monthly	0,050 Ang_Avg.	MOD						Continuates	Flow Meter
BCC, Carbonacious 5 day 200 C)	Sample Measurement					4.4	4.4	rte∕L	ļ	Monthly	Greb
60082 1 EFA-01 FFLUENT GROSS VALUE	Pennit Requirement		_			30, Monthly	60, Single Sunçie	mg/L		Monthly	Ontb
BCC Calcoracions (3 day	Gample Messurement					2.0		mg/L		Monthly	Grab
SCORE Y EFA-O1 WHUAL GROSS VALUE	Pamit Requirement					20.0 Ann_Avg		mg/L		Monthly	Gleb
40, effluent	Semple Maasurement					2.4	2,0	mg/L		Adonthly	Onb
000830 f EFA-01 PFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mp/L		· Manualy ·	Grap
89, EFFLUENT	Sample Measurement					2.0		mg/L		Monthly	Grab
000530 Y EFA-01 NNUAL DROSS VALUE	Petmit Requirement					20.0 Ann_Avgs		me/L		Monthly	Greit
Н	Sample Measurement				7.4		7.6	8,14		Delly 6.wk	Злеб
000400 1 EFA-01	Permit Regalisment		•		C.S muminim	· · · · · · · · · · · · · · · · · · ·	. 6.5, (max)	e,u,		Daily 6.wk	Gmb

certify under penalty of few that I have personally arganized 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, accounts and complete. I am every that there are algorithment penalties for exbruitting false information including the possibility of fine and imprisonment.

HAMBUTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PAIA)	PRONING	Pro	Mis	PALPE	OUTSTANDING HOMESTON	DEDIT TELEPHONE NO.	DATE (YYAOA/DO)
Wendeli L. Falcoloth		\mathcal{Z}	Z	ZŁ	770	(883) 471-1400	07/03/24

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

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

PERMITTEE NAME:

Aqua Utifflies Florida, Inc.

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

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400 Serzecta, Florde 34240

LIMITE

02/01/2007 To: 02/28/2007

CLASS SIZE:

Final Minor

FACILITY: LOCATION: Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

101 Parkview Circle 8. Lake Placid, FL 33862

DISCHARGE POINT NUMBE ROOT

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Highlands

TYPE OF EFFLÜENT DISPOSAL:

Oual Perc / Evap Ponds

Peremeter		Quen	tity or Loadi	19	Qu	ality of Conc	No. Ex	Fractionary of Analysis	Sample Typ		
Storet code Mon. , Situ No.		Average	Maximum	Unite	Minimum	Average	Mendmum	Units			
DOLIFORM, PECAL	Sample Messurement				10	NA	10	M100		Monthly	Grap
091616 1 EFA-01 EFF-LUENT GROSS VALUE	Permit Requirement				Report (Awings)	400 (30 Persentile)	900 (max)	#100		Honthly	Gmb
COUTORM, FEGAL	Cample Measurement					1,3		#1100		Monthly	Grib
CS1010 V EFA-CI NOVUAL GROSS VALUE	Permit Requirement	i				AWCAVO.		4/100		Monthly	Grib
Chlorine, Total Residual For Obsiniscopy	Sample Measurement				1.5	:		m ý L		Duly 5 WE	طورق
IO-ATEL . 1 080080 BUJAY \$BORD THEUJFE	Permit Mequirement				Q.8 (min)			mg/L		Cuity 5.WA.	Onb
WITROGEN, TOTAL (45 N)	Sample Messurement						0.04	mal		Monthly	ans
COOSEO 1 EFA-01 EFF,UEDYT ORIOSE VALUE	Permit Requirement						12, (mend)			Monthly	Gnb
BOD, Carbonacious (5 day roc c)	Sumple Massurament					462		mp4.		Monthly	Gasb
DEGGEZ G INF-81 NFLUENT GROGS VALUE	Permit Requirement					report Montly		mg/L		Monthly	Greb
28 INFLUENT	Sample Measurement					278		mg/L		Manthly	Gi pa
000690 Q INVECT VELUENT ORDOSS VALUE	Permit Requirement		,			REPORT MONTLH		mg/L		Monthly	Grisb

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DWSP

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

0.023

Month / Year. February-07

Leisure Lakes / Covered Bridge

	_				Leisun	Labes/	Covered	Bridge				
	Flow (MGD)	influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	by (evr) by	pH (s.u.)	Fecal Coliforn Becteria (8/100ml)	TRC (For Disinfect.) (mg/L)	Mitrogen, Mitrate, 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	P6F-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		2.0			
2	0.030						7.5		1.8		ļ	
3	0.017						7.8		21		ļ	
4	0.025]	}		1	<u> </u>	7.5		1.7	<u> </u>		
5	0.030]				7.4		2.0			
6	0.019	1			l		7.5		2.2	 		
7	0.029	1		Ţ	Ī		7.4		2.1	:	<u> </u>	
8	0.019						7.5		1.8	ļ		
9	0.025						7.5		1,9	ļ	<u> </u>	<u> </u>
10	0.024]			<u> </u>	<u> </u>			<u> </u>	<u> </u>
11	0.024				<u> </u>				<u> </u>		<u> </u>	ļ
12	0.025						7.5		2.0	<u> </u>	<u> </u>	
13	0.021			}	l	<u> </u>	7.5		1.6	<u> </u>	ļ <u>.</u>	↓
14	0.012					<u> </u>	7.4		2.1	<u> </u>	1	<u> </u>
15	0.036					<u> </u>	7.5	ļ	22	<u> </u>	<u> </u>	<u> </u>
16	0.024	Γ	<u> </u>				7.5		1.6		<u> </u>	
17	0.023			<u> </u>			7.5		1.8	 	 	
18	0.024		<u> </u>	<u> </u>			7.6	<u> </u>	2.0	 	↓	.
19	0.033		L				7.5		1.6		<u> </u>	ļ
20	0.022						7.5	<u> </u>	1.5	 	↓	
21	0.023						7.6	<u> </u>	1.8	<u> </u>	—	<u> </u>
22	0.020	452	276	4.4	2.4		7.5	1u	20	0.04	11:3	G
23	0.029					1	7.6		1.6	<u> </u>	1	<u> </u>
24	0.028					<u> </u>			1	1		1
25	0.028						1	L	<u> </u>	<u> </u>	1	<u> </u>
26	0.027						7.5		1.8	 		
27	0.019						7.5		1.9	1		
28	0.030						7.8		2.0	1	1	
										<u> </u>		
										1		ļ
							<u> </u>]		<u> </u>		<u> </u>
Total	0.691									1		
Mo.Avg	0.025	457	2 276	3 4,4	1 2	4	7.5	10	1.9	0.04	<u> </u>	

PLANT STAFFING:	•			
Day Shift Operator	Classs;	C Certification No.: 908	8 Name:	Wendell L. Faircloth
Evening Shift Operator	Class:	Certification No.:	Name:	****
Night Shift Operator	Clase	Certification No.:	Name:	
Lead Operator	Class:	Certification No.:	Name:	4
Type of Effluent Disposal or I	Reclaimed Wate	or Reutia:		
I Imited Mat Monther Circles	woo Activated 1	No: □ Not Annicable: ☑	If yes, cumulative days of	wet weather discharge

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:

03/01/07 To:

03/31/07

FACILITY:

Leisure Lakes / Covered Bridge ·

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Lake Placid, FL 33852 Highlands

TYPE OF EFFLUENT DISPOSAL;

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	. Qu	Quantity or Loading Quality of Concentration					
Storet code Mon. Ste No.		Average	Maximum	Units	Minimum	Average	Medmum	Unite			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.024	0.020	MOD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Mater
GOD, Carbonacious 6 day 200 G	Sample Messurament					4.1	4.1	mg/L		Monthly	Greb
40082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					SC, Monthly	60, Single Sample	mg/L		Monthly	Grab
BCD, Carboneoloue (6 day 200 C)	Semple Messurement				•	3.0		mg/L		Monthly	Grab
BOOR2 Y EFA-01 UNINUAL OROGS VALUE	Parrit Regularment	-				20.0 Anit_Avg.		mg/L		Monthly	Grab
ISS, EAFLUENT	Sumple Meteurement					2.4	2.0	mg/L		Monthly	Gneb
000630 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement		 			30, Manthly	60, Single Sample	mg/L		Monthly	Grab
ISS, EFFLUENT	Sample Messurement					2.4		mg/L		Monthly	Grab
000590 y Epadi Annual Gross Value	Permit Requirement	· · · · · · · · · · · · · · · · · · ·				20,0 Ann_Avg.		ang/L		Monthly	Grab
*1	Sample Messurement				7.4		7.6	£U,		Dely 5,uk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (men)	£ LE.		Delty S.Wk	Gmb

t certify under penetty of law that I have personally commined 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 that there are eignificent penalties for submitting false information including the possibility of fine and imprisonment,

NUMBETTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ASSENT (Type of Print)	sx	NAT	y,	OF	PALE	ĆIP4	LA RECOURSE OFFICER OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMADO)
Wendell L. Faircloth	I		\mathbb{Z}	Z	Z		· 4~	(863) 471-1400	07/04/27

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

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:
MONITORING PERIOD—From:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

•

03/01/2007 To: 63/31/2007

Sarasota, Florda 34240

LIMIT:

Final

CLASS SIZE: FACILITY ID: Minor 5228P05930

GROUP:

Domestic

FACILITY:

Leisure Lakes / Covered Bridge

DISCHARGE POINT NUMBE ROOT

ANT SIZE/TREATMENT TYPE: 3

OUP; DOI

LOCATION:

101 Parkylew Circle S.

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Lake Placid, FL 33852

COUNTY: Highlands TY

Parameter		Quan	lity or Loadir	ายุ	Qu	elity of Cond	entration	_	EX	Frequency of Analysis	Sample Typ
Storet code Mon. "Sike No.		Average	Meximum	Unita	Minimum	Average	Madmum	Unita			
COLFORM, FECAL	Sample Measurement	-			10	NA	10	6/100		Monthly	Great
091616 1 EFA-01 EFFLUENT GROSS VALUE	Fernik Requirement				Report (Joseph)	400 (90 Percentile)	(4140) 6(0)	W100		Monthly	Greb
COLIFORM, FECAL	Sample Measurement					1.3		4/100	!	Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVO.		W100		Monthly	Qreb
Chiodre, Yotal Residuel Par Disinfection)	Surple Measurement				1.4			mg/L	<u> </u>	Daily 5.wk	Careab
050050 1 57A-01 5FFLUENT GROSS VALUE	Permit Requirement				Q.5 (min)			mg/L	<u> </u>	Dally 6. w/c	Graub
NTROGEN, TOTAL (49 N)	Sample Measurement						0.61	mg/L	<u> </u>	Monthly	Grub
000800 1 EFA-01 EFRUENT GROSS VALUE	Peimit Requirement						12, (med)			Monthly	Grab
BCD, Carbonacione (5 day 200 C)	Sumple Massurement					346		mp/L		Monthly	Grab
DBOORS & INF-C1 NF-LUENT GROSS VALUE	Permit Requirement					report Montlh		mg/L		Monthly	Ćuep
SS, INFLUENT	Sample Measurement					258		mg/L		Monthly	Greb
000630 G INF-01 NFLUENT GROSS VALUE	Pennit Requirement			1		REPORT MONTUM		me/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Month / Year: March-07 / Three-month Average Daily Flow: 0.024

Month / Year: March-07 / (TMSDF/Permitted Capacity)x100: 48%

					Leisur	a Lakes	/ Covere	d Bridge				
·	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	PH (s.u.) Min.	ыжы. (э.т.) БН	Fecal Coliform Bacteria (#/100ml)	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	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		20			
2	0.014						7.5		1.8			
3	0.035						7.4		1.7			
4	0.023						7.5		1.9			
5	0.020						7.5		1.8			
6	0.022						7.6		1.6			
7	0.021						7.5		1.5			
8	0.029				<u> </u>		7.5		1.6			
9	0.018						7.5		1.5			
10	0.031						7.5		1.6			
11	0.024						7.4		2.0			
12	0.022						7.5		1.8			
13	0.032	348	256	4.1	2.4		7.5	14	1.9	0,61	13:00	G
14	0.019						7.5		2.1			
15	0.021				<u> </u>		7.5		1.8			
16	0.030						7.5		2.1			
17	0.024	<u> </u>			<u> </u>		7.6		20			
18	0.022				<u> </u>	<u> </u>	7.5		1.7			
18	0.017				<u> </u>		7.5		1.9			
20	0.030]					7.4		2.0		L	
21	0.021						7.5		1.6			
22	0.025						7.5		2.2			
23	0.012				<u> </u>		7.6		1.6		<u> </u>	
24	0.027										Ĺ	
25	0.027											
26	0.028						7.6		1.9			
27	0.027						7.6		1.7			
28	0,033						7.5	1	1.8			
29	0.014						7.6		1,6			
30	0.026						7.5		1.4			
31	0.015						7.6		1.7			
Total	0.734						Ī		l T			
Mo.Avg.	0.024	348	256	4.1	2.4		7.5	1U	1.8	0.61		

PLANT STAFFING:				
Day Shift Operator	Class:	C Certification No.: 9088	Name:	Wendell L. Faircloth
Evening Shift Operator	Class:	Certification No.:	Name:	
Night Shift Operator	Class:	Certification No.:	Name:	
Lead Operator	Class:	Certification No.:	Name:	
Type of Effluent Disposal or	Reclaimed Water I	Reuse:		
Limited Wet Weather Discha	arge Activated: 🔲	No: Not Applicable: If yes,	cumulative days of	wet weather discharge

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilitles Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

04/01/07 To:

04/30/07

Saresote, Florida 34240

LIMIT: CLASS SIZE: Final

Minor

FACILITY:

Leisurs Lakes / Covered Bridge

FACILITY ID:

6228P05930

GROUP: Domestic

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

LOCATION:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Duel Perc / Evap Ponds

		r 1984	e reed instruc	TIOTIS DEL	are delitible (1)	The Ideals			-	Frequency	Sample Typ
Parameter		Quant	tity or Loadii	ng	Qu	allty of Cont	centration		No. Ex	of Analysis	aaumpie ry
Storet aade Man, Sits Na.	_	Average	Maximum	Units	Minimum	Avarage	Maximum	Units			
FLOW, in conduit or thru restment plent	Sample Measurement	0.020	0.020	MGD						Continuous :	Flow Meter
060056 1 OTH-01 INNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0,050 Ann_Avg.	MGC						Continuous	Flow Metan
BOD, Carbonacious 5 day 200 C)	Sample Messurument					4.0	4.0	നളി.		Monthly	Gmb
60082 1 EFA-01 EFFLUENT GROSS VALUE	Pomit Requirement					30, Monthly	60, Single Semple	mg/L		Monthly	Greb
BOO, Carbonecicus (5 dey 800 C)	Sample Matsurement				-	3.1		mg∕L		Monthly	Grab
40092 Y EFA-01 WILLIA GROSS VALUE	Permit Requirement					20.0 And Avg.		mañ		Monthly	Greb
RES, EFFLUENT	Sample Hassurement					9,6	2,0	mg/L		Monthly	Grab
COOSSO 1 EFA-CH SPRUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
184, EFFLUENT	Sample Measurement					2.7		ing/L		Monthly	Onsb
000630 y EFA-01 Innual Gross Valle	Permit Requirement					20.0 Ann_Aug.		mg/L		Monthly	Greb
SH .	Semple Messurement				7.4		7.8	t.u.		Deally S. w.k.	Grab
000400 1 EFA-01 FFFLUENT OROSE VALUE	Permit Requirement				6.G, minimum		&.6, (Merm)	4.0.		Daily 6.wk	Grab

I certify under penalty of law that I have personally examined and am familiar with the information aubmitted 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 swere that there are eignificant penalties for submitting false information including the possibility of fine and imprisonment.

HAMBERTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	3155	ATLY	4	PPHO	YAL 5	offor	INT OFFICER O	HIM	PREMINE	TELEPHONE NO.	DATE (VVMANOO)
Wendell L. Fairoloth	V		\mathbb{Z}		\mathbb{Z}					(863) 471-1400	07/06/27

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

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014368-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From: LIMIT:

04/01/2007 To: 04/30/2007

Sarasota, Florda 34240

CLASS SIZE:

Minor 5228P05930

Final

GROUP:

FACILITY:

Lelaure Lakes / Covered Bridge

FACILITY ID:

Domestic

LOCATION:

101 Parkview Circle S.

Highlands

DISCHARGE POINT NUMBE ROO1 PLANT SIZE/TREATMENT TYPE:

COUNTY:

Lake Placid, FL 33852

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 Ty
Storet ande Man, .Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform, Fecal	Sample Measurement				10	NA	10	MH00	ŀ	Monthly	Creb
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Awage)	400 (90 Percantile)	800 (max)	#100		Monthly	Greb
DOLIFORM, FECAL	Sample Measurement					1 4		#V1:00		Monthly	Gnub
OSIBIR Y EFA-O1 WINNAL GROSS VALUE	Permit Requirement			ĺ		200 AMN_AVG.		W/100		Monthly	Only
Chlorine, Total Residual For Disinfection)	Semple Measurement				1.4			mg/L		Daily Swk	Gnib
050090 1 EFA-01 EFFLUENT GROSS VALUE	Fermit Requirement		_		Q.\$ (mbn)			mp/L		Daity 5.wk	Grab
NTROGEN, TOTAL (48 N)	Sample Measurement						1.30	mg/L		Monthly	Grub
000600 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement						12, (mex)			Monthly	Grab
900, Carbonacious (5 day 90 C)	Sample Messurement					. 60		mφ/L		Monthly	Gnab
080002 G INF-01 NFLUENT GROSS VALUE	Pennit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
33, INFLÜENT	Sample Measurement					356		mg/L		Monthly	Greb
000830 G INF-01 NFLUENT GROSS VALUE	Permit Requirement	l	•			REPORT MONTLH		mg/L		Monthly	Onab

DAILY, SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

	/ Year:			.,		a t abae	/ Covere	(TMSDF/P	nth Average ermitted Cap	-		0.023 46%
Code	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.)	Fecal Coliform Bacteria (8/100ml) 74055	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (se N) (mg/L)	Time of sample	Type of sample (C/G)
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		2.0			
2	0.015						7.5		1.8			
3	0.021						7.4		1.7	<u> </u>		
4	0.026						7.5		1.9			
5	0.028						7.5		1.8			
6	0.022						7.6		1.6			
7	0.019						7.5		1.5			
В	0.019	·					7.5		1.6			
9	0.019					[7.5		1.5			
10	0.023					_	7.5		1.6			
11	0.016						7.4		2.0			
12	0.027	50	358	4.0	9.6		7.5	tu	1.8	1.3	13:25	G .
13	0.014						7.5		1.9	1		
14	0.032				~		7.5		2.1		\vdash	
15	0.021			<u> </u>		 	7.5		1.8		†	
16	0.016	† 				 	7.5		2.1		 	
17	0.013					 	7.6		20		\vdash	
18	0.026	 		 		·	7.5	 	1.7		 	
19	0.021						7.5		1.9		<u> </u>	
20	0.014						7.4		2.0	 	 	
21	0.012	 					7.5	 	1.8		†	
22	0.019		 		 	 	7.5	 	2.2	 	 	
23	0.018	 	 		 	<u> </u>	7.6	 	1.6	 	 	╁──
24	0.017	 	 		 	 	 ',0	 	1.0		 	
	 	 	 		╂──	┼──	 	 	 	 	 -	
25	0.009	 		 	 	 	7.6		1	<u> </u>	 	-
26	0.022	 	ļ		 -	-	7.6	 	1.9		 	
27	0.023	†	<u> </u>	 -	 	 	7.6	 	1.7	 	 	+
28	0.019	1	 		 	+	7.5	 	1.8	 	1	
29	0.019	 	 		 	 	7.6	 	1.6	 	 	+
30	0.018	 				 	7.5		1.4			
		 			<u> </u>	1	<u> </u>	 	J	<u> </u>		
Total	0,593		0=0		 			411	1	4.00	 	
Mo.Avg.	 	50	356	4.0	9,6	<u> </u>	1.5	1U	1.8	1.30	<u> </u>	<u> </u>
PLANT ST Day Shift (Class:	С	_ Certifica	ation No.	:_ 9068 _	_	Name:	Wendell L	Fairclet	h
Evening Si	hift Operate	or	Class:		Certifica	ation No.	:	_	Name:			
Night Shift	•		Class:		-		:	_	Name:			
Lead Oper	•		Class:		_		:	_	Name:			
•	luent Dispos	sal or Reci	airned Wal	er Reuse:	-			-				
Limited Wa	•				☐ Not A	pplicable	: !	yes, cumula	itive days of	wot woather	discharge	<u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida, inc.

PERMIT NUMBER:

FLA014388-001-DW3P

06/01/07 To:

MAILING ADDRESS:

6960 Professional Parkway E., Sulte 400

MONITORING PERIOD-From:

05/31/07

Sarasota, Florida 34240

LIMIT:

Final

CLASS SIZE: FACILITY ID:

Minor 522BP05930

GROUP: Domestic

FACILITY:

Leisure Lakes / Covered Bridge

DISCHARGE POINT NUMBER:

R001

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponda

		Preas	e read instruc	mons ben	ore completing	tuis mun.			1 11-	Frequency	Sautopie Typ
Parameter		Quan	tity or Load!r	ng	Qu	ality of Cond	pentration		No.	of Analysis	32,410
Staret and MonSite No.	 	Average	Maximum	Unite	Minimum	Average	Maximum	Units	 		
FLOW, in conduit or thru treatment plant	Sample Messerement	0,010	0.020	MGD						Continuous	Flow Metar
050080 1 OTH-01 ANNUAL AVERAGE DAILY	Parmit Requirement	Report Manthly	0,050 Ahn_Avg.	MGĐ						Continuous	Flow Mater
BOD, Carbenacious (5 day 200 C)	Sample Measurement					20	2 U	mg/L		Monthly	Grab
60082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		<u> </u>			30, Nonthly	60, Single Shimple	mg/L		Monthly	Graž
SOD, Çerbansabuş (ö dəy 200 C)	Sample Messurement					3.1		mg/L		Monthly	Grab
60062 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Qmb
158, EFFLUENT	Sample Metauromeni					18	10	mgA		Monthly	Ginip
000590 1 EFA-01 EFFLUSNT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	desĐ
rss effluent	Sample Messurament					2.7		sng/L		Monthly	Grab
000630 Y EFA-01 Annual Gross Value	Permit Requirement				,	20.0 Ann_Avg.		mel.		Monthly	Gasb
ьН	Sample Measurement	·			7.4		7,6	ŧ.u,		Daily 6.wk	Grub
030400 - 1 EFA-01 EFFLUENT ORGAS VALUE	Permit Requirement	•			6.0, നിര്ന്ന്യം		9.5, (mu)	1.4.		Daily S.wk	Grab

I certify under pensity of law that I have personally examined and am familiar with the information submitted herein; and based on any inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, ecourate and complete. I am given that there are eightfoam parallises for submitting false information including the possibility of the and imprisonment.

NAMEDITING OF PRINCIPAL EXECUTIVE OF PICER OR AUTHORIZED AGENT (Type of Princ)	EL COLON	ha or of	NOIPH	PROVINCE OF FIGURE OR AUTHORIZED AGEN	TELEPHONENIA	DATE (SYMBATOD)
Wendel L. Feircloth					(863) 471-1400	07/06/27

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

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

LIMIT:

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

6960 Professional Parkway E., Suite 400

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

06/01/2007 To:

05/31/2007

MONITORING PERIOD-From: Final Minor

CLASS SIZE:

FACILITY 1D:

6228P05930

GROUP:

Domestic

FACILITY: LOCATION: Leisure Lakes / Covered Bridge

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE ROO1 PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Hightende

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

					fore completing				No. i	Frequency	Sample 17
Parameter	1	Quan	tity or Loadin	ng .	Gn Gn	ality of Cond	entration		Ex	Analysis	
Storet cade Mon Site No.	\	Average	Meximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Sample Menaurement				10	NA	1U	MACO		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Rupott (Nurse)	400 (pg Percentile)	80b (mex)	# /100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					tu		#/103		Monthly	Greb
CO1618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVQ		#100		Monthly	Greeb
Chiorine, Total Residual (For Disinfection)	Sample Mossiment				1.6			mg/L		Duily 5.vak	Greb
050080 1 EFA-01 EFFLUENT OROGS VALUE	Parnit Requirement	 			0.5 (min)			mg/L		Delly 5 wk	Grab
NITROGEN, TOTAL (## N)	Semple Measuremant						1.32	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Pennit Requirement						12, (7963)			Monthly	Grab
BOD, Curbonacious (5 day 200 C)	Sample Mediturement					329		nag/L		Monthly	Grab
080082 G BNF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L	<u></u>	Monthly	Grab
TSS. INFLUENT	Sample Measurement)				852		mg/L		Monthly	Grab
000630 G INF-01 NFLUENT GROGS VALUE	Permit Requirement			1		REPORT MONTLH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA914388-001-DW3P

Three-month Average Daily Flow: 0.020 Month / Year: May-87 (TMSDF/Permitted Capacity)x100: 40% Leisure Lakes / Covered Bridge Fecal Nitrogen, influent influent Effluent Effluent рH TRC (For Time Type of Coliform Nitrate, CBOD5 TSS C80D5 TSS (s.u.) (9,U.) Disinfect.) sample Total (as (MGD) Bacteria (mg/L) min. (C/G) (mg/L)(mg/L) (mg/L) Mex. (mg/L) ampie (#/100ml) N) (mg/L) 50050 80082 00530 60062 00530 00400 00400 74055 50060 00620 Code Mon.Site FLOW-001 INF-001 EFA-001 EFA-001 EFA-001 EFA-001 NF-001 EFA-001 EFA-001 0.017 7.5 1.9 7.5 1.8 0.006 2.0 3 0.019 7.5 7.5 2.3 4 0.014 5 0.021 7.4 1.9 7.5 2.2 6 0.015 7 7.5 2.6 0.011 7.5 2.2 8 0.015 7.5 2.1 9 0.014 7.4 0.016 2.0 10 7.5 2.2 11 0.014 7.4 0.016 20 12 0.019 7.5 1.9 13 7.5 0.015 2.2 14 1.7 0.012 7.5 15 7.5 1.9 16 0.018 0.015 7.5 21 17 7.5 1.6 18 0.015 19 0.012 7.6 1.8 1,7 20 0.017 7.5 7.5 22 21 0.014 0.022 329 852 2u 1.0 7.5 | 1u 2.5 1.32 11:40 G 22 7.5 2.1 23 0,012 1.8 0.013 7.6 24 7.5 2.2 0.022 25 7.5 20 26 0.018 27 0.015 28 0.015 0.015 7.6 1.8 29 7.5 2.0 30 0.015 7.6 1.9 31 0.020 Total 0.482 7.5 1U 2.0 1.32 0.016 329 852 2U 1U Mo.Avg. **PLANT STAFFING:** C Certification No.: 9088 Wendell L. Faircloth Class: Name: Day Shift Operator Evening Shift Operator Class: Certification No.: Name: Certification No.: Class: Name: Night Shift Operator Class: Certification No.: Name: Lead Operator Type of Effluent Obsposal or Reclaimed Water Reuse. Limited Wel Weather Discharge Activated: Wo: Not Applicable: If yos, cumulative days of wat weather discharge

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:

06/01/07 To: 06/30/07

Sarasota, Florida 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkylew Circle S.

DISCHARGE POINT NUMBER:

R001 3C

Lake Piacid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form. Sample Type No. Frequency Parameter Quantity or Loading Quality of Concentration Ex Analysis Average Maximum Units Minimum Average Maximum Unite Storet code Mon. Sita No. FLOW, in conduit or thru Cantinuous 0.016 0.020 MGD Sample Measurement Mate trastment plant 060060 1 Flow OTHOR Report 0.060 Continuous MOD Permit Requirement ANNUAL AVERAGE DAILY Monthly Mate Arin_Avg. 600, Carbonacious **1**U 2U Monthly Grab mg/L Sample Measurement (5 day 200 C) 80082 1 EFA-D1 eQ, Single EFRUENT GROSS VALUE 30, Monthly ma/L Monthly **Grab** Permit Requirement Sample 600, Carbonasione (6 day Gmb 3.1 ma/L Monthly Sumple Messurement 200 C) 80082 Y EPA-O1 20.0 ANNUAL GROSS VALUE mgA. Manth Gmb Permit Requirement AMLAVS. 1.4 1.4 mail. Monthly Grab TSS, EFFLUENT Sample Measurement 000550 1 EFA-01 dD, Single 30, Mombly mg/L Monthly Grab EFFLUENT GROSS VALUE Permit Requirement Semple 2.7 mg/L Monthly Grab TSS, EFFLUENT Sample Measurement 000630 Y EFA-01 20.0 Grab ANNUAL GROSS VALUE no/L Monthly Permit Requirement ART AVO. 7.8 Gab 7.4 24 Daily & wk Semple Messurament 8.0, 0.5. 000403 1 EFA-01 Daily 6.wk Permit Requirement minimum (max) EFFLUENT GROSS VALUE

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

NAME TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PATE)	БКЗ	人	uye	019		4.5	2	formes	STAUTHONIZED AGEN	TELEPHONENO	DATE (YYMANDD)
Wendell L. Faircloth	\mathbb{Z}	1		\mathbb{Z}	1		1	7		(863) 471-1 400	07/08/27

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

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

6960 Professional Parkway E., Sulte 400

Sarasota, Flords 34240

PERMIT NUMBER:

FLA014388-001-DW3P

06/01/2007 To:

06/30/2007

LIMIT:

FACILITY ID:

Final

CLASS SIZE:

Minor

5228P05930

Domestic GROUP:

FACILITY: LOCATION: Lelaure Lakes / Covered Bridge

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE ROO1

TYPE OF EFFLUENT DISPOSAL:

MONITORING PERIOD-From:

3C PLANT SIZE/TREATMENT TYPE:

Dual Perc / Evap Ponds

COUNTY: Highlands

		Piess	e read Instruc	tions be	fore completing	this form.					
Parameter		Quan	tity or Loadir	ıg	Gn	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon.,Site No.	_	Average	Maudmum	Units	Minimum	Average	Maximum	Unite			
COLIFORM, FECAL	Sample Messurement			1	10	NA	10	#/19G		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Persentile)	800 (max)	#V100		Monthly	Gnab
COLIFORM, FECAL	Sample Measurement					1u		#/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#r100		Monthly	Grab
Chlorine, Yotal Residual (For DisInfection)	Sample Measurement				1.6			mg/L		Celly 5.wk	Greb
050050 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Ф.5 (min)			rng/L		Daily 5,wk	Greb
NETROGEN, TOTAL (45 N)	Sample Measurement						3,16	mg/L		Monthly	Grab
CCOSCO 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Cerbonacious (5 day 200 C)	Sample Measurement					144		mg/L		Monthly	Grab
080082 0 INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Gmb
TSS, INFLUENT	Semple Measurement					948		mg/L		Monthly	Gmb
000690 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH		me/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Month / Year: June-07 Three-month Average Dally Flow: 0.017
(TMSDF/Permitted Capacity)x/100: 35%

					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 Colliorm Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitragen, Nitrate, Total (as N) (mg/L)	Time of semple	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		2.0			
2	0.015						7.4		1.7			
3	0.017						7.5		1.9			
4	0.013						7.5		1.7			
5	0.012						7.5		2.0			
6	0.019						7.6		1.8			
7	0.017						7,5		2,0			
8	0.013						7.5		1.6			
9	0.020											
10	0.020											
11	0.019						7.5		1.9			
12	0.008						7.5		2.2			
13	0.015						7.6		1.7			
14	0.019						7.5		2.2			
15	0,009	144	948	2.0	1.4		7.6	1	1.6	3.16	10:35	G
16	0.019				<u>-</u>		7.5		1.8			
17	0.018						7.6		2.0		<u></u>	
18	0,013						7.5		2.1		<u> </u>	
19	0.023			<u> </u>			7.5		2.2			
20	0.011						7.6		2.3			
21	0.018						7.5		2.2			
22	0.018						7.5		2.3			
23	0.006						<u> </u>					
24	0.006						7.5		2.2			
25	0.028					ļ	7.5		2.6			
26	0.025				ļ		7.5	<u> </u>	2.4			
27	0.019						7.5		2.2			
28	0.018			ļ			7.5		2.3			
29	0.015						7.5		2.6			
_30	0.013					<u> </u>	7.4		2.1			
Total	0.483											
Mo.Avg.	0.016	144	948	2U	1.4	<u> </u>	7.5	1U	2.1	3,16		

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	argo Activated: 1	No: Not Applicable:	If yos, cumulative days o	f wet weather discharge

04/03/2008

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:

07/01/07 To: 07/31/07

Sarasots, Florida 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

3C

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

Lake Plecid, FL 33852

PLANT SIZE/TREATMENT TYPE:

R001

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		<u> </u>	e read Instruc	tions be	ore completing			Dual Ferci	Etupi	31103	
Parameter	Citability of Lo					allty of Cond	centration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Meximum	Units	•		
FLOW, in conduit or thru treatment plant	Sample Measurement	0,018	0.020	Мар						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	Q.050 Anr_Avg.	WGD						Continuous	Flow
BOD, Carzonacious (5 day 200, C)	Sample Measurement					20	20	mg/L		Monthly	Grab
83082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Semple	mgA		Monthly	Grab
BOD, Curbonenious (6 day 200 C)	Sumple MagavierneM					3.1		mg/L		Monthly	Greb
60082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement		•			20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					10	10	mg/L		Monthly	Grab
000530 ! EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Manthly	60, Single Semple	mg/L		Monthly	Grab
T&S, EFFLUENT	Sample Messurement					2.6		тъоД.		Yennaki	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement				· · · · · · · · · · · · · · · · · · ·	20,0 Arin_Avg.		mp/L		Monthly	Gneb
рН .	Sample Mesautement				7.4		7.8	A.u.		Daily 5.wk	Graph
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				eo, minimum		& & (max)	#. u.		Daily 5.wk	Grab

I certify under penalty of law that I have personally examined and am (amiliar with the information aubmitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, ecoursis and complete. I am aware that there are algorithms to penalties for submitting false information including the possibility of fine and impresonment.

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1794 of Pirt)	sign	LTU	2/6	*	IZ UP I IPA		egyffivt office	OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMCD)
Wendell L. Falzoloth	L	7	1	1	\mathbb{Z}	_			(863) 471-1400	07/08/07

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FI_A014368-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

07/01/2007 To: 07/31/2007

Saresota, Florda 34240

LIMIT: CLASS SIZE: Final

FACILITY ID:

Minor

5228P05930

Domestic GROUP:

FACILITY:

Leleure Lakes / Covered Bridge

DISCHARGE POINT NUMBE ROOT

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	lity or Loadin	ıĝ	Qu	ality of Conc		No. Ex	Proquency of Analysis	Sample Typ	
Storet code Mon. Site No.		Average	Maximum	effel	Minimum	Average	Maximum	Units			
Coliform, Fegal	Semple Measurament				10	NA	10	6/100		Monthly	Gnub
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (knings)	400 (90 Perseatile)	8/20 (max)	##100		Monthly	Grab
COLIFORM, FEGAL	Sample Measurement					1 u		#/100		Monthly	Gnab
081616 Y EFA-01 WAVUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		M/100		Monthly .	Grab
hiorine, Total Residual For Distribution)	Sample Measurement	_			1,0			mg/L		Delly 5,wk	Grab
060080 1 EFA-01 FFRUENT GROSS VALUE	Permit Requirement				0.5 (mln)			#ng/L		Daily 6,wk	Gnb
ITROGEN, TOTAL (as M	Sample Measurement						3,90	₩â∕r		Monthly	Grab
00H00 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOO, Carbonadous (5 dey 00 C)	Sample Measurement					61		mg/L		Monthly	Grab
ORCORD G INF 61 NEWENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Greb
85, INFLUENT	Sample Мевениялисы					60		mg/L		Monthly	Grab
000630 G INF-01 IFLUENT GROSS VALUE	Permit Requirement					REPORT		mg/L		Monthly	Gnb

PermitNumber: FLA014328-001-DW3P

Month	/ Year.		07					Three-mo	nth Average	Daily Flow		0.016
MON	r rear,	Jui	y-07	•	l eleur	e lakes	i Couera	(TMSDF/P d Bridge	ermitted Ca	parcity)ori 00:		32%
	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (9.u.) min.	pH (s.u.) max,	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Yotal (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	<u> </u>	
1	0.017						7.4		2.3			
2	0.014						7.5		2.0			
3	0.015						7.5		2.2			
4	0.021						7.6		2.1			
5	0.010	·					7.5		2.3			
6	0.015						7.5		2.0			
7	0.018								-			
8	0.016						7.6		1.8			
9	0.026						7.6		2.1			
10	0.012				-		7.5		1.7			
11	0.021						7.5		1.9			
12	0.009					•	7.5		3.2			
13	0.016						7.6		3.3			
14	0.015						7.6		3,1			
15	0.019						7.4		2.4			
16	0.015						7.5		3.4			
17	0.011						7.5		3.2			
18	0.014						7.5		3.0			
19	0.022	51	50	2u	1u		7.5	1u	3.4	3.90	13:50	G
20	0.015						7,5		3.5			
21	0.012				;		7.4		1.1			
22	0.012											
23	0.013						7.5		1.2		-	
24	0.015						7.4		1.0			
25	0.010						7.5		2.0			
26	0.017						7.5	-	3.0			
27	0.018	-					7.5		3.4			
28	0.021						7.4		2.3			
29	0.020						7.5		2.8			
30	0.018				· i		7.5		3.0			
31	0.013						7.5		3.4			
Total	0.489											
Mo.Avg.	0.016	51	50	2 U	1U		7.5	1U	2,5	3.90		
PLANT ST	AFFING:											
Day Shift O	perator		Class:	c	Certificat	ion No.:	9088		Name:	Wendeli L I	Faircloth	
Evening Shi	ift Operator	•	Class:		Certificat	ion No.:		1	Name:			
Night Shift (Operator	,	Class:		Certificat	ion No.:		1	Name:			
Lead Opera	tor		Class		Certificat	ion No.:			Name:			
Type of Efflu						•			-		-	
Limited Wet	Wealther Di	scharge A	ctivated: {	JNo: □	Not Ap	plicable;	☑ If yo	es, cumulati	ve days of w	et weather di	scharge	
							,		-			

Please read instructions before completing this form.

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLAC14388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Sulte 400

MONITORING PERIOD-From:

08/01/07 To: 08/31/07

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

Parameter		Quan	tity or Loadir	ng	Qı	uality of Cond	centration		No, Ex	Frequency of Analysis	Semple Ty
Staret code MonSite No.		Average	Maximum	Unite	Minimum	Average	Maximum	Unite			
FLOW, in conduit or thru treatment plant	Sample Measurement	0.019	0.020	MGD						Centinupus	Flow Mater
050050 1 OTHOS Annual Average Daily	Permit Requirement	Report Monthly	0.050 Anz_Ayp.	MGD						Continuous	Flow Meter
BOD, Cerbonadous (6 day 200 C)	Sample Massurement					2 U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	mg/L		Monthly	Grab
BOD, Carbonacious (6 day 200 C)	Sample Messurement					3.1		mg/L		Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ans_Avg.		mg/t,		Monthly	Grab
758, EFFLUENT	Sample Megawemant					1,2	1,2	møL		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Giab
TS\$, EFFLUENT	Sample Mequirement					2.6		mg/L		Monthly	Gab
000530 Y EFA 01 ANNUAL GROSS VALUE	Permit Requirement					20 0 Ann_Airg.		mg/L		Monthly	Crab
рН	Sample Messurement		***		7.4		7,6	e.		Delly 5.wk	Grub
000400 1 EFA 01 EFFLUENT GROSS VALUE	Perryl Resulterrent				6.0, minkmum		6.5, (max)	A.U.		Delly 5.wk	Grab

nd am familier with the information automitied herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accounts and complete. I am aware that there are algorithman penalties for submitting false information including the possibility of fine and imprisonment.

	HAME/TITLE OF PRINCUMAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIG	Mr.	RE O	r ju	WCIFAL	EXECU	INE-O	FER	DE AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYATADD)
1	Wendeli L. Faircloth	V						/	1	<u> </u>	(883) 471-1400	07/09/26
	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	(apří	karé	8	Ken	es (A	Kaci.	addil	donal	sheets if necessi	ary.)	

LIMIT:

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

6960 Professional Parkway E., Suite 400 MONITORING PERIOD-From:

FLA014358-001-DW3P PERMIT NUMBER:

Final

08/01/2007 To:

08/31/2007

FACILITY:

Leleure Lakes / Covered Bridge

Sarasota, Florda 34240

CLASS SIZE: FACILITY ID:

Minor 5228P05930

GROUP:

Domestic

LOCATION:

101 Parkylew Circle S.

DISCHARGE POINT NUMBE ROO1

3C

COUNTY:

Lake Placid, FL 33852 Highlands

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds .

Parameter		Quan	lity or Loadin	ng	Qu	ality of Cond	entration		Na. Ex	Frequency of Analysis	Sample Typ
Staref code Mon Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform, Fegal	Sample Measurement				10	NA	10	#100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Aurogs)	403 (90 Percentile)	008 (Mam)	W100		Manthly	Grab
COLIFORM, FECAL	Sample Measurement					1u		#/fQ0		Monthly	Grab
031B18 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG,		#/100		Monthly	Grab
Chlorins, Total Recidual (For Obsimission)	Sample Measurement			1	2.2			mg/L		Dally 5.wk	Grab
060080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Q.S (min)			moÆ		Daily 6.Wk	Greb
NITROGEN, TOTAL (100 N)	Sample Massumment						2.26	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Greb
80D, Carbonacique (5 day 200 C)	Sample Messurement					181		mg/L		Monthly	Grab
080062 G INF-01 NFLUENT GROSS VALUE	Permil Requirement					REPORT MONTLH		mg/L		Manthly	Grab
iss, influent	Sample Measurement					66		mg/L		Monthly	Greb
000630 0 INF-01 NFLUENT GROSS VALUE	Parmit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

0.019

191

68 2U

Mont	h / Year:	Auen	ıst-07	,				Three-ma	with Average	Daily Flow	:	0.017
				-	Leisu	e Lakes	/ Covere	(IMSDFIP ed Bridge	ermitted Cap	pacity)x100:	:	349
	Flow (MGD)	influent CBODS (mg/L)		Eilluent CBODS (mg/L)	Effluent TSS (ing/L)		pH (s.u.) rmax.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type o sample (C/G)
Code	50050	80062	00530	80062	00530	00400	00400	74055	50060	00620	├─	
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001			EFA-001	EFA-001	EFA-001	EFA-001		
1	0.019						7.5		2.8		<u> </u>	<u> </u>
2	0.015						7.5		2.2		 -	
3	0.016						7.4		2.9			
4	0.017	_						 				
5	0.017		1		·				-	****	h	 -
6	0.016						7.5		3.3			
7	0.030						7.5		3.4		-	
8	0.019						7.6		3.5			_
9	0.020						7.5		3.3			
10	0.021						7.5	·	3.4			
11	0.020						7.5		3,3			
12	0.017					_	7.4		3.0		-	
13	0.026				· · · · · · · · ·		7.5		3.4			
14	0.016						7.5	-	3.5			
15	0.014						7.6		3.4			
16	0.026						7.5		3.3			
17	0.023	191	66	2u	1.2		7.5	1น	3.2	23	13:40	G
18	0.017											
19	0.017					~						
20	0.016						7.5		3.1			
21	0.020						7.5		3.4			
22	0.014					·	7.5		3.2		٠.	
23	0.016						7.5		3.0			
24	0.022						7.6		3.4		 	
25	0.017						7.5		3.1	 		
26	C.019						7.6		3.3			
27	0.018				i		7.5	·j	3.4			
28	0.016						7.6		3.2			
29	0.022					•	7.5		3,4			
30	0.012						7.6		3.3			
31	0.016						7.6		3.5		- 	
Total	0.574		Ť									

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 Wate	er Reuse:	_	
Limited Wet Weather Discha	rge Activated: {	No: Not Applicable: 113	yes, cumulative days of	wet weather discharge

7.5 1U

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

ADDRESS: 6960 Professional Parkway E., Sulta 400

MONITORING PERIOD--From:

09/01/07 To: 09/30/07

Seresota, Florida 34240

LIMIT: CLASS SIZE: Finai Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

ER: R001 YPE: 3C

COUNTY:

Lake Placid, FL 33852 Highlands PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		Pleas	e read instruc	tions belo	ore completing	this form.					
Parameter		Quan	tity or Loadir	ig	Qu	ality of Cond	centration		Na. Ex	Frequency of Analysis	Sample Typ
Storet code Mon. Site No.	<u> </u>	Average	Maximum	Units	Minimum	Average	Maximum	Units	 		<u> </u>
FLCAV, is consult or thru treatment plant	Sample Measurement	0.016	0.019	MGD						Continuous	Flow Mater
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Veter
BOD, Cerboradious (5 day 200 C)	Sample Magevreniem					2U	2U	mp/L		Monthly	Ç (Zab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Parmit Requirement					33, Monthly	60, Single Sample	mg/L		Monthly	Oret
BOD, Carbonacious (5 day 200 C)	Sample Massurement					3.1	į	mg/L	2	Monthly	Grah
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.	i	rng/L		Monthly	Grab
T6S, EFFLUENT	Samp'e Measurement			i		1U	10	rrak.		Monthly	Grab
000930 ! EFA-01 EFPLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	rrgt.		Monshly	Grab
iss, effluent	Sample Measurement					2,4		rng/L		Monthly	Grab
000990 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ara_Avg.		mg/L		Monthly	Grab
»H	Semple Measurement				7.4		7.6	\$. U.		Dally 6.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, ភាពកោសក		8,5, (mxx)	4 , 4 ,		Dally 5.wk	Gab

i certify under parally of faw 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, securate and complete. I am average that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAVESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ITYPE OF PRINCI	EIOH	ATURE	J.	Rydoir	 yz by	CITIVE OF ICE	OR AUTHORIZED	MOENT.	TELEPHONE NO	DATE (YYAVAUDD)
Wendell L. Faircloth	V_{\cdot}	_	Z	Z	Z	07	\sim		(863) 471-1400	07/10/22

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

PERMITTEE NAME:

Aqua Utilitles Florida, Inc.

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD--From: LIMIT:

09/01/2007 To:

09/30/2007

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

GROUP:

Domestic

LOCATION: .

101 Parkview Circle S.

Highlands

DISCHARGE POINT NUMBE ROO1

COUNTY:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadir	ng	Qu	ality of Conc	entration		No. Ex	Frequency of Analysis	Sample 1
Storet code Mon. Site No.		Average	Maximum	Unite	Minimum	Average	Maximum	Unite			1
COLIFORM, FECAL	Sample Measurement				1U	NA	10	#4100		Monthly	Grab
031616 1 EFA 01 EFFLUENT GROSS VALUE	Parmit Requirement				Report (Average)	400 (90 Percentile)	800 (man)	WHOO		Monthly	Grab
DOUFORM_FECAL	Semple Massurement					1u		#/103		Morahiy	Grab
031618 Y EFA-01 ANYUAL GROSS VALUE	Pemil Requirement					200 AVX_AVG,	Ì	#V100		Monthly	Greb
Chlorine, Total Residual For Disinfection)	Sample Measurement				1.8	-		mg/L		Daily S.wk	Grab
050080 1 EFA-D1 FFLUENT GROSS VALUE	Permit Requirement				o \$ (min)			mg/l₋		Daily 5 iva	Gmb
ITROGEN, TOTAL (as N)	Sample Measurement						6.33	mgA	; 1	Monthly	Grab
200800 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOO, Carbonacious (6 day CO C)	Sample Measurement					284		mg/L		Monthly	Greb
080062 G . INF. 61 PRUENT GROSS VALUE	Parmit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
BS, INFLUENT	Serrele Measurement					176		mg/L	 	Monthly	Grab
200590 G INFO1 DFLUENT GROSS VALUE	Permit Requirement	<u> </u>				REPORT		mg/L	- 	Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow. 0.017 Month / Year. September-07 (TMSDF/Permitted Capacity)x100: 34% Leisure Lakes / Covered Bridge Fecal Nitrogen, Effluent Influent Influent Effluent рΗ рΗ TRC (For Time Type of Flow Collform Nitrate, CBOD5 TSS CBOD5 TSS (s.u.) (s.u.) Disinfect.) sample (MGD) Bacteria Total (as (mg/L) (mg/L) (mg/L) (mg/L)min. max (mg/L) sample (C/G) (#/100ml) N) (mg/L) 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 1 0.016 7.6 3.6 0.013 2 7.5 3.3 0.019 3 4 0.019 7.4 3.0 5 0.021 7.5 3.4 6 0.016 7.4 3.2 0.019 7.6 3.5 8 0.014 7.5 3.1 0.016 9 7.5 3.3 10 0.021 7.6 3.4 11 0.012 284 176 20 7.6 1u 10 3.5 6.33 11:30 G 12 0.013 7.5 3.2 13 0.011 7.6 2,6 14 0.018 7.6 3.6 15 0.017 16 0.018 7.5 3,3 17 0.012 7.6 3.5 18 0.018 7,5 2.0 19 0.010 20 0.011 7.5 1.8 21 0.018 7.6 3.6 0.020 22 7.5 2.8 23 0.017 7.6 3,1 24 0.015 7.6 3,5 25 0.014 7.5 3.2 0.016 26 27 0.017 7.6 3,5 28 0.014 7.6 3.0 0.015 29 30 0.015 Total 0.475 Mo.Avg. 0.016 284 176 2U ıυ 7.5 1U 3.2 6.33 PLANT STAFFING: **Day Shift Operator** Class: Certification No.: 9088 Name: Wendell L. Faircloth Evening Shift Operator Class: Certification No.: Name: Night Shift Operator Class: Certification No.: Name: Lead Operator Certification No.: Class: Name: Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: No: Not Applicable: V If yes, currillative days of wet weather discharge

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:

10/01/07 To:

10/31/07

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

LIMIT:

Final Minor

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

Parameter		Quan	tity or Loadir	ıg	Qu	ality of Cond		Na. Ex	Frequency of Analysis	Sample Ty	
Storat code Mon., Site No.	<u> </u>	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru restruent plant	Sample Measurement	0.016	0.018	MOD						Continuous	Flow Malar
D50050 1 OTHOS ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0,05G Ana_Avg.	мдр						Continuous	Flow Meter
BOD, Cerbonacious 5 day 200 C)	Sample Measurement					20	20	mg/L		Monthly	Grab
BCOR2 1 EFA-01 FFRUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BCO, Carbonadeum (5 day 500 C)	Sample Measurement					3.1		mg/L		Monthly	Grab
BOORS Y EFA-O1 INNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mgA.		Monthly	Grado
SS, EFFLUENT	Sample Measurement					1.2	1.2	riigA.		Monthly	Gung
000680 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Semple	mg/L		Monthly	Gnøb
84, EFFLUENT	Sample Measurement					2,4		mg/L		Monthly	Greb
000830 Y EFA-Q1 NNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
H	Sample Messurement				7,5		7.8	s ,U,		Delly 6.wk	Grab
200400 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement				9.0, minimum		8.5, . (med)	r.u.		Daily 5.wk	Grab

certify under penalty of lew that I have personally examined and am familiar with the information aubmitted herein; and based on my lequity 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 (afec information including the possibility of time and imprisonment.

AMMETITIE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	90%	X.	19/	PHINC	 DESCRIVE OF	CEN OR AUTHORISED AGENT	TELEPHONE NO.	DATE (YY/MM/OD)
Wendell L. Feiroloth	1	1		/			(863) 471-1400	07/11/18

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

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

6980 Professional Parkway E., Suite 400

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MONITORING PERIOD—From: LIMIT: F 10/01/2007 To:

10/31/2007

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID: Minor 5228P05930

Final

GROUP:

Domestic

FACILITY: LOCATION:

101 Parkview Circle S.

Lake Placid, FL 33852

DISCHARGE POINT NUMBE ROO1
PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Parameter		Quen	lity or Loadir	ng	. Qu	ality of Conc		. <u></u>	No. Ex	Frequency of Analysis	Sample Ty
StoreLoade Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Semple Measurement				10	NA	10	#/10G		Monthly	Gnub
031414 1 EFA.01 EFFLUENT GROSS VALUE	Petrit Regulæment				Report (Merega)	400 (90 Percentile)	800 (mez)	#¥100		Monthly	Grab
COUFORM, FECAL	Sample Messurement					1u		#/100		Monthly	Grap
031816 Y EFA-01 NNUAL GROSS VALUE	Permit Requirement					200 ANN AVG.		8/100		Monthly	Greb
Chlorine, Total Residual For Distribection)	Sample Measurement				1,0			mg/L		Daily 6.wk	Grab
CSDCSD 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)	· · · · · · · · · · · · · · · · · · ·		mg/L		Daily 5, wk	Grab
ITROGEN, TOTAL (as H)	Semple Measurement						2.19	mg/L		Monthly	Grab
200000 (EFA-01 PFLUENT GROSS VALUE	Permit Requirement						12, (mex)			Monthly	Greb
BOD, Cerbonations (5 day 00 C)	Sample Magaurement					160	·	mg/L		Menthly	Grab
080082 G BNF-01 IFLUENT GROSS VALUE	Permit Requirement		i			REPORT MONTLH		trig/L		Monthly	Grab
88, MPLUENT	Sample Measurement			· · · · · · · · · · · · · · · · · · ·		64		mg/L		Monthly	Grab
100590 G INF-Q1 IFLUENT GROSS VALUE	Permit Requirement					REPORT		mg/L		Monthly	Grab

PermitNumber: FLA614388-091-DW3P

0.017 Three-month Average Daily Flow: (TMSDF/Permitted Capacity)x100: 34% Month / Year: October-07 Leisme Lakes / Covered Bridge

					Lelsur	e Lakes	Covered	i Bridge				
	Flow (MGD)	Influent CBODS (mg/L)	influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (e.u.) min.	pH (s.u.) max	Fecal Coliform Bacteria (#/100mil)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (es N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00630	00400	00400	74055	50060	00520		
	FLOW-001		INF-001	EFA-001		EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.016		-	<u> </u>			7.5		3.2			
2	0.006						7.6		3.5			
3	0.032						7.6		3,3			
4	0.014						7.5		3,4			
5	0.011						7.6		3,5			
6	0,019			 			7.6		3.3			
7	0.017						7.5		3.1			
8	0.018						7.6	I	3.5		J	
9	D.010						7.5		3.2			
10	0.020		<u> </u>				7.5		3.3			
11	0.016				1		7.6		3.4			
12	0.016	<u> </u>					7.6		3.5		<u> </u>	
13	0.012										<u> </u>	
14	0.012										<u> </u>	<u> </u>
15	0.011						7.5		3.2	<u> </u>	ļ	<u> </u>
16	0.024						7.6		3.5		<u> </u>	
17	0.016				<u> </u>	<u> </u>	7,5	ļ	3.4	<u> </u>	<u> </u>	<u> </u>
18	0.014	160	64	2 u	1.2		7.8	1u	3.2		10:55	G
19	0.011						7.6	<u> </u>	3.4			<u> </u>
20	0.016						7.5	<u> </u>	3.1		↓	ļ
21	0.020	1	1			1	7.5		2.7	<u> </u>		
22	0.019						7.6		3.4			
23	0.015						7.6	<u> </u>	3.4		<u> </u>	<u> </u>
24	0.018						7.6		3.3	<u> </u>	ļ	
25	0.005						7.5		3.1			1
26	0.021	1					7.6	<u> </u>	3.4			1
27	0.017									<u> </u>		
28	0.017											
29	0,016						7.6		3.3	1	<u> </u>	
30	0.018						7.5		3.4			
31	0.018						7.5		1.0	1	<u> </u>	
Total	0.495	3										
Mo.Avg	_		84	1 2U	1.	2	7.6	10	3.2	2 19	<u> </u>	

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 Wate	er Reuse:		
Limited Wet Weather Dische	arge Activated:	☐ Na: ☐ Not Applicable: ☑ If yes	s, cumulative days of	wet weather discharge

PERMITTEE NAME:

Sarasota, Florida 34240

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA0143BB-001-DW3P

MAILING ADDRESS:

6980 Professional Parkway E., Sulta 400

MONITORING PERIOD-From:

11/01/07 To:

11/30/07

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

LIMIT:

Minor

Final

LOCATION:

101 Parkview Circle S.

FACILITY ID: DISCHARGE POINT NUMBER:

5228P05930

GROUP: Domestic

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

R001 JC

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Places read instructions before completing this form

Parameter		Quen	lity or Loadin	g	Qı	ality of Cond	centration		No. Ex	Frequency of Analysis	Semple Ty
Storet and Mon Sits No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PLOW, its conduit or thru treatment plant	Sample Measurement	0.018	0,018	MGD						Continuous	Flow Meter
00000 1 OTH-01 YIAAD BORREYA JAUUNIN	Permit Requirement	Report Monthly	0.060 Anru Avg.	MGD						Continuous	Flow Neber
BOD, Carbonacious 5 day 200 C)	Sample Measurement					2 U	2 U	mg/L	•	Monthly	Omb
80082 1 EFA-01 EFFLUENT GROSS VALUE	Peimit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Cerbonedous (5 day 200 C)	Sample Measurement					3.1		maft		Monthly	Gmb
80082 Y EPA-01 Annual Oross Value	Permit Requirement					20.0 Ann_Avp.		mg/L		Morthly	Gmb
es, epplusat	Sample Massurement					10	10	mg/L		Monthly	Gury
000890 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Mentitry	60, Single Sample	mort		Monthly	Gmb
TSS, EFFLUENT	Semple Meesurement					2,4		mgA		Monthly	Greb
000530 Y EFA-01 Innual Gross Value	Pema Requirement		-			20,0 Ann_Avg.		mg/L		Monthly	Grab
ĸ	Sample Messurement				7.4		7.6	t.v.		Delly 5.wk	Grab
000400 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement		-, -		6.0, ៣៤ភារុភា		8.5, (max)	ä,ų.		Daily & wk	Grab

obtaining the information, I believe the submitted information is true, occurrie and complete. (am evere that there are significant penelties for submitting talse information including the possibility of fine and imprisonment.

			_				
NAME: TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	skaly	SURE OF S	(DE) AL	pregative of activ	OR ALTHONIZED AGENT	TELEPHONE NO.	CATE (YYMMOD)
Wendell L. Feiroloth		le	Z		~_`	(863) 471-1400	07/12/19

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

LIMIT:

CLASS SIZE:

FACILITY ID:

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

Sarasota, Florda 34240

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:
400 MONITORING PERIOD-From:

FLA014388-001-DW3P

11/01/2007 To:

11/30/2007

Finei

Minor 5228P05930

GROUP:

Domest|c

FACILITY: LOCATION: Leisure Lakes / Covered Bridge

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE ROO1
PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dusi Perc / Evap Ponds

Parameter		Pleas	tity or Loadin	ng	Оп	ality of Cond	entration		No. Ex	Frequency of Analysia	Sample Tyl
Storet code Men. Site No.]	Average	Maximum	Units	Minlmum	Average	Madmum	Units	ļ		<u> </u>
SOLIFORM, FECAL	Sample Measurement				10	NA	10	#/750		Monthly	Grab
GRIFA EFA-01 EFFRUENT GROSS VALUE	Fermit Requirement				Report (Average)	400 (90 Percentille)	(rnex)	a/100	<u> </u>	Monthly	Greb
DOLIFORM, FECAL	Sample Messulement					1u		#100		Monthly	Gnab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					900 200 200		W/100		Mornhiy	GND ·
Chlorina, Total Residuel (For Disinfection)	Sample Measurement				1.1			mg/L		Delly S.w/r	Greb
050050 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Delly S.wk	Grab
NITROGEN, TOTAL (## N)	Sample Measurement						30.0	mg/L		Monthly	Grab
COOSCO 1 EFA-D1 EFFLUENT GROSS VALUE	Parmit Requirement						(2 (maxi)			Monthly	Grap
SOD, Carbonicrious (5 day 200 C)	Sample ideasumment					220		trg/L		Monitaly	Gnb
080082 G (NS-01 NFLUENT GROSS VALUE	Pennit Requirement					REPORT MONTLM		mg/L		Monthly	Grab
TSS, MPLUENT	Sauble Meranierbau					172		mgA		Monthly	Greb
000530 0 WF-04 NFLUENT GROSS VALUE	Pennit Requirement			1		REPORT MONTLH		mg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P

Month / Year. November-07 Three-month Average Daily Flow: (TMSDF/Permitted Copacity)cl00:

0.017 33%

						2 6. 466.	Covere	a prioge				
	Flow (MGD)	Influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min,	pH (s.u.) maoc	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	#NF-001	EFA-001	EFA-001	EFA-001		EFA-001	EFA-001	EFA-001		
1	0.009						7.6		3.4			
2	0.018						7.6		3.3			
3	0.017						7.5		3.0			
4	0.018						7.5		2.8			
5	0.023		-				7.6	-	3.4			
6	0.012						7.6		3.2			
7	0.016						7.6		3.4			
8	0.012						7.5		3.3			
9	0.016						7.6		1.1			
10	0.020											
11	0.020											
12	0.020						7.5		3.0			
13	0.017						7.6		1.2			
14	0.028						7.5		2.0			
15	0.020						7.5		3.1			
16	0.016						7.4		3.0			
17	0.011						7.4		2.6			
18	0.017			-			7.5	-	2.8			
19	0.021						7.5		1.8			
20	0.014	220	172	2u	1u		7.6	1ម	2.2	0.1	12:35	G
21	0.029						7.6		3.3	-		
22	0.015		-				7.5		3.0			
23	0.021						7.5		3.6			
24	0.021			-								
25	0.021		-				7.6		3.4			
26	0.014						7.6	-	3.5	<u> </u>		
27	0.016						7.5		1.5		1	
26	0.022						7.6	-	1.2		<u> </u>	
29	0.022					†	7.5		3.4	1		t —
30	0.020				_		7.5		3.1	 		
31				·				<u> </u>		 		
Total	0.544							 	İ		† 	
Mo.Avg.	0.018	220	172	2U	1U		7.5	1U	28	0.06	t	1

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:	RECEIVEL
Lead Operator	Class:	Certification No.:	Name:	JAN 1 0 7008
Type of Effluent Disposal or I	Reclaimed Wete	er Reuse:		-
I imited Mark Marthur Director		Пат., П иза аеыг. Я к		AQUA JUNIOS

LIMIT:

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

12/01/07 To:

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

12/31/07

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY IO:

Final Minor 6228P05930

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:

Highlands

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	פו	Quality of Concentration					Frequency of Analysis	Sample Type
Storet code Man. Site No.	<u> </u>	Average	Meximum	Unite	Minimum	Average	Madmum	Units			
FLOW, in conduit or thru Vestment plant	Sample Measurement	0,019	0,019	MGD						Continuous	Flavv Afeter
050050 1 OTHAN ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.060 Ann_Ave.	MGO						Cominuous	Flow Natur
BOD, Carbonacious (5 day 200 C)	Sample Massurement					2.4	2.4	ጥይ/ኒ		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Semple	mg/L		Monthly	Grab
BOD, Carbonsoloue (5 day 200 C)	Sample Measurement					2.9		mg/L		Monthly	Ginab
60022 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					. 20.0 Arn_Avg.		mg/L		Monthly	Grab
rss, effluent	Sample Measurement					10	10	mgh.		Monthly	Gab
000630 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	тел		Monthly	Grab
188, EFFLUENT	Semple Measurement					2.2		mg/L		Monthly	Grub
COOLSO Y EFA-01 NAMIUAL GROGS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Greb
eH	Sample Meesurement				7.4		7.7	. 4,U,		Dusty S.wic	Greb
000400 1 EFA-01 ERFLUENT GROSS VALUE	Permit Requirement				6.0, Minimura		0.5, (max)	€,U,		Cuity 5.wk	Greb

I certify under possity 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 swere that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAMESTIRE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Peri)	e23/4	TURE	12	RINGH	13	TO PER CENTRES ON AUTHORIZED AGENT	TELEPHONE NO.	DATE (TYMWIDD)
Wendell L. Faircloth							(863) 471-1400	08/01/07

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

PERMITTEE NAME:

Aque Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

12/31/2007 12/01/2007 To:

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

Minor

GROUP: Domestic

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:

		Pleas	e read instruc	tions be	fore completing	this form.					
Parameter		Quan	lity or Loadir	ng	Qu	ality of Cond	No. Ex	Frequency of Analysis	Semple Туре		
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Averege	Maximum	Units			
COLIFORM, FECAL	Semple Measure ment	,			10	NA	10	4/100		Monthly	Grab
031516 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentife)	(man)	W100		Monthly	Gnab
Coliform, Fecal	Sample Measurement					1u		6/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 LEVA_NAN		##1 CIO		Monthly	Gmb
Chlorine, Total Residuel (Fot Disinlection)	Sample Measurement				1,1			mark		Daily 5.wk	Grab
050050 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Q.5 (min)			mg/L		Delly S.wk	Grab
NITROGEN, TOTAL (45 PI)	Sample Massurement						0.07	mor.		Monthly	Qrab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Greb
BOD, Carbonacious (5 day 200 C)	Sample Measurement					135		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Parmit Requirement					REPORT MONTLH		mg/L		Monthly	Grah
TSS, INFLUENT	Sample Measurement					186		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Regulament					REPORT MONTUM		rtg/L		Monthly	Grab

PermitNumber: FLA014388-001-DW3P 0.018 Three-month Average Daily Flow: Month / Year: December-87 (TMSDF/Permitted Capacity)x100: 35% Leisure Lakes / Covered Bridge Fecal Nitrogen, Influent Influent Efficient Effluent рΗ ρН TRC (For Time Type of Flow Coliform Nitrate. (s,U.) CBOD5 TSS CBOD5 T\$5 Disinfect) (s.u.) of sample (MGD) Bacterla Total (as (C/G) (mg/L) (mg/L) (mg/L) (mg/L) mh. max. (mg/L) sample (#/100ml) N) (mg/L) 50050 80082 00530 80082 00530 00400 00400 74055 50060 00620 NF-001 EFA-001 EFA-001 EFA-001 EFA-001 Mon.Site FLOW-001 NF-001 EFA-001 EFA-001 0.011 7.6 3.4 2 0.024 7.5 2.8 7_6 0.020 3 3.5 4 0.018 7.6 3.4 5 0.022 7.5 3.3 6 0.015 7.4 3.0 7 0.017 135 186 2.4 1u 7.5 | 1u 1.1 0.1 12:20 G 8 0.019 0.019 9 10 0.020 7.7 3.2 11 0.023 7.7 22 12 0.017 7.6 1.6 13 0.020 7.6 1.8 14 0.017 7.5 1.9 15 0.018 7.6 2.1 16 0.020 7.5 1.7 1.8 17 0.025 7.6 0.007 18 7.5 2.2 0.019 19 7.6 2.3 20 0.019 7.6 3.2 21 0.024 7.5 3.4 0.017 22 7.5 2.8 23 0.019 7.6 3.1 24 0.021 7.5 2.6 25 0.016 0.017 26 7.6 28 27 0.023 7.5 2.5 28 0.013 7.6 2.6 0.024 29 30 0.024 7.5 2.2 31 0.020 7.6 1.6 Total 0.588 Mo.Avg. 0.019 135 186 24 10 7.6 1U 2.5 0.07 PLANT STAFFING: Day Shift Operator C __ Certification No.: 9088 Class: Name: Wendell L. Faircioth **Evening Shift Operator** Certification No.: Class: Name: Night Shift Operator Class; Certification No.: Name: Class: Lead Operator Certification No.: Name: Type of Effluent Disposal of Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: No: Not Applicable: If yes, currulative days of wet weather discharge

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact Caitlyn Eck at (239) 332-6975, ext. 132. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

Environmental Manager

DWF/KK/JAL

cc:

Robert Paver - Aqua Utilities Florida, Inc. rjpaver@aquaamerica.com Allen Slater - FRWA allen.slater@frwa.net



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

December 26, 2007

Keith Kleinmann Environmental Manager FDEP South District P.O. Box 2549

RE: Reply to Compliance Evaluation Inspection Leisure Lakes WWTF Facility ID No. FLA014388 Highlands County

Dear Mr. Kleinmann:

Thank you for your inspection on September 27, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

- 1. A copy of the current permit is located in the shed on site at the wastewater treatment facility.
- 2. We have discussed this with our contract operator and they have agreed to be sure the DMRs are delivered in a timely manner.
- 3. There have been no unauthorized releases of treated or untreated wastewater from this facility. We have investigated in between all the tanks at the facility and found it to be dry with no residual evidence of a spill.
- 4. An approved backflow preventer was on-site during the inspection. It is located just inside the fence at the entrance gate to the facility.
- 5. a. There was a little vegetation around the plant that has been cleaned now. The fence line has vegetation on it which aids in noise and odor control.
- 5. b. Since the inspection we have deragged the plant and replaced most of the diffusers.
- 5. c. The RAS does splash on top of the plant, but it does not splash onto the grounds surrounding the plant. Normal operations include hosing down of this area and washing any splashing back into the aeration tanks.
- 5. d. The plant has been deragged since the inspection.
- 5. e. This was not observed during our visit to the plant.

- 5. f. This was not observed during our visit to the plant.
- 5. g. The volume of the digester was full, however, wastewater facilities typically fill the digester and let it settle and supernate the clear water from the surface. This will thicken the sludge prior to hauling allowing for more efficient hauling of solids from the facility. The digester is equipped with an overflow, therefore there is no danger of the digester overflowing under normal operating conditions.
- 5. h. The vegetation has been removed.
- 5. i. The solids on the bottom of the chlorine contact chamber are removed when residuals are removed from the facility.
- 5. j. There is a bucket with lid onsite for disposal of the rags. The rags are allowed to dry on the grates over the tanks so the liquid drips into the tank. When the rags are dry, they are to be removed from the grates and placed in the bucket. The operator has been made aware and will follow this procedure.
- 6. Cracks in the tanks were observed, but no visible leaking from these cracks was observed.
- 7. The percolation ponds are consistently dry throughout the year. There is very little water standing in the pond around the effluent pipe. The ponds are functioning as designed and permitted by the Department.

Aqua Utilities Inc. does not have personnel on-site at all times to grant access for inspection. A representative from neither Aqua Utilities nor our contract operator was present to provide access for this inspection. How did the inspector gain access to a facility for the purpose of this inspection? By rule, the Department shall have access during reasonable times to this and any other of our facilities and we are more than happy to accommodate this requirement. By rule, we are required to keep the facility secure from trespassing and vandalism. Aqua is liable for the safety of all personnel and visitors to this site and for this reason it is important that the Department contact Aqua or our contract operator to gain access into the fenced area of the WWTF. There should be no one in this community with access to our facilities; if someone in the community has a key or code to enter the WWTF, we should be notified so that we can better secure this area.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at <u>PAFarris@aquaamerica.com</u>. Thank you.

Sincerely,

Patrick A. Farris

Patrick Farris

Environmental Compliance Specialist

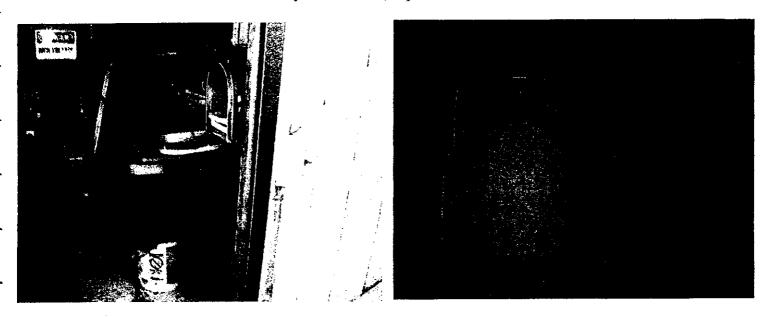
Aqua Utilities Florida, Inc.

Facility Photographs Enclosures:

cc:

Bill Dean, via e-mail Edward Pellenz, P.E., via e-mail Michael O'Reilly, via e-mail

<u>Leisure Lakes WWTF</u> Photos by Robert Paver, Aqua Utilities Florida



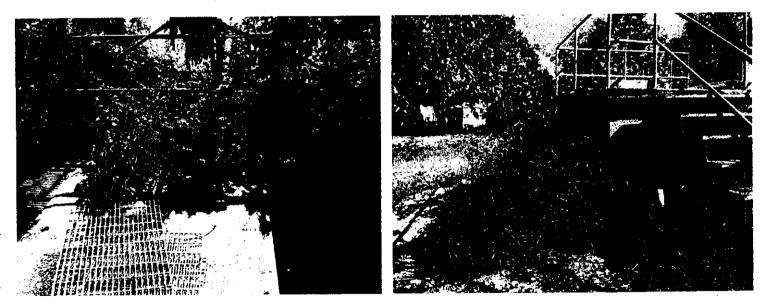
Item 1. Copy of permit and all other records located inside shed at facility.



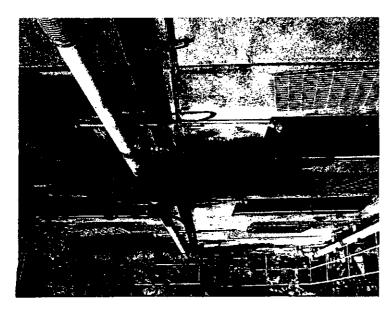
Item 3. Concrete, sand and leaf litter are all that was observed in between the tanks.



Item 4. RPZ located just inside fence by entrance gate.

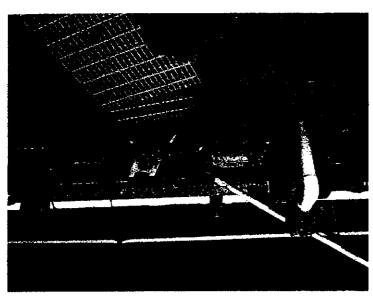


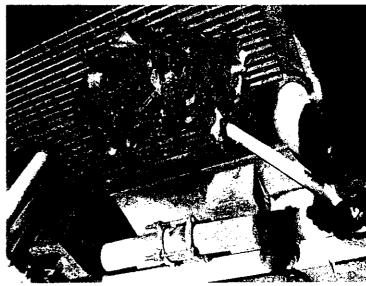
Item 5.a. This vegetation was removed from around the plant.



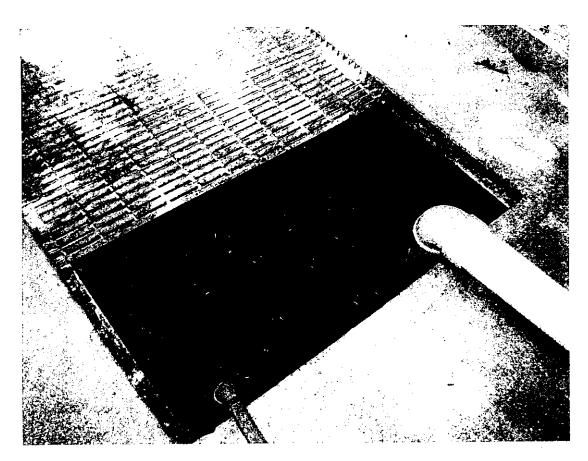


Items 5. b. The plant was deragged and new diffusers were installed where needed.





Items 5.b-d. Examples of the deragging process and normal splashing around the RAS.



Item 5.g. While the volume in the digester is full, the solids are not so thick as to hinder the wasting capabilities of the facility.



Item 7. & 5.a. The percolation ponds are dry throughout the year except around the effluent discharge pipe. Also, the vegetation along the fence line can be observed in these photos.

John M Lihvarcik Page 2 May 10, 2007

A comment is included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney

Engineering Specialist II

RWK

Enclosure:

cc: Ms. Linda Moody (w/enc)

Mr. Wendell Faircloth (w/enc)

Mr. Mark Charneski - Florida DEP (w/enc)

State of Florida Department of Environmental Protection South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:

Leisure Lake

Address:

101 Park View Circle S

Lake Placid Fl 33852

Owner Name: Owner Address: **Aqua Utilities Florida** PO Box 490310

Leesburg FL 34749

County:

Highlands PWS: 6280064 David Wendell Faircloth

Contact: Phone:

(863) 471-1400

Contact:

John Lihvarcik

Phone:

Last C.I. Date: Jul 31, 2006

(352) 435-4028

This Inspection Date:

May 09, 2007

Last Sanitary Survey Date: PWS Type:

May 31, 2005 Community

Service Area Characteristics:

Served Population:

Residential Community

No. of Service Connections:

276 632

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: Fence/Housing:

Yes Yes

Sanitary Hazards: **Auxiliary Power:**

No Yes Yes

Tested Weekly?

DESIGN CAPACITY STORAGE CAPACITY 0.072 MGD 0.020 MG

CHLORINATION

Chlorinator Type:

Gas

Cl2 Residual:

Plant:

4.7 mg/l

Remote:

3.4 mg/l

Location:

Blow off in front of Club House

Gas Cylinder Scale: Gas Cylinder Chained: Yes

Adequate Air-pak:

Yes Yes

Adequate Ventilation: **Dual Chlorination:**

Yes Yes

Auto-switchover: Alarm:

Yes Yes

PRESSURE

Plant:

55 psi

Remote:

58 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	\top		
Gravity drain	Y	\top		
By-pass piping	Y		<u> </u>	
Pressure gauge	NA	\top		
On/Off pressure				
Sight glass	•			
Fittings for sight glass	-	 		
Air release valve		\top		
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. This is a repeat deficiency from 2006. Your letter of September 22, 2006 indicated that the plan would be completed and onsite by the end of the year and that a copy would be forwarded to the Department for review, which was not done.

PWS: 6280064

Date: 05/09/07

The on-site plan is very generic and attempts to be an all-inclusive plan for all systems that Aqua Utilities owns/operates in Florida and is not specific for the site. Generic contacts as well as the contact name for a person no longer with the organization are in the plan. The plan is not being updated as required by the rule. The South District DEP office is not even listed on the notification list.

"Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with Emergency Planning for Water Utilities, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004 (this was later deferred to December 31, 2005), and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

- (a) A communication chart as described in Chapter 5 of AWWA Manual M19.
- (b) Written agreements with other agencies, utilities, or response organizations.

PWS: 6280064 Date: 05/09/07

(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.

- (d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
- (e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

You need to look at the Florida Rural Water/Florida DEP templates and guides, which contains the items required to meet the rule. These templates are acceptable to the Department. The templates and guides will be separately forwarded by e-mail.

- 2. There was no documentation on site for 2006 that the distribution isolation valves were exercised. A copy of the 2006 documentation was forwarded to the Department in response to last year's deficiency. There was documentation that the plant isolation valves were exercised. This documentation needs to be maintained at the plant. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.
- 3. The outside well needs the conduit to the well pump repaired. The wires are exposed. The well is venting through this conduit. Seal the wires in the conduit will seal off material and install a downward facing vent at the sanitary seal. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.
- 4. At the inside well pump clean the area around the packing gland.
- 5. Rule 62-555.320(14)(f) F.A.C. requires that, at each site where standby power is required, the water supplier shall provide an audio-visual alarm that is activated in the event <u>any</u> (normal or standby) power source fails. The system needs a battery backup to operate the audio-visual alarm for the situation that the system may have no normal (utility) or standby (generator) power available.
- 6. Rule 62-555.320(14)(f) F.A.C. also requires that if the site where the standby-powered water system components are in operation is not staffed during all hours the standby-powered water system components are in operation, the alarm must be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or must trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. The system needs a battery backup to operate the telemetry system or automatic dialing or paging device for the situation that the system may have no normal (utility) or standby (generator) power available.

PWS: 6280064 Date: 05/09/07

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole....shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting 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.

RECOMMENDATIONS: None

Inspector: Raymond W. Kenney

Engineering Specialist II Date 5 1/0 12007

Approved By: Mark Charneski

Env Supervisor II

Date 5 /10 /2007

A UA

Utilities Florida.

Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

June 25, 2007

Raymond Kenney Engineering Specialist III FDEP South District P.O. Box 2549 Fort Myers, FL 33902-2549

RE: Reply to Routine Compliance Inspection Leisure Lakes PWS ID No. 6280064 Highlands County

Dear Mr. Kenney:

Thank you for the routine compliance inspection conducted at the referenced facility. The purpose of this correspondence is to provide a written response as requested in your letter. Please note that Lindy Moody is no longer with Aqua Utilities Florida. Please replace her contact information with either Bill Dean (WADean@aquaamerica.com) or myself (PAFarris@aquaamerica.com).

- 1. The Emergency Response Plan (ERP) was updated on June 1, 2007 and was e-mailed to the operations staff to be placed on-site at the water treatment plant. Enclosed is a copy of the updated ERP.
- As demonstrated in the previous September 22, 2007, letter; our operations staff does maintain a separate logbook for isolation valves. This logbook is maintained separately from the O+M logbook which is required to be maintained at the water treatment plant at all times. The isolation valve logbook is normally located at the water treatment plant and periodically the field staff takes the logbooks from the plants to exercise the valves. We have instructed our field staff to promptly return the logs to the plants after the exercising events.
- 3. The conduit will be repaired with in 30 days from this letter.
- 4. The packing gland will be cleaned within 30 days from this letter.
- 5. Both the audio-visual alarm and the auto dialer have battery power backup. These were installed at the time of the inspection. We will inspect these alarms and ensure that the backup battery power is in good working order within 30 days from this letter.

If you have any questions, please contact me at (352) 435-4029 or e-mail me at <u>PAFarris@aquaameric.com</u>. Thank you.

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Patrick Farris

Enclosure:

Emergency Response Plan

cc:

Johnny Chamberlain, via e-mail

Robert Paver, via e-mail Bill Dean, via e-mail

Michael O'Reilly, via e-mail

Emergency Response Plan

For Public Drinking Water Systems

Per Chapter 62-555.350 (15) F.A.C. Disaster Specific Preparedness / Response Plan

Water System: <u>Leisure Lakes (AKA Covered Bridge)</u>
Street Address: 101 Hillcrest Dr
City, State, Zip: Lake Placid FL 33852
Phone: (352) 787-0980
Fax: (352) 787-6333
Contact: Bill Dean, Area Manager
E-mail: WADean@aquaamerica.com
Number Connections: 276
PWS: 6280064
County: Highlands

Department of Environmental Protection

Date: 6/1/07

Ken C. Carter, P.E. John R. Sowerby, P.E.

FRWA Security Staff

Sterling L. Carroll, P.E.
Don Hamm
Tom Gustafson
Bill Secoy



For more information or additional copies of this document contact:

FLORIDA RURAL WATER ASSOCIATION

2970 Wellington Circle ~ Suite 101 ~ Tallahassee FL 32309

Telephone: 850-668-2746 ~ Fax: 850-893-4581

e-mail: FRWA@frwa.net

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	Communication Charts	3
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Section 3	Disaster-Specific Preparedness/Response Plan	5
Section 4	Standby Power Requirements	10
Section 5Di	rinking Water Treatment Chemicals & Disinfectants	10

Requirements For Emergency Response Plans

This worksheet has been developed to help you pr epare your Emergency Response Plan.

Chapter 62-555.350 (15) of the Florida Administration Code (FAC) requires that Community Water Systems serving 350 or more persons or 150 or more service connections to develop a written Disaster-Specific Preparedness / Response Plan (a.k.a. Emergency Response Plan or ERP) and shall update and implement the plan as necessary.

Plans are to be coordinated with Local Emergency Planning Committee and Florida Department of Law Enforcement Regional Security Task Force when developing emergency plans and shall include.

- (a) Communication Charts
- (b) Written Agreements with Other Agencies, Utilities, or Response Organizations
- (c) A disaster-specific preparedness/response plan shall incorporate the results of a Vulnerability Assessment for each of the following disasters:
 - Vandalism or Sabotage
 - Drought
 - Hurricane
 - Structure Fire

- Flood, if applicable
 - Forest or Brush Fire
- Hazardous Material Release

- d) Standby Power Requirements
- (e) Recommendations regarding the amount of Drinking Water Treatment Chemicals

→ The DEP Deadline for ERP completion is December 31, 2005!

However upon completion, **DO NOT** submit your ERP to the Florida Department of Environmental Protection (FDEP) **OR** the Environmental Protection Agency (EPA). FDEP will verify ERP completion during their Sanitary Survey of your system (routine water system inspection).

This worksheet is intended for use by small water systems and may be modified to fit the specific needs of each system. This ERP complies with FDEP minimum requirements and; you may modify it in any way that works for you – add sections, or rearrange them if you wish.

Please send a copy of your ERP to Florida Rural Water Association ~ we would like to see your work!



FAC 62-555,350(15) Disaster-Specific Preparedness / Response Plan Worksheet prepared by Florida Rural Water Assn & accepted by Florida Department of Environmental Protection
Florida Rural Water Association
Page 2 of 10
Emergency Response Plan Worksheet

Section 1 - Communication Charts

Water System Chain of Command – Lines of Authority					
Order	Name, Title & Responsibilities		Contact Information		
1	Water System Manager (WSM) Bill Dean Responsible for overall management and decision-making. The Water System Manager is the lead for managing the emergency, coordinating with support agencies, and providing information to regulatory agencies.	Phone: Cell: Email: W	(941) 337-9456 (941) 915-8788 ADean@aquaamerica.com		
2	Water Treatment Plant Operator (WTPO) Robert Paver In charge of running water treatment plant, performing inspections, maintenance and sampling and relaying critical information, assessing facilities, and providing recommendations to the Water System Manager.	Phone: Cell: Email:	(941) 650-3032 (941) 650-3032 RJPaver@aquaamerica.com		
3	Office Administrator Patrick Farris Responsible for administrative functions in the office including receiving phone calls and keeping a log of events. This person will provide a standard pre-scripted message to those who call with general questions. Additional information will be released through the Water System Manager.	Phone: Cell: Email:	(352) 435-4029 (407) 947-1285 PAFarris@aquaamerica.com		
4	Maintenance Staff Johnny Chamberlin Delivers door hangers and assists water system operator.	Phone: Cell: Email:JA	(941) 915-7688 (941) 915-7688 Chamberlain@aquaamerica.com		

Organization or Department	Name & Position	Telephone	Cell Phone	e-mail
State Warning Point	Duty Officer	800-320-0519	800-320-0519	N/A
Local Law Enforcement	Highlands Co SO	911	911	
Fire Department	Leisure Lakes FD	911	911	Transacta National Autor (1976)
Emergency Medical Services	Highlands Co EMS	(863) 402-6630 or 911	911	
Water Operator (if contractor)	Robert Paver	(941) 650-3032	(941) 650-3032	***************************************
County Health Department	Highlands Co HD			AND THE PERSON OF THE ARCH TO SERVICE THE PERSON OF THE PE
DEP District Office	South District	(239) 332-6975		
County Emergency Management Dept.	Bill Nichols EOC	(863) 385-1112 or (863) 402-6733		
Local Leader (City Mgr., Mayor, Commission Chair, Dept Head, etc.)	N/A			. 100
łazmat Team / Hotline	Leisure Lakes FD	911		
National Spill	Duty Officer	800-424-8802	800-424-8802	N/A

We recommend t	Emergency Notification List We recommend that you establish a relationship with these agencies before you need them!						
Organization or Department	Organization or Name & Position Telephone Cell Phone e-mail						
Interconnected Water System(s)	N/A						
Neighboring Water System (not connected)	City of Lake Placid Gary Freeman	863-699-3747		THE COLUMN TWO IS A RECORD TO THE CO			
FRWA Water Circuit Rider	David Hutchinson	850-668-2746	N/A				

Priority Customers					
Organization Or Department	Cell Phone	email			
Hospital / Clinic	N/A				
Nursing Home(s)	N/A				
Public Schools	N/A	7.4.	The state of the s	and a constant of the second o	
Private Schools	N/A		TOTAL TO A SECOND STATE OF THE SECOND STATE OF		
WW Treat Plant	Robert Paver	(941) 650-3032	(941) 650-3032	y y y y y y y y y y y y y y y y y y y	

Service / Repair Notifications					
Organization Or Department Name & Position Telephone Cell Phone email					
Electric Utility Co	Glades Electric	800-226-4025			
Water Test Lab	Short Env. Lab	863-655-4022		20 May 2 1 1964 da 20 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Telephone Co	Sprint	800-786-6272	A CONTRACTOR OF THE PROPERTY O	And the second s	
Pump Supplier	Water Equipment Tech	M	941-232-4629	AND THE PARTY OF T	
Safe Dig / One Call	Sunshine	800-423-4770			
Rental Equip	ASAP	800-940-2727	941-376-1368		
Chlorine Supplier	Davis Supply	239-931-6711			
Chem Suppliers	Davis Supply	239-931-6711		TOTAL CONTROL OF THE PARTY OF T	
Bulk / Bottled Water	Crystal	800-444-7873			

Designated Public Spokesperson				
Public Spokesperson	Cell Phone			
Spokesperson	Jack Lihvarcik	(352) 435-4028	(352) 552-8532	

Develop possible messages in advance, and update them as the emergency develops (Boil Water Notices, Emergency Water Outages, Emergency Conservation Measures, Water Quality Issues, etc.)



Section 2 - Written Agreements With Other Agencies, Utilities, or Response Organizations

Att	ach any written agreements.
	Emergency Interconnect Agreements
	Memoranda / Letters of Understanding
	Mutual Aid Agreements
Х	FlaWARN (Agreement is available at: www.flaWARN.org)

Section 3 - Disaster-Specific Preparedness / Response Plan

Vulnerability Assessment

It is essential that water systems identify and assess the vulnerability of each system component for both natural and human-caused emergencies, before preparing their disaster-specific preparedness/response plans, see ERP Guide pages 17 thru 20.

The table below is a basic vulnerability assessment method for a water system. Provide appropriate answers for each component of your system, and you will have completed a vulnerability assessment. Note that "Security improvements" INCLUDES your existing security measures, such as the concrete pad around each wellhead, fences, buildings, locks on gates, doors and windows; redundant pumps and motors, etc. ALSO: "Security Improvements" DOES NOT mean you are required to improve your existing security, it simply means that all security measures, planned or existing, should be listed.

Raw Water Source (check or circle items that apply ~ strikethrough items that do NOT apply)

	Groundwater Wells:		
	# 1 is 485 feet deep; Well is located within 75 feet of developed areas		
	#_2_ is448feet deep; Well is located within125_ feet of developed areas		
Description &	# is feet deep; Well is located within feet of developed areas		
Condition	# is feet deep; Well is located within feet of developed areas.		
	# isfeet deep; Well is located withinfeet of developed areas.		
	X Wells are in excellent) good / poor condition		
	ā		
Address on the second of the s	The wells are most vulnerable to contamination from above ground activities because they are		
	feet doep.		
Vulnerability	Potential contamination can occur from ground water point sources (septic tanks, leaking		
	petroleum tanks, agricultural activities, commercial / industrial activities, etc.)		
	☐ Implement wellhead protection program (ask FRWA Circuit Rider for assistance)		
	Secure well houses to foundation and install lighting around well houses		
<u> </u>	X Wellheads are secured within locked fences or well houses		
Security	D—Consider upgrading well house doors with deadbolts		
Improvements	Gonsider purchasing additional land surrounding wells		
	X Average Daily Demand is provided by well # 1 (well # 2 provides standby capacity)		
	The in the large built be being in blosided by well in the large in the blosides stational cabacity.		
1	· 🗕		

Pumping Fa	cilities (check / circle items that apply ~ strikethrough items that do NOT apply)
Description & Condition	X The pump-house and pumping facilities are in excellent (good / poor condition □
Condition	<u> </u>
	☐ Pumps might be vulnerable to falling trees during major storms
Vulnerability	☐—Pumps could be damaged by intentional physical attack
	□ Pumps could be damaged by flooding
	X Pump-house has security fencing or lighting and is NOT prone to vandalism
Security	X Fencing, lighting, and signage protect against unauthorized entry
Improvements	X Tamper-proof padlocks and harden entry points protect against unauthorized entry
L	
Treatment Fa	cilities (check or circle items that apply ~ strikethrough items that do NOT apply)
	X There is a chlorination system at each well (pump-house)
Description & Condition	X Treatment facilities are in excellent kgood ≯ poor operating condition
	Chlorination systems are subject to power outages
Vulnerability	X Gas chlorine release could cause injury or death to operators & public
Security	X Fencing, locks, lighting, and signage protect against unauthorized entry
Improvements	X Stand-by generators provide operational security in compliance with Ch. 62-555.320(14) FAC
Improvements	☐—Sodium hypochlorite systems eliminate chlorine gas release risk
Storage Faci	lities (check or circle items that apply ~ strikethrough items that do NOT apply)
	X Storage facilities ARE ARE NOT fenced
Description &	X Storage facilities are in excellent/good/ poor operating condition
Condition	
	U Vandals could access storage hatches
Vulnerability	
	X Fencing, locks, lighting, and signage protect against unauthorized entry
Security	□ Coordinate with local law enforcement for increased patrols
Improvements	Tamper proof padlocks on hatches and ladder locks protect against unauthorized entry
Distribution	System (check or circle items that apply ~ strikethrough items that do NOT apply)
Distribution (System maps & computers are located in the water system's main office
Description &	X Distribution System is in excellent 1 good/ poor operating condition
Condition	X We have an active Valve & Fire Hydrant Exercise and Flushing Program
	The have all active valve at the Hydrant Exercise and Hashing Program
	The system is most vulnerable to cross connection contamination from contractors, residents,
Vulnerability	commercial and industrial customers
Vunterability	☐ The distribution system can be vulnerable to bio-terrorist attack
	X Computers secured with firewalls, virus protection, passwords, and back-up protection
Security	X Main office security system guards against theft and vandalism
improvements	X Cross Connection Control Program protects against unintentional contamination
	☐—Local law enforcement can assist monitoring for illegal water system connections



The following tables outline possible actions and procedures to be taken in response to specific events. TABLES A, B, C and D are REQUIRED. TABLES E, F and G are to be used IF THEY ARE APPLICABLE.

A. Vandalism or Sabotage Response Procedures

- 1. Utility staff first aware of incident:
 - a) Calls Water System Manager
 - b) Calls 9-1-1 / Local Law Enforcement
- 2 Water System Manager determines severity of incident, and calls:
 - a) Mayor
 - b) State Warning Point
- 3 Water System Manager determines need to contact others:
 - a) County Emergency Management Director
 - b) County Health Department
 - c) others as needed
- 4 Water System Manager assesses damage and directs repairs as needed:
 - a) Isolate components (if necessary)
 - b) Minimize damage
 - c) Repair facilities
- 5 Upon completion of repairs, Water System Manager returns system to normal:
 - a) Reports findings to Mayor and others as needed
 - b) Updates ERP as needed

B. Drought Response Procedures

- 1. Water System Manager coordinates with Mayor and Water Management District (WMD) regarding drought conditions
- 2. If necessary, Mayor meets with Commission regarding additional (more stringent than required by WMD) restrictions
- 3. Mayor directs Water System Manager to implement additional water use restrictions, if necessary
- 4. Water System Manager activates Customer Notification Plan
- 5. City Commission determines there is no further need for additional restrictions
- 6. Water System Manager returns system to normal by activating Customer Notification Plan
- 7. Water System Manager reports system status as needed
- 8. Water System Manager updates ERP as needed

C. Hurricane Preparedness & Response Procedures

1. Water System Manager coordinates with Mayor and County Emergency Management regarding response to hurricane 2. Manager checks operation of auxiliary and standby equipment Pre- Hurricane 3. Manager orders/ensures available fuel and treatment chemicals to provide for a (36 - 48 hrs prior to arrival) fourteen (14) day period 4. Manager checks and replenishes inventory of spare parts, supplies; rain suits, flashlights, batteries, portable radios, hard hats, rubber boots, gloves, etc. 1. County Emergency Manager declares Emergency; Mayor instructs Water System Manager to coordinate with Emergency Operations Center 3. Mayor cancels personal leave **Hurricane Watch** 4. Water System Manager issues work assignments and reporting protocol 5. Water System Manager authorizes employees to secure their personal (24 - 36 hrs prior to arrival) property and arrange for safety of family members 6. Employee(s) top-off fuel in vehicles, stand-by and portable equipment 7. Water System Manager stops all construction in utility service area and advises contractors to secure their equipment/material



Hurricane Warning

(24 hrs or less prior to arrival)

- Personnel report to duty at designated location with protective gear, work clothing and personal gear for a four (4) day period
- 2. Water Treatment Plant Operatorfills all water storage facilities to capacity
- 3. Employee(s) load trucks with supplies and equipment
- 4. Employee(s) follow evacuation protocol (directed by Emergency Management)
 - a. Disconnect electrical power supply to treatment plant(s) and wells
 - b. Store vehicles and equipment in designated area
 - Enact system shutdown and evacuate to location as directed by Incident Commander

Initiate upon receiving "All Clear" from Incident Commander:

- 1. Manager surveys damage and submits Damage Assessment Report to Mayor
- 2. Manager coordinates with County Emergency Management Dept and activates Customer Notification Plan, if necessary
- 3. Manager notifies FDEP of any limitations in ability to supply potable water
- Manager and staff make all necessary repairs and take water samples as needed
- Manager keeps detailed records of labor, material, rental and repair costs for FEMA reimbursement
- 6. Manager obtains FDEP approval to return to normal operation, if necessary
- 7. Manager returns system to normal operation
- 8. Manager activates Customer Re-notification Plan, if necessary
- 9. Manager reports water system information as needed
- 10. Manager updates ERP as needed

D. Structure Fire Response Procedures (if your water plant catches fire)

1. Utility staff discovering fire:

Recovery Procedures

- a) Orders evacuation of the building
- b) Calls 9-1-1 to notify Fire Department and local Law Enforcement
- c) Calls Water System Manager
- 2. Water System Manager determines severity of incident, and calls:
 - a) Mayor, who informs city commissioners (if necessary, calls for emergency meeting of Commission)
 - b) State Warning Point
- 3. City Commission determines need to contact others:
 - a) County Emergency Management Director
 - b) County Health Department
 - c) Others as needed
- 4. Manager directs staff to support Fire Department and other emergency staff, if needed
- 5. Manager and staff assess damage when fire extinguished
- 6. Manager and staff repair facilities as needed
- 7. Manager reports water system status, as required
- 8. Manager updates ERP, as needed

NOTE: Use the following 3 tables ONLY if they are applicable to your system.

E. Flood Preparedness & Response Procedures

Is any critical part of your system in a flood prone area? If so, then this table is required.

- 1. Water System Manager informed of flood conditions at WELL
- 2. Manager directs staff to operate water system without WELL for the duration of the flood event.
- 3. Once flood has receded, Water System Manager and staff assess flood damage.
- 4. Water System Manager and staff repair facilities as needed.
- 5. Manager directs staff to pump WELL until it is clear, and then takes samples for quality and bacteriological analysis. Staff repeats step 3 until the well meets water quality standards.

FAC 62-555.350(15) Disaster-Specific Preparedness / Response Plan Worksheet prepared by Florida Rural Water Assn & accepted by Florida Department of Environmental Protection
Florida Rural Water Assn & accepted by Florida Department of Environmental Protection
Florida Rural Water Assn & accepted by Florida Department of Environmental Protection
Florida Rural Water Assn & accepted by Florida Department of Environmental Protection

- 7. Manager directs staff to return WELL to normal service protocol.
- 8. Manager reports water system status, as required.
- 9. Manager updates ERP, as needed.

F. Forest or Brush Fire Response Procedures

Is any critical part of your system subject to forest or brush fire? If so, then this table is required.

- 1. Utility staff discovering fire at water plant:
 - a. Orders evacuation of any threatened buildings
 - b. Calls Water System Manager
 - c. Calls 9-1-1 to notify Fire Department and local Law Enforcement
- 2. Water System Manager determines severity of fire, and calls:
 - a. Mayor, also informs city commissioners (if needed, calls for emergency meeting of Commission)
 - b. State Warning Point
- 3. City Commission determines need to contact others:
 - a. County Emergency Management Director
 - b. County Health Department
 - c. Others as needed
- 4. Manager directs staff to support Fire Department and other emergency staff, if needed
- 5. Manager and staff assess damage when fire extinguished
- 6. Manager and staff repair facilities as needed
- 7. Manager reports water system status, as required
- 8. Manager updates ERP, as needed

G. Hazardous Material Release Response Procedures

EXAMPLE: Do you have any hazardous material (chlorine gas) at your water system?

- 1. Utility staff discovering chlorine leak/release orders evacuation of facility
- 2. Utility staff calls 9-1-1 and Water System Manager
- 3. Water System Manager calls:
 - a. State Warning Point
 - Mayor, who also informs commissioners (if needed, calls for emergency meeting of Commission).
- 4. Water System Manager ensures that staff is safe and aware of the situation
- 5. Fire Department Hazardous Materials Team (HAZMAT) determines severity of the leak & need to contact others:
 - a. County Emergency Management Director
 - b. County Health Department
 - c. Others as needed
- 6. HAZMAT establishes "hot zone" perimeter and ensures that all unprotected people are kept outside of it
- 7. Manager ensures that any injured staff member is receiving proper care
- 8. Manager directs staff to support FDHMT and other emergency staff, if needed
- 9. HAZMAT locates source of Chlorine leak and stops it
- 10. HAZMAT measures Chlorine concentrations until all areas are safe for unprotected people
- 11. HAZMAT informs all parties of safe conditions
- 12. Manager and staff assess damage
- 13. Manager and staff repair facilities as needed
- 14. Manager reports water system status, as required
- 15. Manager updates ERP as needed



Section 4 - Standby Power Requirements

Include details about how the water system meets the standby power requirements as described in Ch. 62-555.320(14), and 62-555.350(15)(d) FAC.

Standby Power for Wells, Treatment & Distribution

Standby Power (or alternate means) OPERATE WELLS at Average Daily Demand

Average Daily Demand (ADD) in gpd or gpm	34,000 ((gpd or gpm)
Wells Needed to Supply Average Daily Demand	1 well (Well No & gpm)
Standby Generator for ADD (kW, Voltage & phases)	45 kW, 480 V, 3 Phase (kW, Volt, Phase)
Power Failure Transfer, Alarms & Notifications	Yes, auto transfer switch & auto dialer
Generator Fuel Consumption	unknown (gal per hour)
On-Site Fuel Storage (gallons)	500 lbs of propane, 7 to 10 days (gal & days)
Reserve Fuel by Supplier Contract	On-call Kroger Propane (gal & days)

Section 5 - Chemicals & Disinfectants

Disinfection Treatment Information

Disinfection Chemicals	Chemical / Location No. 1	Chemical / Location No. 2	Chemical / Location No. 3
Type of Chemical	Cl2 gas		
Chemical Feed Type	Gas injection		
Storage Location	Cl2 Shed		
2-wks Min Storage (gal) Recommended	4 full cylinders		

Other Chemical Information

Chemicals Used	Chemical #1	Chemical #2	Chemical #3
Type of Chemical	AquaDene		
Chemical Feed Type	Injector Pump		
System Location	Inside Pump House		
Storage Location	Inside Pump House		
2-wks Min Storage (gal) Recommended	20-25 gallons		



See page 4 for instructions t. General Information for the Month/Year of: January-07 A. Public Water System (PWS) Information PWS Name: Lake Josephine Water PWS Identification Number 6280162 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 536 1233 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. Zip Code: 34240 City: Sarasota State: Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: 941/907-7400 Lake Josephine Water Plant Telephone Number: Plant Address: Canary Way Zip Code: 33875 City: Sebring State: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number MilGhiell Operator 95 Robert Paver C 12040 3 Days per week 11. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. a-26-07 C12040 DOCUMENT NI Printed or Typed Name License Number

DEP Form 62-555.900(3)Alternate

04307 MAY 22 8

Page 1

FPSC-COMMISSION CLERK

PWS Id	PWS Identification Number: 6280162 Plant Name: Lake Josephine Water													
HI. Daily Data for the Month/Year of: January-07														
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem	ovai: *		⊁ Free (hlorin	e T	Chlorine I	Dioxide		zone	Combined Chlorine (Chloramines)
Γ τ	Iltraviole	et Radiation	1		Other (Describe	•)•			لسا	Cincinio k	PIONIUC	البا ح	201.0	Company Comment
			ual Maintained i	n Distributi		7.		10	Free Chl			1.70	(Cl.1	amines) Chlorine Dioxid
1//	Distille	Cum Resid	uai iviailitanieu i	וו טואווטענוו					Free Cni	orine	1 0	moinea C	hlorine (Chlor	amines) Chlorine Dioxie
					· O I OMOGRACIONS			our-Log	Virus Inactiv	ation, if App				
	Days	11.			3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CI Calcu	lations	· ·			ו עט	Jose	250	
	Plant						Lowest CT	1				1 '	Lowest	·
	Staffed				Lowest Residual	Disinfectant	Provided		!		•		Residual	
	or Visited	!			Disinfectant	Contact Time	Before or	1	-				Disinfectant	
	by		Net Quanity	1	(C) Before or at	(T) at C Measurement	at First Customer	T		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	CT	UV Dose,	Required.	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
and the same	X	24 hrs	148,200		2.5			 	7,			1	1	Flushing
14 CAR	Х	24 hrs	106,100		1.9			1					0.8	Flushing
	Х	24 hrs	138,700		1.7			 	1		 		0.7	Flushing
	Х	24 hrs	132,900		1.8				1				0.9	Flushing
機構物	Х	24 hrs	111,500		1.9		<u> </u>				1		0.9	Flushing
建筑	Х	24 hrs	87,200		2								1	Flushing
		24 hrs	132,800											Flushing
	Х	24 hrs	132,800		2			1					1	Flushing
NAME:	Х	24 hrs	118,800		3.7			1					2	Flushing
Section 2	Х	24 hrs	51,000		2.1								1	Flushing
	Х	24 hrs	129,100		5.2								3.7	Flushing
300	Х	24 hrs	110,100		4.3								3.0	Flushing
***	X	24 hrs	147,000		1.8								0.6	Flushing
新型共享		24 hrs	137,000						l					Flushing
	X	24 hrs	137,000	i	4.1	<u> </u>							1.1	Flushing
	X	24 hrs	170,500	<u> </u>	1.5		1		l				0.8	Flushing
407/4	X	24 hrs	129,200	l	3.2							<u> </u>	0.9	Flushing
(4) 80	Х	24 hrs	124,300		1.6			ļ					0.8	Flushing
44.93	X	24 hrs	141,100		1.7	ļ	<u> </u>	1	ļ <u>.</u>	<u> </u>	<u> </u>	 _	0.9	Flushing
** 20 *	X	24 hrs	180,900		2.1	<u> </u>	<u> </u>	 	ļ		ļ	↓	<u> </u>	Flushing
	X	24 hrs	146,600		1.5		<u> </u>	 	<u> </u>			 	0.8	Flushing
##24P	X	24 hrs	116,100		1.7		 	 	<u> </u>	ļ		ļ	0.9	Flushing
	X	24 hrs	102,300	ļ	1.7	 	<u> </u>	<u> </u>	 			ļ	0.8	Flushing
	X	24 hrs	134,300		1,5	<u> </u>	ļ	ļ	<u> </u>		ļ	 	0.8	Flushing
##P\$##	Х	24 hrs	97,500		1,8	ļ	<u> </u>	ļ	 	 	 	 	0.9	Flushing
10 00	Х	24 hrs	95,000		1.2	ļ		↓	ļ	ļ		 	0.6	Flushing
222		24 hrs	126,200		ļ			 	<u> </u>	 	<u> </u>		 	Flushing
£ 25 ;	Х	24 hrs	126,200		1.5	ļ	-	ļ	 	 		1	0.8	Flushing
	X	24 hrs	99,200		1.4	 	 	 	 	<u> </u>	 		0.7	Flushing
148 0	Х	24 hrs	114,100		1.6		 	 	 		ļ	 	0.8	Flushing
	X	24 hrs	120,000		1.5	l	1			<u> </u>	<u> </u>		0.7	Flushing
Heill .		多数人包含	3,843,700]										
A. Carrie	A STATE OF		123,990											

180,900

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



See page 4 for instructions							
General Information f	or the Month/Van of	February-07				<u> </u>	
		rebluary-07					
A. Public Water System PWS Name:	Lake Josephine Water				DWS Identifi	cation Number:	6280162
		on-Transient Non-Comi	munity [7]	Transie	ent Non-Commun		Consecutive
	nections at End of Month:	536	itutity			at End of Month:	1233
	Aqua Utilities Florida	330		11000110	parametri del con		
	Bill Dean			Contact	Person's Title:	Field Coordinator	
Contact Person's Mailin		wav F.		City:	Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph					Person Person's	Fax Number:	941/907-7401
Contact Person's E-Mail		quaamerica.com					
B. Water Treatment Pla							
Plant Name:	Lake Josephine Water				Plant Teleph	one Number:	941/907-7400
Plant Address:	Canary Way			City:	Sebring	State: FL	Zip Code: 33875
Type of Water Treated			rchased Finished Wa	ter			<u></u>
	ay Operating Capacity of Plant, gallons	per day:	300,000				
	section 62-699.310(4), F.A.C.):	<u> </u>				on 62-699.310(4), F.A	s.C.): V
Licensed Operators	Name		License Class	Lic	ense Number		y(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver		C		12040		3 Days per week
Other Operators:						<u> </u>	
			<u> </u>			<u> </u>	
			ļ				
			 				
			<u> </u>				
			 				
							
II. Certification by Lead	l/Chief Operator						
		T1 11 41-1-1	1/1:-6	Alle a seconda a co		identified in Port I	of this report. I certify that the
l, the undersigned water	treatment plant operator licensed in	i Florida, am the lead	/cnier operator of	tne water	treatment plan	identified in Part i	of this report. I certify that the
information provided in	this report is true and accurate to the	ie best of my knowled	dge. I certify that	all drinkii	ng water treatm	ent chemicals used	at thispiant conform to NSF
International Standard 6	0 or other applicable standards refe	renced in subsection	62-555.320(3), F.	A.C. I als	so certify that the	ne following addition	nal operations records for this
plant were prepared each	n day that a licensed operator staffe	d or visited this plant	during the month	indicated	above: (1) reco	ords of amounts of o	chemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process p	erformance records,	Futhermore, I agre	e to prov	ide these additi	onal operations reco	ords to the PWS owner so the
PWS owner can retain th	nem, together with copies of this re	port, at a convenient i	location for at leas	t ten year	S.		
- 	•	•		•			
		Dahad Dawa				C12040	
		Robert Paver				License Number	
Signature and Date		Printed or Typed Nam	ie			Picense (Antinge)	

PWS Ic	VS Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Dai	II. Daily Data for the Month/Year of: February-07													
			Log Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_		
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio				T	Free Chl	orine	T C	ombined C	hlorine (Chlor	ramines) Chlorine Dioxic
- J p 0 0 .]		li Distribution	CT Calculations,	or IIV Dose to	Demonstrate	Four-Los					1	
	Dane				C1 CLICATADOLL	CT Calcu		· our-rop	, virus muenv	aucii, ii i ipp		Dose		į į
	Days Plant		1				Lowest CT	1				T	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	<u> </u>
	or	ł	}	1	Disinfectant	Contact Time	Before or	1	j				Disinfectant	
	Visited	•			Concentration	(T) at C	at First	ł	·		Lowest	Minimum	Concentration	
	by	ŀ	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW.	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
1	X	24 hrs	128,700		1,7								0.8	Flushing
2	X	24 hrs	125,600		1.5			ļ					0.7	Flushing
3		24 hrs	111,700											Flushing
4	X	24 hrs	111,700		1.6								0.8	Flushing
. 5	Х	24 hrs	63,284		1,7								0.8	Flushing
6.	Х	24 hrs	127,800		2							1	0.8	Flushing
7	X	24 hrs	106,600		2			<u> </u>					8.0	Flushing
8	X	24 hrs	92,600		3,5								2	Flushing
9	X	24 hrs	177,500		3.3							<u> </u>	1.2	Flushing
10	X	24 hrs	123,900	<u> </u>	3.4		<u> </u>		<u> </u>			<u> </u>	1.9	Flushing
11		24 hrs	127,710	<u> </u>				<u> </u>				<u> </u>		Flushing
12	X	24 hrs	127,710		2		<u> </u>	<u> </u>				<u> </u>	1.0	Flushing
13	X	24 hrs	45,400		1.6		<u> </u>					<u> </u>	0.8	Flushing
14	X	24 hrs	93,500					 			<u> </u>	<u> </u>		Flushing
15	X	24 hrs	90,000		2.1	<u> </u>	ļ		<u> </u>]	Flushing
.16	X	24 hrs	142,900	ļ <u>.</u>	3,6			<u> </u>					0.8	Flushing
17		24 hrs	130,550		ļ		<u> </u>	<u> </u>				ļ		Flushing
18	X	24 hrs	130,550		3.8							<u> </u>	1.2	Flushing
19 ~	X	24 hrs	142,300		3.6		ļ <u>. </u>	ļ			<u> </u>	<u> </u>	1.4	Flushing
20	X	24 hrs	183,400	<u> </u>	3.4			_	<u> </u>		ļ <u>.</u>	 	1.3	Flushing
21	X	24 hrs	134,700		2.1	 _	ļ	 	<u> </u>		 		. 0.7	Flushing
22	_X	24 hrs	144,600	1	1.6		<u> </u>	<u> </u>	<u> </u>			ļ	0.7	Flushing
23	X	24 hrs	125,900		1.7	ļ		<u> </u>			<u> </u>		0.8	Flushing
24	X	24 hrs	169,800	ļ	1.8	<u> </u>	ļ	<u> </u>		ļ	ļ <u>. </u>	 _	0.9	Flushing
25		24 hrs	170,300	ļ	ļ <u> </u>	ļ <u>.</u>	<u> </u>	 	ļ <u>.</u>	ļ	ļ		<u> </u>	Flushing
26	X	24 hrs	170,300		1.7	<u></u>	<u> </u>	Ļ		ļ	 	<u> </u>	1	Flushing
27	X	24 hrs	122,700	L	1.6	ļ					ļ	ļ	0,4	Flushing
28	X	24 hrs	180,800	<u> </u>	1.8	ļ	<u> </u>		ļ	<u> </u>	<u> </u>		0.5	Flushing
29		24 hrs		<u> </u>	ļ	ļ	 	↓	 _		<u> </u>	 		
30		24 hrs				 	ļ	<u> </u>	ļ <u></u>		 	 _	ļ	
31.		24 hrs			<u> </u>	L	J	<u>. </u>	<u> </u>	L	<u></u>		<u> </u>	<u> </u>
Total	-		3,602,504	1										
Average			128,661	[

183,400

Average

Maximum

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



See page 4 for instructions							
t. General Information f	or the Month/Year of: March-07						
A. Public Water System							
	Lake Josephine Water		PWS Identi	fication Number:	6280162		
	X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive		
	nections at End of Month: 536	<u> </u>	Total Population Served	at End of Month:	1233		
	Aqua Utilities Florida						
	Bill Dean		Contact Person's Title:	Field Coordinator			
Contact Person's Mailing	g Address: 6960 Professional Parkway E.		City: Sarasota	State: FL	Zip Code: 34240		
Contact Person's Teleph			Contact Person Person's	Fax Number:	941/907-7401		
Contact Person's E-Mail	Address: wadean@aquaamerica.com						
B. Water Treatment Plan	nt Information						
Plant Name:	Lake Josephine Water		Plant Telep	hone Number:	941/907-7400		
Plant Address:	Canary Way		City: Sebring	State: FL	Zip Code: 33875		
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	ter				
	ay Operating Capacity of Plant, gallons per day:	300,000					
Plant Category (per sub	section 62-699.310(4), F.A.C.):		Plant Class (per subsect				
Licensed Operators	Name	License Class	License Number	Number Day(s)/Shift(s) Worked			
Lead/Chief Operator:	Robert Paver	_C	12040	3 Days per week			
Other Operators:							
					· · · · · · · · · · · · · · · · · · ·		
			· 				
	· · · · · · · · · · · · · · · · · · ·						
							
	(O) : CO						
information provided in International Standard 60 plant were prepared each rates; and (2) if applicab	treatment plant operator licensed in Florida, am the lead this report is true and accurate to the best of my knowled or other applicable standards referenced in subsection aday that a licensed operator staffed or visited this plant le, appropriate treatment process performance records. Hem, together with copies of this report, at a convenient in the convenient of the co	dge. I certify that a 62-555.320(3), F.A during the month i Futhermore, I agre	all drinking water treatm A.C. I also certify that indicated above: (1) receive to provide these additionally	nent chemicals used a the following addition cords of amounts of c	at thisplant conform to NSF nal operations records for this themicals used and chemical feed		
Signature and Date	Robert Paver Printed or Typed Nam	e		C12040 License Number			
DiBudiate and Page							
		Page 1					

PWS Ic	S Identification Number: 6280162 Plant Name; Lake Josephine Water													
III. Dai	II. Daily Data for the Month/Year of: March-07													
			Log Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e T	Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):							-	
			ual Maintained i	in Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxid
7.5				1		or UV Dose, to I	Demonstrate I	OUE-LAS					, , , , , , , , , , , , , , , , , , , ,	
	Days			·		CT Calcu		<u> </u>			υvı	Dose		
]	Plant						Lowest CT	1	· ·				Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	[ĺ			[.	Residual	
!	от				Disinfectant	Contact Time	Before or	ļ ·				1	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	10 40
	by		Net Quanity	J .	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator:	Hours	of Finished		First Customer	Point During	During	of	pHof	CT	UV Dose,	Required.	Point in	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Out of Operation
Month	"X") X	Operation 24 hrs	Produced, gal 144,900	Rate, gpd	Flow, mg/L 2.9	minutes	mg-min/L	 	Applicable	Ing-miles	SCOCIIL	SCOCINZ	1.1	Automatic Flushing
2	$-\hat{x}$	24 hrs	155,000	 -	2.7		L			<u> </u>	 	 	0.9	Automatic Flushing
3	$\frac{\hat{x}}{x}$	24 hrs	160,200	 	3.2							 	1.1	Automatic Flushing
4		24 hrs	155,350					 			 	 		Automatic Flushing
5	X	24 hrs	155,350		2.3		 	 	 			 	0.7	Automatic Flushing
6	X	24 hrs	132,700	 	3,4			 	† 	<u> </u>	 	 	0.9	Automatic Flushing
7	X	24 hrs	177,100		2.2	 		 -				 	0.9	Automatic Flushing
8	X	24 hrs	171,800		3.6			_					2	Automatic Flushing
. 9	X	24 hrs	117,300		1.8								0.6	Automatic Flushing
10.	_x	24 hrs	142,100	L	1,6							<u> </u>	0.3	Automatic Flushing
11		24 hrs	158,250										}	Automatic Flushing
12	X	24 hrs	158,250		1.6								0.7	Automatic Flushing
13 *	X	24 hrs	120,600		1.7						<u> </u>		0.5	Automatic Flushing
14	X	24 hrs	137,300	<u> </u>	3.5		ļ	ļ	<u> </u>	<u> </u>	<u> </u>		0.5	Automatic Flushing
15	X	24 hrs	134,800		3.1			 	ļ			<u> </u>	0.6	Automatic Flushing
16 /	Х	24 hrs	132,900		2.9			ļ		ļ		 	1.1	Automatic Flushing
17		24 hrs	134,200	<u> </u>				<u> </u>		ļ		 	 	Automatic Flushing
. 18.	X	24 hrs	134,200	 	2.6			ļ	ļ	ļ	 		0.9	Automatic Flushing Automatic Flushing
19.	X	24 hrs	118,900		2.9			 			 -	 	1.1	Automatic and Manual Flushing
20	Х	24 hrs	158,900		3.4		 	 	<u> </u>		 	ļ	1.1	Automatic Flushing Automatic Flushing
21	X	24 hrs	136,400	 	2.8	<u> </u>	 	 -	·	 	 	 	0.8	Automatic Flushing Automatic Flushing
22	X	24 hrs	122,400		3.5		 	 	 	 	 	 	1	Automatic Flushing Automatic Flushing
23	X	24 hrs	123,100	 	2.8_	 	 	 	┼╌	 	 	-	 '	Automatic Flushing
24		24 hrs	147,000 147,000	 	2.2	<u> </u>	 		 	 	 	+	 	Automatic Flushing Automatic Flushing
25	X	24 hrs 24 hrs	159,300	 	2.6		 	-	 	 	 	 	0.8	Automatic Flushing
26 27	X	24 hrs	128,100	 -	3	 	 	╁┈┈	 	 	 	 	1.1	Automatic Flushing
28	$\frac{x}{x}$	24 hrs	177,900	 	3.1	 	 	 	 	 	 	+	0.9	Automatic Flushing
29	X	24 hrs	185,400	 	2.9	· · · · · · · · · · · · · · · · · · ·	 	 		 	 	 	1.1	Automatic Flushing
30	$\frac{\lambda}{X}$	24 hrs	143,400	 	3.1		 	 	 	 		+	1.1	Automatic Flushing
31	$-\hat{\mathbf{x}}$	24 hrs	166,800	 	2.8		 	†	†	 	 	· ` ` · · · · · · · · · · · · · · · · ·	1	Automatic Flushing
Total		4 . 111.3	4.536.900	 	·				<u> </u>	·			-1	······································

146,352

185,400

Average

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



DEP Form 62-555:900(3)Alternate

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

See page 4 for instructions						
 General Information f 		April-07				
A. Public Water System	(PWS) Information					
	Lake Josephine Water		 	PWS Ide	ntification Number:	6280162
	X Community	Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive
Number of Service Con	nections at End of Month:	536		Total Population Serv	ved at End of Month:	1233
PWS Owner:	Aqua Utilities Florida					
	Bill Dean			Contact Person's Title	: Field Coordinator	
Contact Person's Mailin	g Address: 6960 Professional	Parkway E.		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph		7-7400		Contact Person Perso	n's Fax Number:	941/907-7401
Contact Person's E-Mai		n@aquaamerica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	Lake Josephine Water			Plant Te	lephone Number:	941/907-7400
Plant Address:	Canary Way			City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated			rchased Finished W	ater		
	ay Operating Capacity of Plant, g	alions per day:	300,000			
	section 62-699.310(4), F.A.C.):	I			ection 62-699.310(4), F.	A.C.): V
Licensed Operators	Nam	e	License Class	License Number	D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Robert P	aver	C	12040		3 Days per week
Other Operators:						
13 13 14 14 14						
	<u></u>				<u></u>	
	121: 60					
II. Certification by Lead	/Chief Operator					
I, the undersigned water	treatment plant operator licen-	sed in Florida, am the lead	l/chief operator of	the water treatment p	lant 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 knowled	dge. I certify that	all drinking water trea	atment chemicals used	at thisplant conform to NSF
International Standard 6	0 or other applicable standard	referenced in subsection	62-555 320(3) E	A.C. Lalso certify the	at the following addition	onal operations records for this
The Hallona Standard on the	b downthat a ligaread answer	staffed as visited this slast	. 1 .(د) ۱۵ ماه مستسدی ا	indicated charm (1)	racords of amounts of	chemicals used and chemical feed
piant were prepared each	i day mai a meensed operator s	statted or visited this plant	during the month	indicated above: (1)	lections of amounts of	and to the DWC ourse so the
	le, appropriate treatment proc				ditional operations rec	cords to the PWS owner so the
PWS owner can retain the	hem, together with copies of th	is report, at a convenient	location for at leas	t ten years.		
		D. L D			C12040	
	· · · · · · · · · · · · · · · · · · ·	Robert Paver			<u>C12040</u>	
Signature and Date		Printed or Typed Nam	ne e		License Number	

Page 1

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 6280162 Plant Name: Lake Josephine Water IIL Daily Data for the Month/Year of: April-07 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Ozone Chlorine Dioxide Ultraviolet Radiation Chlorine Dioxic Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine (Chloramines) Free Chlorine CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose CT Calculations Days Plant Lowest Lowest CT Staffed Residual Lowest Residual Disinfectant Provided Disinfectant Disinfectant Contact Time Before or Visited Concentration (T) at C at First Lowest Minimum Concentration Emergency or Abnormal Operating UV Dose at Remote Net Quanity Operating (C) Before or at Measurement Temp. Minimum Customer Conditions; Repair or Maintenance Work that Day of Operator Hours of Finished UV Dose. Required. Point in First Customer Point During During of pH of CT Involves Taking Water System Components the (Place Plant in Peak Flow mWmW Distribution Water During Peak Peak Flow, Water, Water, if Required. Peak Flow, Out of Operation "X") System, mg/L Month Operation Produced, gal sec/cm2 Rate, gpd Flow, mg/L mg-min/L Applicable mg-min/L sec/cm2 minutes Automatic Flushing 24 hrs 152,000 Automatic Flushing 2 X 24 hrs 152,000 0.7 2.5 Automatic Flushing 3. X 24 hrs 169,600 0.9 2.5 Automatic Flushing 4 X 126,200 2.5 0.7 24 hrs Automatic Flushing 5 $\bar{\mathbf{x}}$ 24 hrs 138,500 0.7 2.7 Automatic Flushing X 24 hrs 148,000 0.5 6 2.3 Automatic Flushing 7 x 115,300 0.7 24 hrs 3.2 Automatic Flushing 8 24 hrs 147,550 Automatic Flushing . 9 X 24 hrs 147,550 3.2 Automatic Flushing 10 X 134,300 24 nrs 2.6 1.1 Manual and Automatic Flushing 11 X 24 hrs 111,800 2.7 1.2 116,200 Manual and Automatic Flushing 12 X 24 hrs 1.3 2.8 13 X 24 hrs 259,000 Manual and Automatic Flushing 2.1 Automatic Flushing 14 X 24 hrs 116,100 0.9 2.2 119,200 Automatic Flushing 15 24 hrs Automatic Flushing -16 119,200 0.9 24 hrs 2.7 Automatic Flushing 110,600 17 X 24 hrs 2.6 1 0.9 Automatic Flushing 18 Х 24 hrs 101,900 2.8 Automatic Flushing 19 X 167,200 24 hrs 2.5 20 130,100 0.9 Automatic Flushing X 24 hrs 2.3 Automatic Flushing 21 24 hrs 141,000 3.2 0.9 Automatic Flushing 22 24 hrs 127,100 Automatic Flushing 127,100 23 Х 24 hrs 3.1 0.8 Manual and Automatic Flushing 24 Х 134,200 2.3 0.7 24 hrs Automatic Flushing 0.8 25 X 24 hrs 126,800 2 0.9 Manual and Automatic Flushing 191,000 26 $\overline{\mathbf{x}}$ 24 hrs 2.2 132,100 0.8 Automatic Flushing 27 24 hrs Automatic Flushing 28 130,900 2.1 0.8 24 hrs Automatic Flushing 29 144,200 24 hrs

1.5

144,200

4,180,900 139,363

259,000

Automatic Flushing

0.7

24 hrs

24 hrs

30

31

Total :

Average

Maximum

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



DEP Form 62-555 900(3)Alternate

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

See page 4 for instruction:					
I. General Information	for the Month/Year of: May-07				
A. Public Water Syster					
PWS Name:	Lake Josephine Water		PWS Identifie	cation Number:	6280162
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi		Consecutive
	nnections at End of Month: 536		Total Population Served a	t End of Month:	1233
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean		Contact Person's Title:	Field Coordinator	
Contact Person's Maili	ng Address: 6960 Professional Parkway E.		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telep			Contact Person Person's F	ax Number:	941/907-7401
Contact Person's E-Ma	iil Address: <u>wadean@aquaamerica.com</u>			····	
B. Water Treatment Pl	ant Information				
Plant Name:	Lake Josephine Water		Plant Telepho	one Number:	941/907-7400
Plant Address:	Canary Way		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated		chased Finished Wa	ter		
	Day Operating Capacity of Plant, gallons per day:	300,000			
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection	n 62-699.310(4), F.A	.C.): V
Licensed Operators	Name	License Class	License Number	· }	(s)/Shift(s) Worked
Lead/Chief Operator.		С	12040		3 Days per week
Other Operators: ***					
· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	
	, and the state of	<u> </u>		ļ.,	
	<u></u>			<u> </u>	
			<u> </u>	 	
				 	
			 		
	<u>4</u>	L	<u> </u>	<u> </u>	
Il. Certification by Lea	nd/Chief Operator				
I, the undersigned wate information provided in International Standard plant were prepared ear rates; and (2) if applica	r treatment plant operator licensed in Florida, am the lead of this report is true and accurate to the best of my knowled to the operator of the plant of the plant of the day that a licensed operator staffed or visited this plant ble, appropriate treatment process performance records. It is them, together with copies of this report, at a convenient I	dge. I certify that a 62-555.320(3), F.A during the month Futhermore, I agre	all drinking water treatment. A.C. I also certify that the indicated above: (1) recount to provide these additions.	ent chemicals used a e following addition rds of amounts of cl	it thisplant conform to NSF nal operations records for this hemicals used and chemical feed
	Robert Paver		 	C12040 License Number	
Signature and Date	Printed or Typed Nam	e		LICENSE PURIDER	
DEP Form 62.555 900(3) Alternale		Page 1			

PWS Id		tion Number		6280162	OKT TOKE	Plant Name:								
III Dai	v Data (for the Mont	h/Year of		May-07									
			og Virus Inacti	vistion/Pem		··	Free	Chlorine		Chlorine I	Dinxide)zone	Combined Chlorine (Chloramines)
		et Radiation	-		Other (Describe	.)·			۔ لیا	- morning &	weer - W	' است	· · · · · ·	ì
			ial Maintained i	n Distributio		,),			Free Chi	orine	T Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxic
Type of	Disnine	Ciain Residu	iai iviaintaineu i	אומסנמפולים עו		or UV Dose, to I	\	laura I aa				monica C	mornic (canor	annics)
	_				C1 Calculations,	CT Calcu		om-ros	VITUS DIACTIV	icion, it Appi	UVI	Jose		
}	Days					CI Calca					<u> </u>	703¢	Louiset	
1	Plant	•		·	T Day!day	Disinfectant	Lowest CT Provided	[[Lowest Residual	
i .	Staffed or	1			Lowest Residual Disinfectant	Contact Time	Before or				ļ		Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water	Water, if	Required.	m₩-	mW -	Distribution.	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
1. 1	X	24 hrs	146,500		1.8						<u> </u>		0.9	Automatic and Manual Flushing
2:	Х	24 hrs	132,600		2.1						<u> </u>		1.2	Automatic Flushing
~.35~.	<u> </u>	24 hrs	136,400		2.5		<u> </u>	L			<u> </u>		0.9	Automatic and Manual Flushing
1415 \$	X	24 hrs	164,700		2.9						<u> </u>		0.8	Automatic Flushing
5.	<u>X</u>	24 hrs	122,900		3.2		<u> </u>				<u> </u>		0.6	Automatic Flushing
:6:		24 hrs	136,100	ļ <u>-</u>			<u> </u>			<u> </u>	<u> </u>		ļ	Automatic Flushing
7.3	X	24 hrs	136,100		2		<u> </u>			<u> </u>	<u> </u>	ļ	0.7	Automatic Flushing
∴8	X	24 hrs	152,300		1.7			ļ				 	0.7	Automatic Flushing Automatic Flushing
- 9.	X	24 hrs	126,500	ļ	2.5			ļ	<u> </u>		 		0.9	Automatic Flushing Automatic Flushing
10:	X	24 hrs	149,600	ļ <u></u>	1.8			 		<u></u>	 	ļ	0.9	Automatic Flushing
11.5	X	24 hrs	138,400		1.9			├	 		 	 	1.1	Automatic Flushing
12.75	<u> </u>	24 hrs	138,100 157,400		2.5		}	 		 	 	 	1.4	Automatic Flushing
13/2	x	24 hrs 24 hrs	157,400		2.3			 -					1.2	Automatic Flushing
,15	$\frac{\hat{x}}{x}$	24 hrs	97,700		2.3		 	 			 	 	0.8	Automatic Flushing
16	$\frac{\lambda}{X}$	24 hrs	141,700	 	1.9		 	 -		 -	 -	 	0.8	Automatic and Manual Flushing
17.	X	24 hrs	137,000		3		 -						1.1	Automatic Flushing
18	X	24 hrs	152,900		2.5		 	 	 	· · · · · · · · · · · · · · · · · · ·	 		1	Automatic Flushing
19	-	24 hrs	71,100		2.1		 	-			 		0.9	Automatic Flushing
20 -	^_	24 hrs	186,700		 		 	 -		 	 	 		Automatic Flushing
21:	Х	24 hrs	186,700		2.8		 	 	<u> </u>		 	1	1.1	Automatic Flushing
- 22	$\frac{\hat{x}}{x}$	24 hrs	107,400		3.1		 	1	f · · · · · · · · · · · · · · · · · · ·		 	1	1.3	Automatic and Manual Flushing
23	X	24 hrs	180,700_		2.9		 	t	 				1,1	Automatic Flushing
24	X	24 hrs	137,300		3.2			 	 	 		—	1.2	Automatic Flushing
25.	X	24 hrs	136,000	 	2.5		 	1		1			ì	Automatic Flushing
26	$\frac{\hat{x}}{x}$	24 hrs	136,600	 	2.8			1					0.9	Automatic Flushing
27.45		24 hrs	137,100				1				T			Automatic Flushing
28.	Х	24 hrs	137,100	· · · · · · · · · · · · · · · · · · ·	2.9		T	T	<u> </u>				1	Automatic Flushing
29	$\frac{x}{x}$	24 hrs	136,000		2.7								1.2	Automatic Flushing
30	X	24 hrs	191,500		2.8								1.1	Automatic Flushing
31	X	24 hrs	158,900		3								11	Automatic and Manual Flushing
Total	- 38.4°		4,427,400											
Average		4 . 35 . 34 . 4	142,819	1										

191,500

Average

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



DEP Form 62-555 900(3)Alternate

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

See page 4 for instructions							
I. General Information t	or the Month/Year of	June-07					
A. Public Water System		outro v.		 			
	Lake Josephine Water				PWS Identific	cation Number:	6280162
	X Community	Non-Transient Non-Comm	nunity []	Transient	Non-Communi		Consecutive
	nections at End of Month:	536			lation Served a		າ: 1233
	Aqua Utilities Florida			1			
	Bill Dean			Contact Pe	rson's Title:	Field Coordin	
Contact Person's Mailin		Parkway E.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	City:	Sarasota	State: F	L Zip Code: 34240
Contact Person's Teleph		7-7400		Contact Pe	rson Person's F	ax Number:	941/907-7401
Contact Person's E-Mai		an@aquaamerica.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Lake Josephine Water				Plant Telepho	one Number:	941/907-7400
	Canary Way			City:	Sebring	State: F	L Zip Code: 33875
Type of Water Treated		nd Water Pur	rchased Finished Wa	ter			
	ay Operating Capacity of Plant, g	allons per day:	300,000				
Plant Category (per sub	section 62-699.310(4), F.A.C.):	I		Plant Class	s (per subsectio	n 62-699.310(4	4), F.A.C.): V
Licensed Operators	Nam	e	License Class	Licen	se Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert F	aver	С		12040	<u> </u>	3 Days per week
Other Operators:							
						<u> </u>	
							
				<u> </u>		 	
						 	
,						<u> </u>	
			<u> </u>	<u> </u>		1	
	1(CL:-5()						
II. Certification by Lead							
I, the undersigned water	treatment plant operator licen	sed in Florida, am the lead	/chief operator of	the water tr	eatment plant	identified in	Part Lof this report. I certify that the
information provided in	this report is true and accurate	e to the best of my knowled	ige. I certify that a	ıll drinking	water treatme	ent chemicals	used at thisplant conform to NSF
International Standard 6	0 or other applicable standard	s referenced in subsection (62-555.320(3), F./	A.C. I also	certify that the	e following a	dditional operations records for thi
nlant were prepared each	n day that a licensed operator s	staffed or visited this plant	during the month	indicated al	bove: (1) reco	rds of amoun	ts of chemicals used and chemical
rates: and (2) if applicab	le appropriate treatment proc	ess performance records.	Futhermore, I agre	e to provid	e these addition	onal operation	ns records to the PWS owner so the
DU/S aumor can retain th	nem, together with copies of the	pis report at a convenient l	ocation for at least	ten vears		•	
L M 2 OMUCI CAU ICIAIII II	tem, together with copies of th	no report at a conforment		, ••••• 01			
		Robert Paver				C12040	
Signature and Date		Printed or Typed Name	 _	···		License Num	ıber
Signature and Date		time or type time.					

Page 1

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 6280162 Plant Name: Lake Josephine Water III. Daily Data for the Month/Year of: June-07 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Chlorine Dioxic Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose CT Calculations Davs Plant Lowest Lowest CT Residual Staffed Lowest Residual Disinfectant Provided Disinfectant Disinfectant Contact Time Before or Lowest Minimum Concentration Visited Concentration (T) at C at First Emergency or Abnormal Operating UV Dose at Remote Minimum Operating by Net Quanity (C) Before or at Measurement Customer Temp. Conditions; Repair or Maintenance Work that of Finished First Customer Point During pH of CT UV Dose, Required, Point in Day of Operator Hours During Involves Taking Water System Components Distribution (Place Water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if Required, mWmW the Plant in Out of Operation Applicable System, mg/L Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L С mg-min/L sec/cm2 sec/cm2 X 24 hrs 136,200 3.1 2 -24 hrs 98,500 X 98,500 1.1 3 ; 24 hrs 2.8 X 157,200 2.7 4: 24 hrs 1.1 5. Х 24 hrs 99,100 3.1 1.1 6: X 24 hrs 135,800 2.4 X 24 hrs 127,400 2.6 1 0.9 8 x 24 hrs 96,400 2.4 9 Х 24 hrs 37,000 2.3 10 24 hrs 28,000 0.8 11 X 24 hrs 28,000 2.2 0.8 15,700 12 X 24 hrs 2.1 0.9 13 X 24 hrs 20,200 1.8 8,700 0.6 1.2 14 X 24 hrs 0.7 76,900 2.1 15 X 24 hrs 0.9 24 hrs 62,500 2.2 16 X 90,000 17 24 hrs 0.8 2.1 18 X 24 hrs 90,000 0.6 63,000 1.9 19 X 24 hrs 0.7 20 X 24 hrs 99,800 1.5 0.8 91,300 1.7 21 X 24 hrs 0.5 99,500 1.6 X 24 hrs 22 0.9 23 110,100 1.7 24 hrs 87,350 24 24 hrs 25 X 24 hrs 87,350 1.8 0.9 69,800 1.9 26 $\overline{\mathbf{x}}$ 24 hrs 2.9 4.2 112,800

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

1.9

1.8

4.7

67,300

108,400

93,200

2,496,000

83,200

157,200

1.1

0.8

3.1

Х

X

~ 24 hrs

24 hrs

24 hrs

24 hrs 24 hrs

27

28

29

30

31

Average

Maximum

Total



See page 4 for instructions							
I. General Information	or the Month/Year of:	July-07					
A. Public Water System	(PWS) Information						
	Lake Josephine Water					cation Number:	6280162
PWS Type:		n-Transient Non-Comi	munity		nt Non-Commun		Consecutive
		536		Total Pop	oulation Served a	t End of Month	n: 1233
	Agua Utilities Florida						
	Bill Dean			Contact F	erson's Title:	Field Coordina	
Contact Person's Mailin		ay E.		City:	Sarasota	State: FI	
Contact Person's Teleph	<u> </u>			Contact F	Person Person's F	ax Number:	941/907-7401
Contact Person's E-Mai		uaamerica.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Lake Josephine Water				Plant Teleph		941/907-7400
Plant Address:	Canary Way			City:	Sebring	State: F	L Zip Code: 33875
Type of Water Treated	by Plant: X Raw Ground Wat		rchased Finished Wa	ter			
Permitted Maximum D	ay Operating Capacity of Plant, gallons	per day:	300,000				
Plant Category (per sul	osection 62-699.310(4), F.A.C.):	I			iss (per subsection	on 62-699.310(4	
Licensed Operators	Name		License Class	Lice	nse Number	<u> </u>	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver			1	12040	<u> </u>	3 Days per week
Other Operators:							
						<u> </u>	
						<u> </u>	<u> </u>
							<u> </u>
			L				
						<u> </u>	<u></u>
				<u> </u>			
 Certification by Lead 							
I the undersigned water	treatment plant operator licensed in	Florida, am the lead	Vehief operator of	the water	treatment plant	identified in I	Part I of this report. I certify that the
information provided in	this report is true and accurate to the	best of my knowle	dge. I certify that a	ıll drinkin	g water treatme	ent chemicals	used at thisplant conform to NSF
Intormation provided in	0 or other applicable standards refer	anced in subsection	62-555 320(3) E	AC Tals	o certify that th	e following ac	dditional operations records for this
International Standard of	of other applicable standards refer	Cricca ir sabscetion Law visited this plant	during the month	indicated	above: (1) reco	ords of amount	ts of chemicals used and chemical feed
plant were prepared eac	n day that a licensed operator statted	or visited this plant	Free	niuicalcu	do those addition	onal operation	is records to the PWS owner so the
rates; and (2) if applicat	ole, appropriate treatment process pe	rtormance records.	rutnermore, i agre	e to provi	de these addition	onar operation	is records to the r wo owner so the
PWS owner can retain t	hem, together with copies of this rep	ort, at a convenient	location for at leas	ten years			
		Robert Paver				C12040	
Signature and Date	-	Printed or Typed Nam	ne			License Num	iber

PWS I	dentificat	ion Numbe	er;	6280162		Plant Name:	Lake Josep	phine V	Vater						
			th/Year of:		July-07										
Means	of Achie	ving Four-	Log Virus Inacti	iviation/Rem	oval: *		Free (Chlorin	е	Chlorine I	Dioxide		Ozone	Combined Chlori	ine (Chloramines)
		et Radiation			Other (Describe	e):									
Туре о	f Disinfe	ctant Resid	ual Maintained i	in Distribution	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxi
				1		or UV Dose, to	Demonstrate I	Four-Log	Virus Inactiv	ation, if App	licable*				
	Days					CT Calcu					UV	Dose			
	Plant						Lowest CT						Lowest		
}	Staffed		ļ	ļ	Lowest Residual	Disinfectant	Provided	}	}	}			Residual		
1	ОT				Disinfectant	Contact Time	Before or	1		1		[Disinfectant	[
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
 	by	_	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV. Dose	at Remote	Emergency or A	Abnormal Operating
Day of	Operator.	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		r Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	- m-	Required,	mW- sec/cm2	mW sec/cm2	Distribution		ater System Components
Month I	"X")	Operation 24 hrs	Produced, gal 102,850	Rate, gpd	Flow, mg/L	minutes	mg-min/L	1——	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		f Operation Flushing
$\frac{1}{2}$	X	24 hrs	102,850	 	1.6	ļ		+		 			0.9		Flushing
3	- x	24 hrs	102,830	 	3.1			 			<u> </u>		1.3		Flushing
4	×	24 hrs	82,100	 -	3.5			 			 	 	0.9		Flushing
5	x	24 hrs	104,800	 	3.6	 	·	 			 	 	1.2		Flushing
6	X	24 hrs	94,700	-	3.5	<u> </u>		+			 		1		Flushing
7	X	24 hrs	77,600		2.7		····		1	 -		 	0.9		Flushing
8		24 hrs	109,600					 							Flushing
9	X	24 hrs	109,600	 	1.6	<u> </u>					-		0.8	Auto and N	Janual Flushing
10	Х	24 hrs	98,900		2						1		0.9	Auto	Flushing
Ĭ1	Х	24 hrs	86,600		1.5								0.8	Auto	Flushing
12	Х	24 ftrs	109,100		2.8								0.9	Auto	Flushing
13	X	24 hrs	117,700		2.6								1		Flushing
14	X	24 hrs	81,600		2.3								0.9	·	Flushing
15		24 hrs	89,000			<u> </u>		↓						*··-	Flushing
16	X	24 hrs	89,000	<u> </u>	2.7	ļ		——		ļ	<u> </u>	<u> </u>	1.3		Flushing
17	X	24 hrs	134,800		2.5			↓		<u> </u>	ļ <u> </u>	ļ	1.1		Flushing
18	X	24 hrs	106,800	Ĺ	1.8			↓		ļ	ļ	<u> </u>	0.8	Auto	Flushing
19	X	24 hrs	142,400	 	1.7	ļ. <u> </u>		ऻ		ļ			0.7		Manual Flushing
20	X	24 hrs	125,300	<u> </u>	1.3	 _	<u> </u>	 		ļ	ļ	<u> </u>	0.7		Manual Flushing
21		24 hrs	109,650	ļ	<u> </u>	ļ <u>.</u>		 		<u> </u>	 				Flushing
22	X	24 hrs	109,650	ļ	2		<u> </u>	 	ļ	ļ. ——	 		0.9		Flushing
23	X	24 hrs	116,200	ļ	1.7	<u> </u>	ļ		}	ļ	· 	 	0.8		Flushing
24	Х	24 hrs	98,000	 	1.6	ļ	<u> </u>	┼──		ļ	 	ļ	0.8		Flushing
25	X	24 hrs	88,000	 	2.6	 	 	 	 	 	 	 	0.7		Flushing
_26	X	24 hrs	105,100	 	2.1	 		 	 	}	 	 	0.7		Manual Flushing
27	X	24 hrs	112,600 79,200	 	1.9	 	 	+		 	 	 	0.8		Flushing Flushing
28	X	24 hrs	106,450	 	1.9	 		 	····	 	 	 	V.0		Flushing Flushing
29	-	24 hrs	106,450	 -	2.1	 	 	+	 	 	 	 	0.8		Janual Flushing
30 31	X	24 hrs	94,300	 	4	 	·	 	 	 	 	1	1 1		Flushing
Total	. ^	24 hrs	3,195,600	 		1	1.	1	.)	<u> </u>	J	4	<u> </u>	7.000	· INSTITUTE
			103,084	1											
Average	د		100,007	_											

142,400

Maximum

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



See page 4 for instructions

	for the Month/Year of: August-07		**************************************		
A. Public Water System	n (PWS) Information		· · · · · · · · · · · · · · · · · · ·		
PWS Name:	Lake Josephine Water		PWS Identif	ication Number:	6280162
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commun		Consecutive
	nections at End of Month: 536		Total Population Served		1233
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean		Contact Person's Title;	Field Coordinator	
Contact Person's Mailin			City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph			Contact Person Person's I	Fax Number:	941/907-7401
Contact Person's E-Mai			····		
B. Water Treatment Pla					
	Lake Josephine Water		Plant Teleph	one Number:	941/907-7400
Plant Address:	Canary Way		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated		chased Finished Wa	ter		
	ay Operating Capacity of Plant, gallons per day:	300,000			
	psection 62-699.310(4), F.A.C.): I	, 	Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	С	12040	3	Days per week
Other Operators:					
			<u> </u>		
				<u> </u>	
				ļ	
				<u> </u>	
				1	
II. Certification by Lead	VChief Operator				
i, the undersigned water	treatment plant operator licensed in Florida, am the lead-	chief operator of the	he 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 knowled	ge. I certify that a	ll drinking water treatme	nt chemicals used at	thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection ϵ	52 - 555.320(3), F.A	C. I also certify that the	e following additiona	l operations records for this
plant were prepared each	h day that a licensed operator staffed or visited this plant	during the month i	ndicated above: (1) reco	rds of amounts of che	micals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process performance records. I	uthermore, I agree	to provide these addition	onal operations record	is to the PWS owner so the
PWS owner can retain th	nem, together with copies of this report, at a convenient lo	ocation for at least	ten years.	•	
	• •		•		
	Robert Paver			C12040	
Signature and Date	Printed or Typed Name		· · · · · · · · · · · · · · · · · · ·	License Number	

Days Plant Staffed or Visited by Net Quanity CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations Lowest CT Lowest Residual Disinfectant Contact Time Before or at First Customer Temp. Minimum Operating UV Dose at Remote Emergency or Abnormal Operating	PW\$ k	dentifica	tion Numbe	er:	6280162		Plant Name:	Lake Jose	phine V	Vater					
Means of Achieving Four-Low Virtue Incelvation Cher (Describe): Free Chlorine Chlorane Dioxide Ozone Combined Chlorine (Chloramines)	III. Da	ly Data i	for the Mor	th/Vear of:		August-07									
Ultraviolet Radiation					viotion/Par			Eron	Chlorin		Chloria a I				0 1: 10:1 : (01:
Type of Districtant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxid Plants Combined Chloramines Combined Chlorami	TVICALIS	Diraviole	et Dadiation	Log virus macm	vialion/Rem		٠.		niorin	۴ ا	Chiorine I	Jioxide	Ц,	zone	Combined Chlorine (Chloramines)
Digital Plant Suffield of or Visible Power Pow					السا	Other (Describe	e):			T =					
Days Plant Suffed Order Visited Visited Visited Order Visited Order Visited Order Visited Order Visited Order Visited	Type o	Disinte	ciant Resid	ual Maintained i	in Distribution								mbined C	hlorine (Chlor	ramines) Chlorine Dioxid
Plant Staffed Staffe		1				CT Calculations			Four-Log	Virus Inactiv	ation, if App				
Suffect of content of concentration of	1					,	CT Calcu	lations	· · · · · · · · · · · · · · · · · · ·			UV I	Dose		
Disinfectant Disinfectant Concentration (T) set	1	1			İ			Lowest CT				ľ		Lowest	:
Nested Post		Staffed					Disinfectant	Provided						Residual	
Day of Option Hours Friends												ŀ	1	Disinfectant	
Day of Openfort Hours North Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Wat	1 ,							4	! _				•	i	
Peak Plant Water Peak Flow Peak Fl	D		77				I								
Nome Yes Operation Produced, all Rate, gold Plow, mg/L minutes mg-min/L C Applicable mg-min/L sectoral sectoral System, mg/L Manual and Automatic Flushing 2 3 3 4 4 8 8 4 9 4 4 4 4 4 4 4 4	1 '			1	Deals Floor								(
1 X 24 hrs 64.400 2.8 1.5 Manual and Automatic Flushing 3 X 24 hrs 100.700 2.9 1.3 Automatic Flushing 3 X 24 hrs 80,500 3.1 1.5 Manual and Automatic Flushing 4 X 24 hrs 80,500 2.9 1.6 Automatic Flushing 4 X 24 hrs 10,6200 2.9 1.6 Automatic Flushing 6 X 24 hrs 91,850 2.7 1.3 Automatic Flushing 6 X 24 hrs 91,850 2.7 1.3 Automatic Flushing 6 X 24 hrs 91,850 2.7 1.3 Automatic Flushing 8 X 24 hrs 92,500 1.7 1.6 0.8 Automatic Flushing 8 X 24 hrs 92,500 1.7 0.8 Automatic Flushing 9 X 24 hrs 92,500 1.7 0.8 Automatic Flushing 1.6 0.7 Manual and Automatic Flushing 1.6 0.7 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 Manual and Automatic Flushing 1.6 0.8 0		' '		1		i –		1	1 .				1		
2	Ivioriti				Rate, gpd		minutes	ing-min/L	· · · ·	Applicable	mg-min/L	sec/cm2	sec/cm2		
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4	1				 		 		 						
S	1								 				<u> </u>		
6 X 24 brs 91,850 2.7 7 X 24 brs 71,300 3.6 8 X 24 brs 92,500 1.7 9 X 24 brs 63,700 1.6 10 X 24 brs 63,700 1.6 10 X 24 brs 13,900 1.7 11 X 24 brs 92,000 4.8 12 24 brs 57,000 2 13 X 24 brs 57,000 2 0.9 Manual and Automatic Flushing 14 X 24 brs 57,000 2 0.9 Manual and Automatic Flushing 15 X 24 brs 152,900 14 X 24 brs 152,900 24 1 Manual and Automatic Flushing 15 X 24 brs 152,900 24 1 Manual and Automatic Flushing 15 X 24 brs 168,800		^				2.7			 				ļ	1.6	
7		Y			 	2.7	<u> </u>		 			 			**************************************
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9 X 24 hrs 63,700 1.6 0.7 Manual and Automatic Flushing 11 X 24 hrs 113,900 1.7 0.8 Manual and Automatic Flushing 12 24 hrs 92,000 4.8 2.9 Automatic Flushing 12 24 hrs 57,000							<u> </u>		}	ļ				1	
10 X 24 hrs 113,900 1.7						<u> </u>	ļ	 	├ ──	 		 -	ļ		• · · · · · · · · · · · · · · · · · · ·
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12					<u> </u>		·····		 	l			ļ		· · · · · · · · · · · · · · · · · · ·
13	<u> </u>					7,0			 			 	 	2.9	
14		X			t	2			 			 		0.0	
15 X 24 hrs 98,800 3.8 1 Manual and Automatic Flushing 16 X 24 hrs 168,500 2.3 0.9 Manual and Automatic Flushing 17 X 24 hrs 141,300 2 0.9 Manual and Automatic Flushing 18 X 24 hrs 141,300 2 1 Manual and Automatic Flushing 19 24 hrs 153,000 4.8 1.2 Manual and Automatic Flushing 20 X 24 hrs 153,000 4.8 1.2 Manual and Automatic Flushing 21 X 24 hrs 153,000 4.8 1.2 Manual and Automatic Flushing 22 X 24 hrs 108,400 2.5 1 Manual and Automatic Flushing 23 X 24 hrs 123,500 4.9 1.1 Automatic Flushing 24 X 24 hrs 135,700 5 2.1 Automatic Flushing 24 X 24 hrs 135,700 5 3.5 Automatic Flushing 25 X 24 hrs 188,400 4.7 1.4 Automatic Flushing 26 24 hrs 129,750 4.9 1.4 Automatic Flushing 27 X 24 hrs 129,750 4.9 1.2 Automatic Flushing 28 X 24 hrs 129,750 4.9 1.2 Automatic Flushing 27 X 24 hrs 129,750 4.9 1.2 Automatic Flushing 28 X 24 hrs 168,800 2.6 2.6 2.8 1.1 Automatic Flushing 30 X 24 hrs 169,300 3.8 3.8 1.1 Automatic Flushing 30 X 24 hrs 169,300 3.9 3							~		 				 	1.5	
16	$\overline{}$					<u> </u>			 					1	
17 X 24 hrs 141,300 2									 						
18 X 24 hrs 116,100 4 1 Manual and Automatic Flushing 19 24 hrs 153,000									 			 			Manual and Automatic Flushing
19									 			 			Manual and Automatic Flushing
20						· · · · · · · · · · · · · · · · · · ·			<u> </u>		·		-	··	
21	$\overline{}$	X				4.8			1					1.2	Manual and Automatic Flushing
22 X 24 hrs 108,400 2.5 1 Manual and Automatic Flushing						}		 	 			<u> </u>			
Color									1	 			 	1.2	
24 X 24 hrs 135,700 5 3.5 Automatic Flushing 25 X 24 hrs 88,400 4.7 1.4 Automatic Flushing 26 24 hrs 129,750 Automatic Flushing 27 X 24 hrs 129,750 4.9 1.2 Automatic Flushing 28 X 24 hrs 96,800 2.6 0.9 Automatic Flushing 29 X 24 hrs 105,300 2.8 1.1 Automatic Flushing 30 X 24 hrs 147,000 3.8 1.1 Automatic Flushing 31 X 24 hrs 135,000 3.9 0.9 Automatic Flushing Total Average 111,206													 	21	
25 X 24 hrs 88,400 4.7 1.4 Automatic Flushing						5			1		· · · · · · · · · · · · · · · · · · ·	 	-		
26				88,400		4.7									
27 X 24 hrs 129,750 4.9 1.2 Automatic Flushing	-							†	 			<u> </u>		1.7	
28 X 24 hrs 96,800 2.6 0.9 Automatic Flushing 29 X 24 hrs 105,300 2.8 1.1 Automatic Flushing 30 X 24 hrs 147,000 3.8 1.1 Automatic Flushing 31 X 24 hrs 135,000 3.9 0.9 Automatic Flushing Total Average 111,206		X				4.9			 				·	1.2	
29 X 24 hrs 105,300 2.8 1.1 Automatic Flushing 30 X 24 hrs 147,000 3.8 1.1 Automatic Flushing 31 X 24 hrs 135,000 3.9 0.9 Automatic Flushing 31 X 24 hrs 3,447,400 Average 111,206 111,206	-								 						
30 X 24 hrs 147,000 3.8 1.1 Automatic Flushing 31 X 24 hrs 135,000 3.9 0.9 Automatic Flushing Total 3,447,400 Average 111,206									1		· · · · · ·	h			
31 X 24 hrs 135,000 3.9 0.9 Automatic Flushing								 	1						
Total 3,447,400 Average 111,206	1								†	ļ					
Average 111,206						•	'			L	·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	T Automatic Frushing
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR

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

See page 4 for instructions General Information for the Month/Year of: September-07 A. Public Water System (PWS) Information PWS Name: 6280162 Lake Josephine Water PWS Identification Number: Consecutive PWS Type: X Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 1233 536 PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Title: Area Manager Contact Person's Mailing Address: Zip Code: 34240 6960 Professional Parkway E. City: Sarasota State: 941-907-7401 Contact Person's Telephone Number: 941-377-9456 Contact Person Person's Fax Number: Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: 941-377-9456 Lake Josephine Water Zip Code: 33875 Plant Address: Canary Way State: FL City: Sebring Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300.000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked License Class Licensed Operators Name License Number Kangalan Manaharan Sababan Lead/Chief Operator: Robert Paver C 12040 6 Days per week Other Operators:

II. Certification by Lead/Chief Operator

Λ

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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.

BLJ		10-5	0
fignature and	Date		

Robert Paver	
Printed or Typed Name	

C12040		
License Number		·

1	N	! IONTHL	I L	I ION REF	PORT FOR F	l I	l ATING	KAW	ł GROU	ND WA	IEK UR	l PUKL	HASEU F	INIONED WATER
PWS I		ion Numbe		6280162		Plant Name:								
III - D.S.	le Data (or the Mon	1. /\.		September-07									
			Log Virus Inacti				Free (Chlorin		Chlorine I	Dioxide	116	Dzone	Combined Chlorine (Chloramines)
		et Radiation		Viadolikeii	Other (Describe	•1•			`	Ç		`		·
			ual Maintained	in Distributio		· J ·		X	Free Chle	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxi
ype o	1 1311110	Clair IXCOIG	dai Maintanico	III Distribute	CT Calculations,	or UV Doce 10 I	lemonamuta I					g		· · · · · · · · · · · · · · · · · · ·
	ينون			a de again de	CT Calculations,			QM-LOS	7.21,347,347		UVI	Dose		
2.04	Dayx		Barry of Section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ст одоч	Lowest CT	124	property of the second				Lowest	
A. J. 100	Plant Staffed				Lowest Residual	Disinfectant	Provided			13 m 1 m	agrade et		Residual	
N	Stanten				Disinfectant	Contact Time	Before or				11.	•	Disinfectant	
	Visited			lo Maria	Concentration	(l) at C	at First			100	Luwest	Minimum	Concentration	
함님#	by by	المراجعة المالية	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency of Abnormal Operating
ay of	Operator	Hours	of Finished		First Customer	Point During	During	0.1		СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work the
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Plow,	Peak Flow,	Water,	pH of Water,	Required,	mW-	tnW	Distribution	Involves Taking Water System Components
londi	'x')	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	if Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
111	X	24 hrs	112,800		3.8								1	Automatic Flushing
2		24 hrs	112,400											Automatic Flushing
-3	X	24 hrs	112,400		3,9								1.1	Automatic Flushing
4	X	24 lus	112,800		4.1								1.4	Manual and Automatic Flushing
-5	X	24 hrs	122,500		2.6								1.1	Automatic Flushing
6 . 3	Х	24 hrs	108,400	1	3.9								1.7	Automatic Flushing
700	X	24 hrs	82,800		4.6								1.8	Automatic Flushing
R	X	24 hrs	50,800		2								1.2	Automatic Flushing
9		21 hrs	13,000					Г						Automatic Flushing
10	Х	24 hrs	13,000		2.1			"-					0.9	Automatic Flushing
11	X	24 hrs	0	***	1.5	[1					0.8	Manual and Automatic Flushing
-12	X	24 hrs	34,600		4	1		ľ	Ţ			1	1.0	Manual and Automatic Plushing
13:	Х	24 hrs	93,400	·	4				I "				0.9	Automatic Flushing
14	X	24 hrs	78,600	1	3.5								0.9	Manual and Automatic Flushing
15	X	24 hrs	129,200		2.1						1, 1		1	Automatic Flushing
16	1	24 hrs	83,550						I			[Automatic Flushing
17	Х	24 hrs	83,550		2.7								0.7	Manual and Automatic Flushing
-18	Х	24 hrs	104,000		3.9							1	1 ,	Automatic Flushing
19	X	24 hrs	84,300		2.1							<u> </u>	0.8	Automatic Flushing
20	X	24 hrs	100,600		2.6								0,8	Automatic Flushing
21	-	24 hrs	88,300		3								1.3	Automatic Flushing
22	X	24 hrs	86,100	1	2.7								1	Automatic Flushing
· 23		24 hrs	9),800											Automatic Flushing
24	X	24 hrs	91,800		2.9								1	Automatic Flushing
25		24 bis	83.000	T	3.1			Ţ					0.9	Automatic Flushing

Avarage Maximum III-a 129,200 * Refer to the instructions for this report to determine which plants must provide this information.

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83,000

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Manual and Automatic Flushing

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24 hrs

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR FUNCTIONAL WATER Adop maj j



See page 4 for instructions

l. General Information for	or the Month/Year of:	October-07							
A. Public Water System									
	Lake Josephine Water				PWS Identif	ication Num		6280162	
	X Community	Non-Transient Non-Comm	unity		Non-Commun			Consecutive	
	nections at End of Month:	536		Total Popt	ulation Served	at End of Mo	onth:	1233	
	Aqua Utilities Florida					·			
Contact Person:	Bill Dean				erson's Title:	Area Man			
Contact Person's Mailing	g Address: 6960 Profession	nal Parkway E.		City:	Sarasota	State:	FL	Zip Code:	
Contact Person's Teleph	one Number: 941	377-9456		Contact Po	erson Person's	Fax Number		941-907-740)1
Contact Person's E-Mail	Address: Wac	iean@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Plant Name:	Lake Josephine Water				Plant Teleph			941-377-945	The second secon
Plant Address:	Canary Way			City:	Sebring	State:	FL	Zip Code;	33875
Type of Water Treated			chased Finished W	ater					
	ay Operating Capacity of Plan		300, 000						
Plant Category (per sub	section 62-699.310(4), F.A.C.): V			s (per subsecti		10(4), F.A.	.C.); 1	
Licensed Operators	N	ame .	License Class		ise Number			r(s)/Shift(s) Worl	(e d)
Lead/Chief Operator:	Robe	rt Paver	С		12040			<u>6 Days per week</u>	
Other Operators:									
								<u> </u>	
									
						-			
						- 			
			<u> </u>						
			<u> </u>						
H. Cariffication by Land	1/Chief Operator								
H. Certification by Lead				.1	4414	المسائلة المسائلة	Dod L-S	teleta noment a	
I she	teastment plant aperator lic	ensed in Florida, am the lead/	chief operator of	the water tre	amment blant	aentitied in	ITAILLOI	mus report. 1 co	eraly inat the

information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-6-07

Robert Paver Printed or Typed Name C12040 License Number

Signature and Date

Page l

	M	ONTHL	Y OPERAT	ION REP	ORT FOR	WSs TRE	EATING	RAW	GROU	ND WA	TER U	K PUKU	HASEU F	IMISHED ARE	\ \
PWS Id		ion Numbe		6280162		Plant Name:	Lake Jose	phine W	'aler						
IB. Dai	v Data B	or the Mon	B√Year of:		October-07		······································								
			og Virus Inacti	viation/Rem	oval: *		Free	Chlorine		Chlorine D	Dioxide)zone	Combined Chlor	ine (Chloramines)
		t Radiation			Other (Describe	e):									
			ual Maintained	in Distribution		<i>F</i>	. 	IX	Free Chle	prine	C	mbined C	hlorine (Chlor	amines)	Chlorine Dioxi
Type or	Distille	CUIT NESIC	Dai ivenimonico	in Distribution	C''l' Calculations	or UV Dose, to	Demonstrate 1					10 10 10 10 10 10 10 10 10 10 10 10 10 1			
					C1 Calculations	CT Calcu	lations		1587-146		υν	Dose`			
	Days					<u> </u>	Lowest CT						Lowest		
	Plant Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	Of				Disinfectant	Contact Time	Before or						Disinfeolant		
7. 4	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Refere or at	Measurement	Customer:	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or	Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of		Ç. CT.	UV Dose,	Required	Point in	Conditions; Repair of	or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		pH of Water,		mW-	mW	Distribution	Involves laking W	nter System Components
Month	"X")	Operation:	Produced, gal	Rate, gpd	Finw, mg/L	minutés	mg-min/L	C	if Applicable	ידאוותי-uug-miny_	sec/cm2	sec/cm2	System, mg/L 0.9		utomatic Flushing
1	X	24 hrs	97,450		2.4			-					0,9		utomatic Flushing
2 >	X	24 hrs	103,800		3.2	<u> </u>	 		<u> </u>				0.8		itic Flushing
3	X	24 hrs	100,200		2.9		ļ	┼	<u> </u>				- U.S		ntic Flushing
4	X	24 hrs	104,400		2.8		 			 			0.9		utomatic Flushing
5	X	24 hrs	93,600	ļ	3.8		 	 	 	 -		 	1.1		itic Flushing
6	X	24 hrs	128,200	 	3.8	 el>				atic Flashing					
7		24 hrs	145,650 145,650	 	4.5		 	┼~~~					0.9		utomatic Flushing
8 .	X	24 hrs	153,800	 	3.8	 	 	-		· · · · · · · · · · · · · · · · · · ·	 	 	i		utomatic Flushing
9	X	24 hrs	138,900	 	3.2	 	 	 			 	 	0.9		nic Flushing
10	X	24 hrs	95,400	 	3.3		 				 		1,1		ntic Flushing
12	- ↑ X	24 hrs	101,100	 -	2.8		 	<u> </u>		1	<u> </u>		0.9	Automa	itic Flushing
13		24 hrs	110,000	1			 	 						Automa	atic Flushing
14	X	24 hrs	110,000	 	2.4			1							atic Flushing
15	X	24 hrs	110,700	 	2.5								0.8		sutomatic Flushing
16	X	24 hrs	126,400		2.9			1					0.9		utomatic Flushing
17	X	24 hrs	134,400		3								<u> </u>		atle Flushing
18	X	24 hrs	120,400		2.8			1	<u> </u>	<u> </u>	Ļ	ļ	1		atic Flushing
19	X	24 hrs	113,100		2.7		ļ	1			1		1	 	atic Flushing
20		24 hrs	227,900		2.4			_	ļ		ļ <u>-</u>		0.9		atic Flushing
21	Ţ	24 hrs	131,500				<u> </u>		ļ	ļ <u>.</u>	 		ļ		atic Flushing
22	X	24 hts	131,500		2.2	ļ <u></u>	<u> </u>	-	ļ			 	 		Automatic Flushing
23	X	24 hrs	111,600	ļ. <u></u>	3.2	ļ		 	ļ	 -	<u> </u>		 		automatic Flushing
24	X	24 hrs	140,900		3	 			 		 	 	0.9		utomatic Flushing
25	X	24 hrs	136,200	\	3.2	ļ. <u>.</u>		 	 	 		 	1.1		atic Flushing
'26	X	24 brs	174,200		3.1	-	 		 	 	 		1.1		atic Flushing
27	X	24 hrs	112,100	 	2.7	 		+	 	 	 	 	 		atic Flushing
28		24 hrs	144,600	 	 	 			 	 	 	 	0.9		Automatic Flushing
29	X	24 hrs	144,600	J	3	 		1	 	 -	 	 	0.9		Automatic Flushing
-30	X	24 hrs	154,600		2.9	ļ			+	 	 	+	0.9		Automatic Flushing
31	T x	24 hrs	158,100	L	2.8				<u></u>		<u></u>		1 0.7	Talminet min L	socomatic riusting

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

4,000,950 129,063

227,900

Average

FLORDA

See page 4 for instructions

November-07

r. Cocherat infollitation (Troveinber-07			·	
A. Public Water System	(PWS) Information				
PWS Name:	Lake Josephine Water		PWS Iden	tification Number:	6280162
PWS Type:	X Community Non-Transient Non-Cornm	unity	Transient Non-Commu	inity	Consecutive
Number of Service Con	nections at End of Month: 536		Total Population Serve	d at End of Month:	1233
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Sarasota	State: PL	Zip Code: 34240
Contact Person's Teleph			Contact Person Person'	s Fax Number:	941-907-7401
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Lake Josephine Water			phone Number:	941-377-9456
	Canary Way		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated		chased Finished Wate	ег		
		300,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsec		
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	c	12040		6 Days per week
Other Operators:					
			<u> </u>		
			<u> </u>		
II. Certification by Lead	/Chief Operator		i i i i i i i i i i i i i i i i i i i	Marie 1	于学科·罗瑟·蒙拉克·
······					
	treatment plant operator licensed in Florida, am the lead/cl				
	this report is true and accurate to the best of my knowledg				
International Standard 66	0 or other applicable standards referenced in subsection 62	?-555.320(3), F.A.C	C. I also certify that th	e following addition	ial operations records for this plant
were prepared each day	that a licensed operator staffed or visited this plant during	the month indicate	d above; (1) records of	f amounts of chemic	als used and chemical feed rates:
and (2) if applicable, app	propriate treatment process performance records. Futherm	ore, I agree to prov	vide these additional or	perations records to	the PWS owner so the PWS owner
	with copies of this report, at a convenient location for at I		•	•	
Ami Lardill (Herritan Bottle)					
11 # 1/am	Robert Paver			C12040	
Signature and Date	Printed or Typed Name		 	License Number	
A.S. m. and A dilla mana					

	PWS I	dentifica	tion Numbe	er:	6280162		Plant Name:		hine V	/aler					***************************************	
	III. Das	ly Data	for the Mor	th/Year of:		November-07										
~	Means	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval: *		Free C	hlorin	e T	Chlorine I	Dioxide		Dzone	Combined Chlori	ne (Chloramhics)
p.13			et Radiatio			Other (Describe	:):						اجسوا			
Ω.				lual Maintained	in Distribution				X	Free Chi	orine	Co	unbined C	hlorine (Chlor	ramines)	Chlorine Dioxic
	77					CT Calculations	or HV Dore to I	remonstrate F								
		Days				CT Culturality	CT Calcu					UVI	Dose			
		Plant)		Lowest CT					7	Lowest		
		Staffed				Lowest Residual	Disinfectant	Provided	٠,					Residuat		
	1	or				Disinfectant	Contact Time	Before or						Disinfectant	\ ;	
		Visited				Concentration	(T) ut C	at First				Lowest	Minimun	Concentration		
72	1.55	by	A see to a	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or A	beaming Operating
9413783554	Day of	Operator	Hours	of Finished		First Customer	Point During	During	of		CT	UV Dose,	Required,	Point in		Maintenance Work that
82	the .	(Place	Plent in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow		pil of Water	Required,	m₩-	mW	Distribution		er System Companients
<u>65</u>	Month	"X")	Operation	Produced, gal	Rate, upd	Flow, mg/L.	minutes	mg-min/L	0	if Applicable	mg-min/L	sec/cm2	secicin2	System, mg/L		Operation
94		X	24 hrs	197,100		3.6						,				nomatic Flushing
	2	X	24 hrs	218,700		3.5								<u> </u>		ntomatic Flushing
	3	X	24 hrs	227,700		2.8								0.7		tomatic Flushing
	4	Х	24 hrs	189,300	ļ								<u> </u>		والمتال والمتالي والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية	ic Flushing
	5	<u></u>	24 hrs	189,300		3.1							ļ. <u> </u>	1.2		domatic Flushing
	6	X	24 hrs	131,300		2.2								0.9		nomatic Flushing
	7.	<u>X</u>	24 hrs	87,800		2.4								().9		ntomatic Flushing
	8	X	24 hrs	74,300 86,700		2.5					·		 			itomatic Flushing itomatic Flushing
	10	X	24 hrs 24 hrs	78.100	<u> </u>	3.6 3.5							 	1,2		Romatic Flushing
	11		24 hrs	78,300		3.3										ic Flushing
	12	X	24 lirs	78,300		2.9								0.8		tomatic Flushing
	13	$\frac{\hat{x}}{X}$	24 hrs	83,500	<u> </u>	3.1							 	1,2		comacie Flushing
	14	X	24 hrs	83,300		2.3							 	0,9		domatic Flushing
	15	X	24 hrs	62,500		2.4				•				0.8		nomatic Flushing
	16	X	24 fars	79,500	 	2,7							<u> </u>	1.3		Iomaric Flushing
	17	X	24 hrs	83,900		3.1							<u> </u>	1.7	Manual and Ar	itomatic Flushing
	18		24 hrs	106,500	· · · · · · · · · · · · · · · · · · ·			<u> </u>								ic Flushing
	19	X	24 hrs	106,500		3						· · · · · · · · · · · · · · · · · · ·		1		tomatic Flushing
	20	X	24 hrs	119,100		3.7								1,6		domatic Plushing
Fruitville	21	X	24 hrs	124,000		3.9								2	Manuel and Ar	itomatic Flushing
.≧	22	X	24 hrs	94,000		3.9								2.3	Manuai and Ar	Linnaric Flushing
. <u>:</u>	23	X	24 hrs	125,500		3.4								1.9	Manual and Ac	tomatic Flushing
-	24	Х	24 hrs	120,800		3.5								1.2	Manual and Ac	Omatic Flushing
	25		24 hrs	102,600											Automat	ic Flushing
AUF	26	X	24 hrs	102,600		2.9								1 (19	Manual and As	thomatic Flushing
	27	X	24 hrs	100,300		2.1			<u> </u>					0.9		nomatic Plushing
	28	X	24 hrs	83,600		1.4							<u> </u>	6.7	Manual and A:	Itomatic Flushing
Q.	29	X	24 hrs	99,000		2.2						ļ	ļ	6,9	Manual and Au	ttomatic Flushing
01:51p	30	X	24 hrs	104,200	ļ	1.6				ļ	ļ	ļ	 	O.B	Manual and A:	itomatic Flushing
2	31		<u> </u>	<u> </u>	<u> </u>	<u></u>	L <u></u>	<u> </u>		L	<u> </u>		<u> </u>		<u></u>	
88	Total	1 1 1 1 1		3,418,300												
	Ayerage			113,943	1											
5	Maxim	m		227,700	J		ed a shika daarka .	41								
	* Refer	to the ins	itructions for	r inis report to de	termine watch	i plant <mark>s m</mark> ust provi	ae inis mjorma	HOIL.								
May	DEP Form F	ann 62-555.5	20(3)Allemete							Page 2						

Maximum 227,700

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



Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions	See	page	4	for	ins	truction	S.
-----------------------------	-----	------	---	-----	-----	----------	----

I. General information for the h	Month/Year of: DECEMBER 2007			
A. Water System Information				
PWS Name: LAKE JOSEPHINE	WATER		PWS Identification Nu	mber: 6280162
PWS Type: XX_Communi		Transient	Non-Community	Consecutive
Number of service connections a	it end of month: 536	fotal population serv	red at end of month: 12	250
PWS Owner: AQUASOURCE				
Contact Person: JOHNNY CHAI		Contact Person's		
	S: 6960 PROFESISONAL PKWY E SUITE 400	City: SARASOTA		Zip Code: 34240
Contact Person's Telephone Nun		Contact Person's	Fax Number: 941-907	7-7401
Contact Person's E-Mail Address			· · · · · · · · · · · · · · · · · · ·	
3. Water Treatment Plant Inform				
Plant Name: LAKE JOSEPHINE		· · · · · · · · · · · · · · · · · · ·		e Number: 1-800-250-7532
Plant Address: CANARY WAY		y, SEBRING	State: FL	Zip Code; 33875
Type of Water Treated by Plant:		Finished Water		
	ing Capacity of Plant, gallons per day: 300,000	[0]		V E V C V V
Plant Category (oer subsection 6 Licensed Operators	2-699.310(4), P.A.C.). 1	License Class	bsection 62-699.310(4	Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANIEL M. HOLMES	C C	License Number 4335	5
Other Operators:	DANIEL W. HOLWES		4333	<u> </u>
Other Operators:	OTTO KRUCKER	c	7790	ž#
	CHRIS GILBERT	$\frac{c}{c}$	13107	**
	OTTIVO GIEDENI	, y	13707	
			····	
				
				
	As Needed	····		
II. Certification by Lead/Chief Op				
	ant operator licensed in Florida, am the lead/chief oper	ator of the water treat	ment plant identified in P	artil of this report. I certify that the
formation provided in this report is t	rue and accurate to the host of my knowledge and heli	بأجأم فالمر فسطف بكافسهم الكمة	rking water transment ab	amicale Head at this plant conform to

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 Strandard 60 or other applicable standards referenced in subsection 62-555.321(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 amount of chemicals used and chemical fede rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten

MAAIS	and to	make them	available for review upon re	equest.
ZZ		1000	available for review upon re	41

DANIEL M. HOLMES_ Print or Typed Name

C-4335 License Number

Signature and Date

9112(UP 811U D21C

	.,.		Monthly	/ Operat	ion Report	fo <u>r P</u> WSs 1	reating .	Raw G	round	Water	or Purch	ased Fin	ished Wa	ter
PW	/S Ident	ification N	Number: 628	0162							E JOSEPH			
111.	Dally Dat	a for Mont	h/Year of:		MBER 2007			- L.i -						
Me	ns of Ac	hieving Fou		activation/	Removal: *	Free Chlorine	Chlor	rine Dlox	(lde	Ozone	Combined	Chlorine	(Chloramine	s)
Typ	e of Disir	fectant Re	sidual Maintair	ned In Dist	ribution System	n:Free Ch	Horine C	ombine	d Chlori	ne (Chlor	ramines)	Chlorine l	Dioxide	
	T			C	Calculations, o	r IV Dose to F	lemonstrate	Four-Lo	o Virue I	nactivatio	n if Applicat	do"	Jioxido	T
	ļ	i			Galcalations, o	CT Calcu		roui-co	g virus i	Hactivatio	UV C		1	
		1					1	Υ	T	1		1	-	
Day ol Mo,	Days Plant staffed/ visited by oper. (X)	Hours Plant In operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest restdual disnfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant confact time (T) a C measurment point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg- min/L	Temp of water C	PH of water If appi.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest recidual disinfectaticoncentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	X	24	116000		1.4							1	.7	
2	ļ	24	84800											
3	X	24	84800		1.8								.6	
4	X	24	96800		1.6								.7	
5	X	24	95200		1.8								.9	
5	Х	24	97800		1.9		L.						1.0	
	X	24	97800		1,7		÷						.9	
8		24	117000		<u> </u>								<u> </u>	
9	X	24	117000		1.8								.9	
10	X	24	78600		1.7		<u> </u>						.8	
	X	24	\$9200		1.8				<u> </u>	<u> </u>			,8	
12	X	24	109000		1.8	· · · · · · · · · · · · · · · · · · ·							.9	
13	Ŷ	24	102200		1,4								.7	
16	x	24	104800		1.2					ļ			.6	
16	^	24	72100		1.9								.9	
17	x	24	72100	····	 									
18	x	24	102800		1.4								.7	
19	x	24	97200		1.6							ļ	.8	
20	x	24	102600		1.8							 	.9	
21	Ŷ	24	93400		1.8					ļ		 	1.0	
22	Ŷ	24	97800		1.6	ļ						<u> </u>	.9	<u> </u>
23	-	24	88800		1.7	,							.7	
24		24	88800		1.5					 		 	9	
25	X	24	115600		1.8							 	.8	
26	x -	24	73000		1.8		···							
27	$\hat{\mathbf{x}}$	24	90200		1.7				·			 	.9	
28	x	24	95400		1.6								.7	
29	- Ŷ	24	106800		1.9						 		.8	
30	X	24	108900											
31		24	108900		2,2						 		1.1	
Total			3057800			L			·	L .	<u> </u>		_ ''.'	1
	Average 98639													
Maxi			137000											



MONTHLY OPERATION REPORT FOR PWSs Th. ING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions				·			
1. General Information for the Month/Year of: January-06							
A. Public Water System (PWS) Information							
PWS Name: Lake Josephine Water			PWS Identificat	ion Number:	6280162		
PWS Type: X Community Non-Transient Non-Commun	nity	Transient Non-Community Consecutive					
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233					
PWS Owner: Aqua Utilities Florida							
Contact Person: Carolyn McFalls		Contact Pers	on's Title: A	rea Manager - I			
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota State: FL Zip Code: 34240					
Contact Person's Telephone Number: 941/907-7400		Contact Pers	on Person's Fax	Number:	941/907-74	01	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com							
B. Water Treatment Plant Information							
Plant Name: Lake Josephine, Water			Plant Telephone		941/907-74		
Plant Address: Canary Way		City:	Sebring S	tate: FL	Zip Code:	33875	
	ased Finished Wate	er					
	0,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection (52-699.310(4),	F.A.C.): V		
AND CONSCIPCION OF THE PARTY OF	Eicense Class			· 1000年1100年1100年1100年1100年	Day(s)/Shift(s)/Wor		
Robert Paver	C	12	040		3 Days per week		
Uman Operations (1988)			<u></u>				
					· · · · · · · · · · · · · · · · · · ·		
			- } -				
		}					
Market S. Market S. State S. S		L	<u> </u>				
II. Certification by Lead/Chief Operator							
	:- C		tmost plant id	antified in Do	et Lafthic report	I certify that the	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch	ner operator of the	ie water trea	initent plant to	chilled in ra	at t of this report.	form to NCC	
information provided in this report is true and accurate to the best of my knowledge	e. I certify that al	arinking w	ater treatment	cnemicals us	ed at unispiant con	ionii to NSF	
International Standard 60 or other applicable standards referenced in subsection 62-	-555.320(3), F.A.	.C. I also co	ertify that the t	ollowing add	itional operations	records for this	
plant were prepared each day that a licensed operator staffed or visited this plant du	ring the month ir	idicated abo	ove: (1) records	s of amounts	of chemicals used	and chemical feed	
rates; and (2) if applicable, appropriate treatment process performance records. Fut	thermore, I agree	to provide	these additions	il operations	records to the PWS	S owner so the	
PWS owner can retain them, together with copies of this report, at a convenient local	ation for at least t	ten years.					
Robert Paver			_	212040			
Signature and Date DOCUMENT NUMBER - Primted or Typed Name			I.	icense Numbe	r		
DEP Form 62-555.900(3)Alternate 0 4 3 0 7 MAY 22 8	age 1						

FPSC-COMMISSION CLERK

F W 3 10	entifica	tion Numb	er:	6280162		Plant Name:	Jaka Jose	nhine 1	Vater				5. 17 to E.D. (HAIOTIED VI	716.
111 15.	la Dana					I tale tvalle.	Lake Jose	pinne	N ALCI						
160000	Data	for the Mo	nth/Year of:		January-06							~	· 		
Means	of Achie	eving Four	Log Virus Inact	iviation/Ren	noval: *	·	Free	Chlorin	e []	Chlorine	Diauida				
111	Jitraviol	let Radiatio	m	[]	04 (0 11	٠(هـ	1.00	Ciliorni		Cinorine	Dioxide		Ozone	Combined Chlor	ine (Chloramines)
Type of	Disinfe	ectant Reci	duoi Mointain d	in Dietributi					12						
A Jane	有之情,	7.00	A STATE OF THE PARTY OF	III DISUIDUII	on system:				Free Ch	lorine	_ co	ombined (hlorine (Chlor	ramines)	Chlorine Diox
	100			1000	Calculations	or UV Dose, to	Demonstrate	hour Log	Vinus inacti	vations it Apr	licatile case	CANADA CONTRACTOR	CENTER DE	Description of the second	
	Days.			1.432	在14年的中心。在14年	" CT-Calcu	ilations	· · · · · · · ·	经营营营	TATALA ME	Y UV	Dose			(2 ¹)
	Plant				学 学学生是		Lowest CT		14.5	1 Few Transport	24 VOL. 6.0				**
	Staffed				Lowest Residual	Disinfectant	Provided			A PARTIE AND A	De la constant	39 3	Residual		
4	,QT				Disinfectant	Contact Time	Before or	\$	10.00	1000		13 8 35	Disinfectant		
12.	Visited				Concentration	(T) at C	at First	16	7	Section 1	Thomas	North Control	Concentration	S.	****
Day of	by		Net Quamity		(C) Before or at	Measurement	Customer	Temp	2-407 Sec. 754	Minimum	Operating	UV Dose	at Remote	- 1 marie de 12 12 13	Onormal Operating
the	Operator (Place	Hours Plant in	of Finished		Pirst/Customer	Point During	During	of	pH of	CT ?	TIV DOS	Required		Emergency of A	Abnormal Operating
Month	"X")	Operation	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water if	Required	HW.	mW ³	Distribution	Touchus Talias Wa	r Maintenance Work tha
27-73-482	^/_		Produced, gal	Rate, and	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/Is	Lowest Operating OV Dose HW Weedthi	sec/cm2	System, mg/L	Oir of	nter System Components Operation
	x	24 hrs 24 hrs	80,000	 							1		1	Outof	- beignous days assured
	X	24 hrs	80,000		2.1						1	 	1.3		
	$\frac{\lambda}{x}$	24 hrs	86,000		2.6								0.7		
	$\frac{\hat{x}}{x}$	24 hrs	243,000		2.7						1		1.1	Fi	ushing
4	$\frac{\hat{x}}{x}$	24 hrs	86,000		2,5		i						1.2	110	azunik
		24 hrs	82,000		2.7					Ī			1.1		
	X	24 hrs	62,000							<u> </u>					······
13 13		24 hrs	62,000		2.5								1.2		
	×	24 hrs	64,000 67,000												
	X	24 hrs	68,000		2.5					1			1		
	x	24 hrs			2.7								1.2		
	$\frac{\hat{x}}{x}$	24 hrs	54,000 63,000		2.1					í			0.9		
	- ŵ	24 hrs	82,000	[2.2								0.9		
		24 hrs		<u> </u>	2,1								i		
	- x	24 hrs	65,000												
	$\hat{\mathbf{x}}$	24 hrs	65,000	L	2.4								ſ		
200 10 10 10 10 10 10 10 10 10 10 10 10 1	- \$ 	24 hrs	81,000 67,000	<u> </u>	2.3								i	·	
STATISTICS.	- \$ 	24 hrs			2.3								1.2		
20 C C C C C C C C C C C C C C C C C C C	- \$ 	24 Q/S	63,000 76,000		2.3								1.1		
27	-^-	24 mrs			2.3								1		
3) 3 / 3 / OC	 	24 nrs	. 61,000							,					
210200	- \$ -	24 nrs	61,000		2.1								1.1		<u></u>
37 1 0 0 00		24 NFS	48,000		2.2								1		
2.72		24 hrs	99,000		2.4								1.2		
57.21.87		24 hrs	66,000		2.5								1,2		
23.23	- <u>X</u> -1	24 hrs	71,000		2.1					· · · · · · · · · · · · · · · · · · ·			1		
	_ X	24 hrs	64,000		2.2								1.3		
- A LO	X	24 hrs	42,000	7	2.3								1.2		
		24 hrs	42,000										1.4		
6.00	X	24 hrs	43,000	1	2.3										
	X	24 hrs	71,000		2.4								1.2		
Page 11 A.S.	17.	24 hrs 24 hrs	2,264,000										1.4		
The Line			73,032												
C. Oak J. Comp. 1971	MANUFACTURED IN	(X) - 0 - (X)	247.000												

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



See page 4 for instructions	
I. General Information for the Month/Year of: February-06	
A. Public Water System (PWS) Information	
PWS Name: Lake Josephine Water	PWS Identification Number: 6280162
PWS Type: X Community Non-Transient Non-Community	Transient Non-Community Consecutive
Number of Service Connections at End of Month: 536	Total Population Served at End of Month: 1233
PWS Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: Field Coordinator
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400	Contact Person Person's Fax Number: 941/907-7401
Contact Person's E-Mail Address: wadean@aquaamerica.com	
B. Water Treatment Plant Information	
Plant Name: Lake Josephine Water	Plant Telephone Number: 941/907-7400
Plant Address: Canary Way	City: Sebring State: FL Zip Code: 33875
	Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):	It latte Class (per occoperation of the control of
Dicensed Operators Licensed Control of the Control	
Robert Paver	C 12040 3 Days per week
II. Certification by Lead/Chief Operator	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief op	perator of the water treatment plant identified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. I ce	peration of the water treatment chemicals used at this plant conform to NSF
information provided in this report is true and accurate to the best of my knowledge. The	220(2) E.A.C. Lates contifue that the following additional operations records for this
International Standard 60 or other applicable standards referenced in subsection 62-555.	.320(3), r.A.C. Taiso certify that the following additional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant during t	the month indicated above: (1) records of amounts of chemicals used and chemical reed
rates; and (2) if applicable, appropriate treatment process performance records. Futherm	nore, 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.
Producer Producer	C12040
Robert Paver	License Number
Signature and Date Printed or Typed Name	Ciocuso indition

Page 1

N. . ATHLY OPERATION REPORT FOR PWSs TREATING N. . A GROUND WATER OR PURCHASED FINISHED WATER.

PWS Ic	lentificat	ion Number	r:	6280162		Plant Name:	Lake Josep	hine W	/ater					
III Dai	ly Data (or the Mon	th/Verr of:		February-06									
			og Virus Inacti				Free	Chlorine		Chlorine D)iovide)zone	Combined Chlorine (Chloramines)
		t Radiation		VIACIOIDIX CELLI	Other (Describe	Δ,		MIQUIN	السا	Chiorine D	ODNIGE	<u> </u>	,201.0	Comonica cinorina (amarana
7	C Dinings	D d.	1		. 0				Free Chl		1 1 00	mhined C	hlorine (Chlor	amines) Chlorine Dioxic
type o	200 Stille	Cum Resim	iai Maintaineo i	n Distributio	on dystem.	A CONTRACT OF THE PARTY OF THE	STORY OF THE STORY	4-7-3-126	FIEC CIT	Section Contraction	ALIENSE V	TOMES C	Mornio (Cinoi	diffica)
Man Calendaria			Control of the Control	- 1	weels alculations,	or U.V. Dose, to 1	Jemonstrate:	our-Log	VITUS ARRECTLY	auon vi Appi	EIVE	1200		
	Dāys_		A CONTRACTOR		garanti a generali di sal	CT Calcu	lanons	The second			3	10ge	, , , , , ,	Emergency or Abnormal Operating
2 T.V.	Plant	177,000			T and a Dagidinal	This was a second	D.25			,	and a mile		Decidual	
		是"会"。			Disinfectant	Contact Jame	P Before or	8		raig.		A Property of	Disinfectant	
i de la	"Visited	24年第3月	据,但10000		Concentration	CTast C	STELL ST			1 2 25 W.	Lowest	Minimum	Concentration.	
Section 2	by.		Net Quanity		(C) Before or at	Measurement	Customer	Temp	64 ³	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Firnished	;- :	First Customer	Point During				ст	UV Doše	Kequireo.	Point in	Conditions, Kepair of Maintenance Work man
the	(Place	Plantin	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,			Required.	mW- sec/cm2	mw .	Distribution	Involves Taking Water System Components Out of Operation
Month	- X	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	I ATL	Applicable	mg-min/L	Secretifiz	Secretifiz 5	1.2	South Operation
S 35	X	24 hrs 24 hrs	66,000 64,000		2.3	 	 	 	 	 			1.1	
	- x -	24 hrs	111,000		2.4		 	 	 	 			1.3	
	$\frac{\hat{x}}{x}$	24 hrs	67,000		2.3		 	<u> </u>	<u> </u>				1.2	
		24 hrs	69,000	<u> </u>			<u> </u>	 					·	
	Х	24 hrs	69,000		2.4								1.3	
70-57	X	24 hrs	50,000		2								11	
	X	24 hrs	130,000		2.5			<u> </u>					1.3	Flushed
	Х	24 hrs	148,000		2.8	<u> </u>	ļ	 	<u> </u>	ļ		ļ	1.3	Flushed
	X	24 hrs	104,000		2.2			 	 -		 		1.7	
	X	24 hrs	81,000 88,000		2.6		 	}	 -		<u> </u>		1.7	
	X	24 hrs 24 hrs	88,000	<u> </u>	2.1	<u> </u>	 	 	 	 		 	1.4	
	$\hat{\mathbf{x}}$	24 hrs	81,000		3.1	 	 	1	 -	···			1.8	
	$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$	24 hrs	128,000		2.4		 	1	 				1.3	
	X	24 hrs	0		2.1		 		<u> </u>				0.9	
1	X	24 hrs	8,000		1.9								11	
	X	24 hrs	38,000		1.9				<u> </u>				0.9	
影響源		24 hrs	68,000		<u> </u>		 	 		ļ <u></u>	ļ		 	
	X	24 hrs	68,000	ļ	2.1		 		ļ	ļ	 -		1.1	
	<u> </u>	24 hrs	65,000 28,000	<u> </u>	1.9	 	 	 	} -	 	 	 	1 0.8	
5. v 16 1	X	24 hrs	28,000 82,000		2.1	 	 	┼	 -				1.1	
	X	24 hrs 24 hrs	103,000	 	3	 	 	 	 	 	 	 	0.9	
	X	24 hrs	14,000	 	2.1	 	 	+	 	 	 	 	1.1	
(A)		24 hrs	97,000		† 	 	 	1	1	1		1	<u> </u>	
	X	24 hrs	97,000	 	2.2		1		1	1			1	
2.33		24 hrs	101,000	T	2.1	1.							1.1	
		24 hrs												
100	Š.	24 hrs					1		ļ		ļ	ļ	ļ	
176.00 141.10	ė	24 hrs				<u> </u>		<u></u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
roeic Education	Version	E-Aurolian	2,113,000	4										•
1.00	(a)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	75,464											

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



MONTHLY OPERATION REPORT FOR PWSs TI TING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions

I. General Information for the Month/Year of:	March-06					
A. Public Water System (PWS) Information						
PWS Name: Lake Josephine Water			PWS Identif	ication Number:	6280162	
	n-Transient Non-Community	Transie	nt Non-Commu	nity	Consecutive	
Number of Service Connections at End of Month:	36	Total Po	pulation Served	at End of Month:	1233	
PWS Owner: Aqua Utilities Florida						
Contact Person: Bill Dean			Person's Title:	Field Coordinator		
Contact Person's Mailing Address: 6960 Professional Parkw	ay E.	City:	Sarasota	State: FL		34240
Contact Person's Telephone Number: 941/907-7400		Contact	Person Person's	Fax Number:	941/907-740)1
Contact Person's E-Mail Address: wadean@ac	uaamerica.com					
B. Water Treatment Plant Information						
Plant Name: Lake Josephine Water			Plant Teleph	ione Number:	941/907-740	00
Plant Address: Canary Way		City:	Sebring	State: FL	Zip Code:	33875
Type of Water Treated by Plant: X Raw Ground Water		hed Water				
Permitted Maximum Day Operating Capacity of Plant, gallons	per day: 300,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	ſ			on 62-699.310(4), F		
Bicensed Uperators at 1859 and 1869 Name		Classers		State Control of the		(ede name)
Robert Paver	<u> </u>		12040		3 Days per week	
			<u> </u>			
						
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
						
				1		
H. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in	Florida am the lead/chief opera	ator of the water	treatment plan	t identified in Part	Lof this report I	certify that the
information provided in this report is true and accurate to the	hest of my knowledge. I certif	that all drinking	σ water treatm	ent chemicals used	l at thisplant conf	form to NSE
International Standard 60 or other applicable standards refer	anced in subsection 62.555.320	(3) EAC International	o certify that th	ne following additi	ional operations r	ecords for this
International Standard 60 or other applicable standards refer	enced in subsection 62-333.320	(3), F.A.C. Tai	so certify that u	ie tottowing additi	Contair Operations is	and about this
plant were prepared each day that a licensed operator staffed	or visited this plant during the	monin indicated	above: (1) rec	orus or amounts or	chemicals used a	mu chemicai feed
rates; and (2) if applicable, appropriate treatment process pe				onal operations re-	cords to the PWS	owner so the
PWS owner can retain them, together with copies of this rep	ort, at a convenient location for	at least ten year	S.			
	Daham Dayan			C12040		
	Robert Paver			C12040 License Number	·	
Signature and Date	Printed or Typed Name			License Number		
DEP Form 62-555.900(3)Atternate	Page 1					

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

PWS Id	dentification Number: 6280162 Plant Name: Lake Josephine Water													
III Dai	Daily Data for the Month/Year of: March-06													
			Log Virus Inacti	viation/Rem	oval: *		Free (Chlorin		Chlorine I	Diovide)zone	Combined Chlorine (Chloramines)
	Iltraviole	et Radiation	og vitas macii	VIACIOID ICCIII	Other (Describe	•) •	البا	211101111	بــا	Cinorino	ZIOZIGE	Ц,	Zone	Combined Cinornio (Cinorminice)
			ual Maintained i	n Diotaibutio		-).			Free Chl	orina		mhinad C	hlorine (Chlor	amines) Chlorine Dioxid
Type o	Distille	LEAST NESTU	uai Maintaineo i	n Distributio	on System.			-Chunnin			SEAS STREET	momed C	morme (Cinor	arriles) Ciroline Dioxid
	1,11			The state of the s		OF U.W. LIOSE; 10 H	emonstrate.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWNS OF THE	公司的 以来	toable	Doce.		
	Days Plant					Crecatou	Lowest GT	Jan 19	ar suma sarah	ervant av	1	50SE	***	
	Stäffed				Lowest Residual	Disinfectant	Provided	1		120		. X7 %	Lowest Residual	
	or				Disinfectant	Contact Time	Before or					7	Disinfectant/	
	Visited				Concentration	(T) at C	àt First				JLowest Operating	Minimum	Concentration	
	by	10 V	- Net Quanity	201	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	rH of ™	CI (UV Dose,	Required.	Point in	Conditions: Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,		*Required,	mW-	mW	Distribution .	Involves Taking Water System Components
Month	\$Х")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	2 C →	Applicable	mg-min/៤	sec/cm2	sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	107,700		1.9			ļ	ļ.,		ļ		1.2	
eta ie 7. C.E	X	24 hrs	96,100		1.9				<u> </u>				1.1	
B4323	Х	24 hrs	81,000		2.1			ļ				<u> </u>	1.2	
		24 hrs	95,200					 				<u> </u>		
later Land	X	24 hrs	95,200		2			ļ			ļ	 	1	
2220	X	24 hrs	73,000		2.2			ļ		<u> </u>	<u> </u>	ļ	1.2	
	X	24 hrs	23,000		1.9			ļ	}				1.3	
1.5	X	24 hrs	150,700		2.2		ļ	 	· · · · · · · · · · · · · · · · · · ·	ļ	ļ	ļ	1.4	
D-27 / 27	X	24 hrs	69,700		2.4								1.4	
1 × N.1	X	24 hrs 24 hrs	80,500 64,500		2.3	 	·	 -	 	 	<u> </u>	}	1.3	
		24 hrs	113,000	 	2.2	 	 	 	 				1,1	
2	X	24 hrs	113,000		2.1		ļ	 	 	 	 		1.2	
	x	24 hrs	87,500	<u> </u>	2.2		}	 		 			1.3	
100	X	24 hrs	93,500	 	2.3		 	+	 			<u> </u>	1.3	
N2: 6	Х	24 hrs	89,000		2.2	 	 		1	-		 	1.3	
100	X	24 hrs	54,500		2.1			 	 	1			1.2	
34 170	X	24 hrs	86,000	 	2.2	1							1.1	
		24 hrs	78,300					T]		
9 70 (10)	Х	24 hrs	78,200		2.3								1.2	
	v	24 hrs	79,100	,	2.2	-							1.2	
	X	24 hrs	107,000	<u> </u>	2.3								1.1	
	X	24 hrs	102,200		2.3								1.4	
	X	24 hrs	104,800		1.8						Ĺ <u> </u>		1.2	
Co.	X	24 hrs	134,500		1.7			<u> </u>					1.3	
Late () a		24 hrs	111,300							<u> </u>	<u> </u>			
	X	24 hrs	111,300		1.8								1.2	
	X	24 hrs	113,000	1	1.9						<u> </u>	L	1.2	
	X	24 hrs	166,200		2		<u> </u>		ļ	1	<u> </u>	ļ	1.3	
	<u> </u>	24 hrs	190,300	<u> </u>	1.9	<u> </u>	ļ	<u> </u>	<u> </u>	ļ	ļ	ļ	1.2	
N. S.	Х	24 hrs	142,800		1.8	l	<u> </u>	1	<u> </u>	<u></u>	<u></u>		1.2	
[[C][]]			3,092,100	4										
C - St _ E	3/48/3/3/5		99,745	1										

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



MONTHLY OPERATION REPORT FOR PWSs T. TING RAW GROUND WATER OR PURCHASED FINISHE. WATER

See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for the Month/Year of:	April-06						 1
A. Public Water System (PWS) Information	API II-OV						L
PWS Name: Lake Josephine Water				DWS Identifi	cation Number:	6280162	
	Ion-Transient Non-Comm	aunity	Transient	Non-Commun	·	Consecutive	·
Number of Service Connections at End of Month:	536	idility			it End of Month:	1233	
PWS Owner: Aqua Utilities Florida	230	· · · · · · · · · · · · · · · · · · ·	110tar r opu	iation served i	a End of Monar.	1433	
Contact Person: Bill Dean		· · · · · · · · · · · · · · · · · · ·	Contact Pe	rson's Title:	Field Coordinator		
Contact Person's Mailing Address: 6960 Professional Parl	way F.	······································	City:	Sarasota	State: FL	Zip Code:	34240
Contact Person's Telephone Number: 941/907-74				rson Person's F	·	941/907-74	
	aguaamerica.com		10000				
B. Water Treatment Plant Information				 			
Plant Name: Lake Josephine Water		 		Plant Teleph	one Number:	941/907-74	00
Plant Address: Canary Way		 	City:	Sebring	State: FL	Zip Code:	
Type of Water Treated by Plant: X Raw Ground W	ater Pure	chased Finished Wa	ter		·*·		
Permitted Maximum Day Operating Capacity of Plant, gallor	is per day:	300,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	I		Plant Class	(per subsection	n 62-699.310(4), F	.A.C.): V	
Name Name		* Oblicense Class :	F Elsens	e Number	422 mount of I	ay(s)/Shift(s) Wor	kéd
Robert Paver		C	1	2040	İ	3 Days per week	
Odlan Odaniam 🤃 🤃							
			<u> </u>				
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n o ve da la la uota co							·
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed	in Florida, am the lead/	chief operator of	the water tre	atment plant	identified in Part	I of this report.	I certify that the
information provided in this report is true and accurate to							
International Standard 60 or other applicable standards ref							
plant were prepared each day that a licensed operator staff							
rates; and (2) if applicable, appropriate treatment process				mese adding	nai operations re	cords to the PWS	owner so the
PWS owner can retain them, together with copies of this re	eport, at a convenient lo	ocation for at least	ten years.				
	Dalam Da				C12040		
	Robert Paver	-		_	C12040		
Signature and Date	Printed or Typed Name	2			License Number		

Page 1

MUNTHLY OPERATION REPORT FOR PWSs TREATING RUNG GROUND WATER OR PURCHASED FINISHED WATER.

PWS I	dentificat	ion Numbe	r:	6280162		Plant Name:	Lake Josep	hine W	ater					
III. Da	ily Data t	or the Mon	th/Year of:		April-06									
			Log Virus Inacti	viation/Remo	oval: *		Free C	Chlorine	2	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Iltraviole	et Radiation			Other (Describe	÷).								
Time	f Disinfe	ctant Decid	ual Maintained i	n Dietributie	n System:	· · · · · · · · · · · · · · · · · · ·		T	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxi
Type o	I DISHITE	Clair Resid	uai iviaimameu i	n Distribunc	ni oystein.	e District Plan		Nation Co.	Tree Car	THE STANKE		70 May 20 74		Service and the service of the servi
A1.45A	7		BANK BANG, NA	TO SEA PARTY	ACCURGATIONS	CT C-150	Semonsuate r	ant-iang	A II II THECTE	acion, at Appl	I I I I	Andrew Control		
	Days	ar in the		100 Tel. (100 Te		Sales Sales	Lowest CT	rational series	Y Y Y			***	Lowest	
ir vita	Plant.	经验证		1	Lowest Residual		Lowest C1						Residual -	
	Staffed or				Disinfectant	Contact Time	- Before or			7.21		3 3 1	Dicinfectant	
W.ST.	Visited	30 c 3 f 4 f	ZW.		Concentration	(IJaye	at First				- Lowest	Minimum	Disinfectant Concentration	
3	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp		Minimum	The same of the sa	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	4/37	First Customer	Point During	During	of	pH of	Г ст	UV Dose,	Required.	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components:
Month		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	scc/cm2	sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	187,000		1.7						<u> </u>		1.3	
7,21	8	24 hrs	163,100											
	Х	24 hrs	163,100		1.4			<u> </u>			<u> </u>		1.2	
6. V	Х	24 hrs	169,200		2.1			ļ		ļ	ļ		1,3	
6.00	X	24 hrs	232,200		2.3			ļ			ļ		1.4	
	X	24 hrs	246,800		2.2		ļ	 _		ļ <u> </u>	ļ		1.2	
	Х	24 hrs	90,900		2.1		<u> </u>	<u> </u>	ļ	ļ			1.2	
建华	X	24 hrs	96,000		2.2			<u> </u>			ļ	<u> </u>	1.2	
" F	1	24 hrs	59,500				ļ		ļ	<u> </u>	ļ			
	X	24 hrs	59,500		1.9		ļ <u>.</u>	ļ	ļ <u>-</u>	<u> </u>	<u> </u>		1.2	
20,25	Х	24 hrs	47,300	ļ	2.1	ļ	-	 -	ļ		-	· · · · ·	1.2	
EAST.	X	24 hrs	35,300	 	1.8		 		 	 	 	 	1.1	
1.24	X	24 hrs	119,000		2.2	ļ	 	 	 	 		 	1.2	
17.2	Х	24 hrs	92,100	-	2.1	 	 	 		 		 	1.3	
561.20	X	24 hrs	93,500 70,800	 	 		 	+		 		 	1.3	
E-120 Sec.	N V	24 hrs	70,800	 	2.1		 	+	1.1					
	X	24 hrs	16,500	-	2.2	 	 	 	 		 	 	1	
	X	24 hrs	124,600	+	2.1	+	 	 		 	 	 	0.9	<u> </u>
		24 hrs 24 hrs	104,400	+	2.4	 	+	+	 	 	 	 	1.3	<u> </u>
77 - 77 - 77 - 77 - 77 - 77 - 77 - 77	X	24 hrs	43,700	 	2.3	 	 	1.		 	+,	†	1.4	
7	X	24 hrs	51,000	 	2.2	 	 	+	 	 	+	†	1.2	
		24 hrs	70,200	 	1	 	 	1	†	1	 	 	† · · · · · · · ·	<u> </u>
rie om	X	24 hrs	70,200	 	1.4	 	 		 	 		 	1.2	†
	X	24 hrs	26,700	+	1.2	†	1	+	 	<u> </u>	1	 	0.7	
	$\frac{\hat{x}}{x}$	24 hrs	21,000	+	1.4	 	 	1	 	†	 	 	1	
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	x X	24 hrs	80,600	1	1.9	<u> </u>	1	1	T				1.2	
	X	24 hrs	77,000	1	1.7	1							1.1	
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rif wall			2,729,500		_ 	· · · · · · · · · · · · · · · · · · ·								
		A 100 CO. 100	00.001	7										

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

A Public Water System (PWS) Information	See page 4 for instructions			_										
PWS Name: Lake Josephine Water PWS Type: X Community Non-Transient Non-Community Transient Non-Community Non-Transient Non-Community Transient Non-Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 1233 PWS Owner. Aqua Utilities Florida Contact Person: Allil Dean Contact Person: Title: PWS Owner. Contact Person: Bill Dean Contact Person S Title: Sursoria State: FL Zip Code: 34240 Contact Person's Telephone Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquamerica.com Plant Name: Lake Josephine Water Plant Address: Use Josephine Water Plant Address: Contact Person's E-Mail Normation Plant Name: Lake Josephine Water Plant Address: Contact Person's E-Mail Normation Plant Name: Lake Josephine Water Plant Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Wadean@aquamerica.com Plant Name: Lake Josephine Water Plant Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Contact Person's E-Mail Address: Wadean@aquamerica.com Plant Name: Lake Josephine Water Plant Address: Contact Person's E-Mail					May-06									
PWS Owner. X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 536 Total Population Served at End of Month: 1233 PWS Owner. Aqua Utilities Florida Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E City: Sarasota State: FL Zip Code: 34240 Contact Person's Telephone Number: 941/907-7400 Contact Person's Faw Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquaamerica.com	A. Public Water System	n (PWS) Informa	tion		_									
Number of Service Connections at End of Month: 1333 PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Milling Address: 6660 Professional Parkway E. City: Sanasota State: FL Zip Code: 34240 Contact Person's Telephone Number: 941/907-7400 Contact Person's Telephone Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquagamerice.com Plant Name: Lake Josephine Water Plant Name: Lake Josephine Water Plant Name: Lake Josephine Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Classy (per subsection 62-699 310(4), F.A.C.) I Plant Class (per subsection 62-699.310(4), F.A.C.) V Robert Paver City: Sebring State: FL Zip Code: 33875 City: Seb		Lake Josephine W	ater							PWS Identif	ication Nun	nber:	6280162	
PWS Owner: Aqua Utilities Florida Contact Person's Bill Dean Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. City: Sarasota State: FL Zip Code: 34240 Contact Person's Telephone Number: 941907-7400 Contact Person's E-Mail Address: wadean@aquaamerice.com B. Water Treatment Plant Information Plant Name: Lake Josephine Water Plant Address: Cannary Way Type of Water Treatment Plant Information Plant Address: Cannary Way Type of Water Treatment Departing Capacity of Plant, gallons per day: 300,000 Plant Category (per subsection 62-699 310(4), F.A.C.): 1 Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 Plant Category (per subsection 62-699 310(4), F.A.C.): 1 Plant Category (per subsection 62-699 310(4				☐ No	n-Transient	Non-Com	munity						Consecutive	
Contact Person's Bill Deam Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. City: Sarasota State: FL Zip Code: 34240 Contact Person's E-Mail Address: wadean@aquamerica.com Plant Address: wadean@aquamerica.com Plant Name: Lake Josephine Water Plant Address: Canay Way Plant Address: Canay Way Plant Clarkers: Canay Way Type of Water Treated by Plant: Y Raw Ground Water Permitted Maximum Day Operating Capacity of Plant gallons per day: Plant Address: Canay Way Type of Water Treated by Plant: Y Raw Ground Water Permitted Maximum Day Operating Capacity of Plant gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's E-Mail Address: Canay Way Type of Water Treated by Plant: Y Raw Ground Water Permitted Maximum Day Operating Capacity of Plant gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) V Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.) Reference of the Contact Person's Title (Plant Class (per subsection 62-699 310(4), F.A.C.)					536		,		Total P	opulation Served	at End of M	Ionth:	1233	
Contact Person's Mailing Address: 6960 Professional Parkway E. City: Sarasota State: FL Zip Code: 34240 Contact Person's Telephone Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: Lake Josephine Water Plant Telephone Number: 941/907-7400 Plant Address: Camary Way City: Sebring State: FL Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 33875 Type of Water Treated by Plant:		Aqua Utilities Flo	rida											
Contact Person's Telephone Number: 941/907-7400 Contact Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aguaamerica.com Plant Name: Lake Josephine Water Plant Address: Canary Way City: Sebring State: FL Zip Code: 33875 Type of Water Treated by Plant: IZ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 Plant Calescy (per subsection 62-699 310(4), F.A.C.) V Plant Calescy (per subsection 62-699 310(4), F.A.C. V Plant Calescy (per subsection 62-699 310(4), F	Contact Person:	Bill Dean							Contac	t Person's Title:		rdinator		
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B. Water Treatment Plant Information Plant Name: Lake Josephine Water Plant Address: Canary Way Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Calegory (per subsection 62-699 310(4), F.A.C.): Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per subsection 62-699 310(4), F.A.C.: Plant Calegory (per s									Contac	t Person Person's	Fax Numbe	r:	941/907-74	101
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Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 Plant Cales (per subsection 62-699,310(4), F.A.C.): I Plant Class (per subsection 62-699,310(4), F.A.C.): V Use of the plant of the plant of the plant of the plant Class (per subsection 62-699,310(4), F.A.C.): V Use of the plant	Plant Name:	Lake Josephine W	ater							Plant Teleph	ione Numbe	er:	941/907-74	100
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): I										Sebring	State:	FL	Zip Code:	338 75
Plant Category (per subsection 62-699 310(4), F.A.C.): Indicate the provided in this report is rue and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standards operators staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical rates; and (2) if applicable, appropriate treatment process performance records. Robert Paver Plant Class (per subsection 62-699.310(4), F.A.C.). V Elicinse Number: Day (3) (4), F.A.C.). V Elicinse Number: Day (3) (4), F.A.C.). V Elicinse Number: Day (3) (4), F.A.C.). Day (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7						Pu		ished Wa	ter					
II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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 rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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. Robert Paver C12040					per day:		300,000							
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rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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. Robert Paver C12040	plant were prepared each	ch day that a licen	ised operat	tor staffe	d or visited	this plant	during the	month i	ndicate	d above: (1) reco	ords of amo	ounts of ch	nemicals used	and chemical feed
PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Robert Paver C12040														
Robert Paver C12040											anai opera			o which so the
	r w 5 Owner Can retain	dieni, together wi	in copies c	or uns rep	ori, ar a cc	MIV CHICITE	iocation to	1 at loast	ten yeu					
					Robert Pay	er					C12040			
Signature and Date Strong Stro	Signature and Date						e.					Jumber		
	orginature and Date					·) pour latti	.•				Diconst (···		

Page 1

M. ATHLY OPERATION REPORT FOR PWSs TREATING N. W GROUND WATER OR PURCHASED FINISHED WATLA

PWS I	Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Dai	Daily Data for the Month/Year of: May-06													
			Log Virus Inacti				Erao (Chlorine	. 11	Chlorine I	Viavida		\	Combined Chlorine (Chloramines)
				viation/Rem			Free C	niorine	· 🗀	Chiorine L	noxide	LJ ')zone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	:):			112 200					
Type o	Disinfe	ctant Resid	ual Maintained i	in Distributio	n System:				Free Chi	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxic
				3	CI Calculations,	or UV Dose, to 1	Demonstrate:1	our Log	Virus Inactiv	ation, alterpol	table.			
		E-Sec Miles							A Next		- DVA	ose has	AND AND	
	Plant				Lowest Residual	SERVICE	Lowest CT					400	abowest	
- Car	Staffed				Lowest Residual	Disintectant	Provided	1 m			M. 10.5 J		Residual	
100	A.Or.	e 34 Pa Y			Disinfectant	Contact Time	Before or							
	Visited.	N. 18 (18)	10 mg 10 mg		Concentration (C) Before or at	(T) at C	at First Customer) **!		Minimum,			Concentration at Remote	Emergency or Abnormal Operating
Day of	by Operator	Hours	Net Quanity of Finished		First Customer	Measurement Point During	During	Temp.	pH of	Ç <u>T</u>	UV Dose.	Required		Conditions: Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	a thirty of the second second	mW-	m W	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c .	Applicable		sec/cm2	mW sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	28,400	Take, Bpc	1.8	1	,			. · · · · · · · · · · · · · · · · · · ·	,		1.1	
	X	24 hrs	115,500		2		 						1.2	
	X	24 hrs	147,000	l	2.1	· · · · · ·	1						1.3	
V. L.	X	24 hrs	101,000		2								1.2	
	X	24 hrs	104,000		2.1		<u> </u>						1.3	
	X	24 hrs	134,500	i e	2								1.2	
20710		24 hrs	100,000											
557 T	Х	24 hrs	79,100		2.9								1.3	
	Х	24 hrs	103,100		2								1.9	
20 CH	Х	24 hrs	156,300		2.1								1.9	
	Х	24 hrs	100,200		2.4	ļ	ļ						1	
2752	Х	24 hrs	126,500	ļ	1,8		<u> </u>	<u> </u>	L				1.1	
Y 110 V	Х	24 hrs	123,400	<u> </u>	4.9		ļ			ļ	ļ		3.8	
4-60		24 hrs	96,750	 			ļ	 						
	X	24 hrs	96,750		1.9			 					1.2	
1	X	24 hrs	95,400	 	1.8	·	 	 		ļ		 -	1.1	
257 A	X	24 hrs	105,700	 	1.7		 	 -		 				
	X	24 hrs 24 hrs	104,800	 	1.8		 	 		 	·		1.1	
	X	24 hrs	111,850		1.0		 	 	 	 			1	
. 246	X	24 nrs 24 hrs	111,850	 	1.7		 	 	 	 			1	
	X	24 hrs	94,600	 	1.8	 	 	 	 	 -		 	1,1	<u> </u>
	X	24 hrs	146,400	-	1.9	 	 	 	 	 	 	 	1.1	
100	x	24 nrs 24 hrs	92,100	 	1.8	 	1	<u> </u>		 	 	 	1.2	
	x	24 hrs	120,800	 	1.9	 	 	 		 	 		1.2	
700	x	24 hrs	144,500	†	1.9	<u> </u>	 	 	 	 	-	 	1.3	
77 173	X	24 hrs	142,400		1.8	 	† · · · · · ·		<u> </u>				1.3	
	- ^`	24 hrs	110,500	1	1		 	1	 			T		
10 No.	Х	24 hrs	110,500	<u> </u>	1.8	1			†		1		1.2	
	X	24 hrs	104,700	1	1.7		1	1	1				1.2	
20.34	X	24 hrs	118,200		1.5	1							1.1	
No.	C. 17. A. C.		3,444,000			···					^		<u> </u>	
		7.75	111.097	7										

156,300

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



MONTHLY OPERATION REPORT FOR PWSs TI TING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions

General Information for the Month/Year of: June-06	 	
A. Public Water System (PWS) Information		
PWS Name: Lake Josephine Water	· · · · · · · · · · · · · · · · · · ·	PWS Identification Number: 6280162
	Non-Community	Transient Non-Community Consecutive
Number of Service Connections at End of Month: 536		Fotal Population Served at End of Month: 1233
PWS Owner: Aqua Utilities Florida		
Contact Person: Bill Dean	To the second se	Contact Person's Title: Field Coordinator
Contact Person's Mailing Address: 6960 Professional Parkway E.	C	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person Person's Fax Number: 941/907-7401
Contact Person's E-Mail Address: wadean@aquaamerica	.com	
B. Water Treatment Plant Information		
Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400
Plant Address: Canary Way		City: Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant: Raw Ground Water	Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licerised Operators Name	License Class	*License Number Day(s)/Shift(s) Worked
Robert Paver	С	12040 3 Days per week
II. Certification by Lead/Chief Operator		
I, the undersigned water treatment plant operator licensed in Florida, ar	n 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	y knowledge. I certify that all	drinking water treatment chemicals used at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in su	bsection 62-555.320(3), F.A.C	2. 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 ind	dicated above: (1) records of amounts of chemicals used and chemical fe
rates; and (2) if applicable, appropriate treatment process performance	records. Futhermore, I agree to	o provide these additional operations records to the PWS owner so the
PWS owner can retain them, together with copies of this report, at a con		
		··· 〉 ···· · -·
Robert Pave	ः	C12040
Signature and Date Printed or T	vned Name	License Number

Page 1

M. ATHLY OPERATION REPORT FOR PWSs TREATING IS AN GROUND WATER OR PURCHASED FINISHED WATER

PWS I	S Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Da	ly Data f	or the Mon	th/Year of;		June-06	····								
			Log Virus Inacti				Free C	hlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	٠)٠			`	011.070	71076100	. سا <i>'</i>	,201.0	Combined Chiefine (Chiefianite)
			ual Maintained i	n Distribution		. , ,		-	Free Chi	orina		mbined C	hlorine (Chlor	ramines) Chlorine Dioxid
anasassa	I DISHITO	COMMITTEE LEGIO	uai iviaintaineo i	n Distributio	n System:		Service and Control	anni de la companya d	Tree Cite	DITTIC	CONTRACTOR OF	Member C	morme (Cmor	arnines) Chiotine Dioxid
************	1	2017				or UN Dose, to 1	Demonstrate 1	our-mog	en in its anach a	auon,ar App	icables ar	A TATA		
	Days	,	Table Marine		148 (4) 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CI Calcu			ing englisher in Ing englisher		(LIV	Jose		
	Plant	S. 4		.			Lowest CT				14.0	7 12 7	Lowest	
	Staffed			100	Lowest Residual	Disinfectant	Previded				÷		Residual	
	or Visited			1 de 1 de 1	Disinfectant Concentration	Contact Time (T) at C	Before or at First				= Lowest	Minimum	Disinfectant Concentration	
	by		Net Quanity	2	(C) Before or at	Measurement	Customer	Temp.		Minimum		UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plantin	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow		Water, if	Required.	mW-	mW	Distribution	Involves Taking Water System Components
Month	'X')	Operation	Water Produced, gail	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C i	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	118,200		1.7			1	T				1.1	
21656 226	Х	24 hrs	106,400		1.8								1.2	
	X	24 hrs	102,600		1.1								0.4	
		24 hrs	133,000											
	Х	24 hrs	87,700		1.3								0.5	
	Χ	24 hrs	87,700		1,1								0,4	
100	X	24 hrs	104,200		1.9					·			0.7	
色数线	X	24 turs	140,600		1.7								0.8	
多多多	Х	24 hrs	107,020		1.6		Ì						0.7	
海绵(0)	X	24 hrs	141,700		2.2				ļ			ļ	1.7	
		24 hrs	97,950					ļ	ļ					
	Х	24 hrs	97,950		1.9		 	-	ļ <u>.</u>			<u> </u>	0.8	
300	X	24 hrs	85,400	<u> </u>	1.4		1		 		ļ <u>-</u>	ļ	0.7	
	X	24 hrs	96,400	ļ	1.6		 		 			 	0.8	
	X	24 hrs	101,000		1.8		<u> </u>	-	 	ļ		ļ	0.8	
	X	24 hrs	100,600		2	 		 	 			 	1.1 0.7	
	X	24 hrs	140,300 96,650	 	1.7	 	-}	 	 	 	 	 -	0.7	
10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A	1	24 hrs	96,650		10	 	 	 		ļ	 		0.9	<u> </u>
	X	24 hrs	90,400	 	1.8		+	+	 	 	1	 	0.9	
	X X	24 hrs	105,700		1.7	· .	+	+	 		 	 	0.7	
F10 22 4 24	$\frac{\lambda}{x}$	24 hrs 24 hrs	111,100	<u> </u>	1.5	 	+	+	 	<u> </u>	 	 	0.9	<u> </u>
EV C	×	24 hrs	83,200		1.7	 	 	 	 		 	 	1	
	X	24 hrs	158,100	 	2.4	 	 	T	 	 	 	 	1.5	
	1	24 hrs	105,350	 				 			 			
	X	24 hrs	105,350	 	1.9		 	†	 	 	†	 	1.2	
	X	24 hrs	75,800		1.8	T	†	1	<u> </u>	1	1	 	1.1	
	X	24 hrs	95,400	 	1.7	1		·	 		1	 	0.9	
200	X	24 hrs	69,600		1.7		 	 	1	i	-	1	1	
C. C.	X	24 hrs	13,700		1.4	1		1	1				0.9	
	H	- 24 hrs		 	1	<u> </u>			1	1 "		1		
	706		3,055,720	1		-	-	•			·			
0.5.77			101,857											
C. A.L.	ding at all		158,100]										

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



MONTHLY OPERATION REPORT FOR PWSs T. TING RAW GROUND WATER OR PURCHASED FINISHE. WATER

See page 4 for instructions

DEP Form 62-555.900(3)Alternate

see page 4 for instructions							 	······································		
 General Information 			July-06							
A. Public Water System	n (PWS) Inform	ition								
PWS Name:	Lake Josephine \	Vater					PWS Identif	ication Number:	6280162	
PWS Type:	X Community		Non-Transient Non-	Community			nt Non-Commu		Consecutive	
Number of Service Cor	nnections at End o	f Month:	536			Total Po	pulation Served	at End of Month:	1233	
PWS Owner:	Aqua Utilities Fl	orida						•		·
Contact Person:	Bill Dean		·				Person's Title:	Field Coordinator		
Contact Person's Maili		60 Professional Pa				City:	Sarasota	State: FL		34240
Contact Person's Telep		941/907-				Contact 1	Person Person's	Fax Number:	941/907-74	01
Contact Person's E-Ma		wadean(@aquaamerica.com	<u>. </u>	<u> </u>	·		· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Pla	ant Information									
Plant Name:	Lake Josephine V	Vater					Plant Teleph	ione Number:	941/907-74	00
Plant Address:	Canary Way					City:	Sebring	State: FL	Zip Code:	33875
Type of Water Treated		X Raw Ground		Purchased Finish	red Wat	er				
Permitted Maximum I			ons per day:	300,000		·	···		·	
Plant Category (per su	bsection 62-699.3	10(4), F.A.C.):	I			Plant Cla	iss (per subsecti	on 62-699.310(4), F	.A.C.): V	
Cicensed Operators		Name	And the Bridge and the	License C	lass	Pice	nse Number	S. Carlotte and B.	lay(s)/Shift(s);Wor	ked*
The enclosive of the second of		Robert Pav	ег	C			12040		3 Days per week	
Olifer Organization 💝 🕏 S										
The same of the same of the same										
										
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ALT THE STATE OF T						<u> </u>				
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Apparent of the Control of the Contr						ļ		<u> </u>		
A Commence Contract		·-····································				 			· 	
	2	***				<u> </u>				
II. Certification by Lea	vI/Chiof Operato	••								
										
I, the undersigned wate	r treatment plant	operator license	d in Florida, am the	lead/chief operat	tor of th	ne water i	treatment plant	t identified in Part	I of this report. I	certify that the
information provided in	this report is tro	ie and accurate to	the best of my kno	wledge. I certify	that al	l drinkin	g water treatme	ent chemicals used	l at thisplant conf	orm to NSF
International Standard	60 or other appli	cable standards r	eferenced in subsec	tion 62-555.320(3), F.A	.C. I also	certify that the	ne following additi	onal operations re	ecords for this
plant were prepared each										
rates; and (2) if applica										
PWS owner can retain		•	•		-	•		onal operations for	cords to the 1 143	Owner SO title
r w 5 Owner can retain	meni, together w	ini copies of this	report, at a convent	icin iocation for a	n reast	wii years	•			•
			Robert Paver					C12040		
Signature and Date			Printed or Typed	Name	· · · · · · · · · · · · · · · · · · ·			License Number		
Digitature and Date			. introd or Typou					Broomse Humber		

Page 1

M. ATHLY OPERATION REPORT FOR PWSs TREATING N. A GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 6280162 Plant Name:						Plant Name:	Lake Jose	phine W	/ater					
ШЪ	Daily Data for the Month/Year of: July-06													
							Erna (Chlorine	. 11	Chlorine I	liovida		Ozone	Combined Chlorine (Chloramines)
INICALIS	OI MUIIC	ving rour-i	Log Virus Inacti	Viation/Kem			FIEC (THOLL	ليا	Cinorine	MOXIGE	Ц,	720 TE	Combined Cinornie (Cinoralinios)
		et Radiation			Other (Describe	?):			T 0 011					: Chloring Dissil
Type o	f Disinfe	ctant Residu	ual Maintained i	n Distributio	n System:				Free Chl	orine	L Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxid
	200			Contract of	CI Calculations	or UV Dosesto	Demonstrate I	out-Log	Virus Inactiv	ation, it Appl	icable 1			
2.34	Days		er i de la companya d	4.45		GI Calcu	lations		iet in de		- JUV-L	JOSC	13.94 C)	
(****X	Plant*	1976 E 118		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	秦 素(3)[[[]] (3)[[]	- 190 pt - 1	Lowest GT	1			4.4	17 V	Lowest	
3000	Staffed				Lowest Residual	Disinfectant	Provided		λ.		李德沙	3	Residual	
	-, от	77	<u> </u>	100	Disinfectant	Contact Time	Before or						Disinfectant Concentration	
. 1	Visited		2.5		Concentration	(T) at C Measurement	at First Customer	Temp		Minimum	Operating	UV Dose	at Remote	Emergency of Abnormal Operating
44.7	1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Net Quanity		(C) Before or at First Customer	Point During:	During	of	pH of	CT	UV Dose.	Required.	Point in	Conditions, Repair or Maintenance Work that
the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	During Peak	Peak Flow	Peak Flow	31. 6	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L.	Out of Operation
	X	24 hrs	24,200	zaro, Bpa	1.3								1	Flushing
5.5.2		24 hrs	23,000				<u> </u>	1				1		Flushing
	X	24 hrs	23,000		1.5			1					0.9	Flushing
V.	Х	24 hrs	68,200		1.8								1.1	Flushing
	X	24 hrs	6,300		1.7								10	Flushing
5 - O	X	24 hrs	21,400		1.3		1		,				0.6	Flushing
4.2	Х	24 hrs	145,600		1.4								0,6	Flushing
Section Y	X	24 hrs	18,420		3.7								2	Flushing
13.56	W.	24 hrs	21,350											Flushing
5 m	X	24 hrs	21,350		1.8		<u> </u>			<u> </u>			1.1	Flushing
20 TO	X	24 hrs	21,800		1.5	ļ	ļ	 	<u> </u>	ļ		 	0.8	Flushing
()重性。	X	24 hrs	21,600		1.4		 	-		 		<u> </u>	0.8	Flushing
12/2/5/1	X	24 hrs	21,200	ļ	1.6		 	+	 	 		 	0.9	Flushing Flushing
10.00	X	24 hrs	13,700	 	1.5	 		+	1	 	ļ	 	0.8	Flushing
10,000	<u> </u>	24 hrs	28,950	 	 	 		+	 	 	<u> </u>	 	0.7	Flushing
53.00	X	24 hrs	28,950		1.6		<u>-</u>	 	 	 	-		0.7	Flushing
	X	24 hrs	3,000 42,200	 	1.5	-	+	+	 -	 	 	 	0.7	Flushing
	X	24 hrs 24 hrs	44,600	 	1.3	 		+	 	 	 	 	0.6	Flushing
1200	X	24 hrs	145,000	 	1.4	 		+	 	1	-		0.0	Flushing
(7 00) (1 7 9)	X	24 hrs	141,600	 	1.3	 	 	+	 	 , 	<u> </u>	†	0.6	Flushing
5 1/24 S	A A	24 hrs	145,300	 	1.1	1	1	 	 	 	† ****	-	0.4	Flushing
1.121	<u> </u>	24 hrs	83,850	 	1		 	1	1	1				Flushing
नेन्त्र	X	24 hrs	83,850	<u> </u>	1,2			1				1	0.5	Flushing
10/6/20	X	24 hrs	80,000	1	1.1	1	1	1	Ī		Ĭ		0.7	Flushing
24.5%	X	24 hrs	95,700		1.7			1			Ĭ		0.9	Flushing
1000	X	24 hrs	120,300	<u> </u>	1.8								0.9	Flushing
0.00	X	24 hrs	77,700		1.4								1.2	Flushing
320	X	24 hrs	72,900		1								0.4	Flushing
逐 频		24 hrs	47,250										1.4	Flushing
15	X	24 hrs	47,250		2.7	<u> </u>			<u> </u>	1	<u> </u>			Flushing
1000			1,739,520											
		Commence (CAMP)	56 114	1										

145,600

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



DEP Form 62-555.900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs Ti. .TING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions					
I. General Information for the Month/Year of:	August-06				
A. Public Water System (PWS) Information					
PWS Name: Lake Josephine Water			PWS Identifi	cation Number:	6280162
PWS Type: X Community No	on-Transient Non-Community	Transie	nt Non-Commun	ity	Consecutive
	536	Total Po	oulation Served a	at End of Month:	1233
PWS Owner: Aqua Utilities Florida					
Contact Person: Bill Dean			Person's Title:	Field Coordinate	
Contact Person's Mailing Address: 6960 Professional Park		City:	Sarasota	State: FL	Zip Code: 34240
Contact Person's Telephone Number: 941/907-740		Contact 1	Person Person's I	Fax Number:	941/907-7401
<u></u>	quaamerica.com			 _	
B. Water Treatment Plant Information		· · · · · · · · · · · · · · · · · · ·			
Plant Name: Lake Josephine Water			Plant Teleph		941/907-7400
Plant Address: Canary Way		City:	Sebring	State: FL	Zip Code: 33875
Type of Water Treated by Plant: X Raw Ground Wa		d Water	·····	, ,	
Permitted Maximum Day Operating Capacity of Plant, gallons	s per day: 300,000	181 . 61		- (2 (00 210(4)	F.A.C.): V
Plant Category (per subsection 62-699.310(4), F.A.C.):			iss (per subsection	on 62-699.310(4),	Day(s)/Stitt(s)/Worked
	License Cl	ass Lice		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Robert Paver	C		12040	ļ	3 Days per week
Olicia in e-masis				 	
				 	
					
		·· 		- 	
				 	
				 	
Surran Asserti Charlesia					
11. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed i	n Florida, am the lead/chief operato	or of the water	treatment plant	identified in Pa	ert I of this report. I certify that the
information provided in this report is true and accurate to the	as heat of my knowledge. I certify	that all deinkin	a water treatme	ent chemicals us	ed at this plant conform to NSF
information provided in this report is true and accurate to the	te best of my knowledge. I certify	Charan Chinkin	g water treating	o following add	itional aparations records for this
International Standard 60 or other applicable standards refe	erenced in subsection 62-555.320(3), F.A.C. Fais	o certify that in	e tollowing aud	of shaming layered and sharing the
plant were prepared each day that a licensed operator staffe	ed or visited this plant during the mo	onth indicated	above: (1) reco	oras of amounts	of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process p	erformance records. Futhermore, I	agree to provi	ide these additi	onal operations	records to the PWS owner so the
PWS owner can retain them, together with copies of this re	port, at a convenient location for at	least ten years	.	•	
	Dalam Payor			C12040	
	Robert Paver			License Numbe	5°
Signature and Date	Printed or Typed Name			License (vainue	·f

Page 1

N. .4THLY OPERATION REPORT FOR PWSs TREATING N. . W GROUND WATER OR PURCHASED FINISHED WATLA

PWS Id	entificat	ion Number		6280162		Plant Name:	Lake Josep	hine W	/ater						
	I. Daily Data for the Month/Year of: August-06														
					August-06									<u> </u>	(0) 1
			og Virus Inactiv	viation/Reme			Free C	hlorin	e [Chlorine D	Dioxide	. [] (Ozone	Combined Chlor	ine (Chloramines)
		t Radiation			Other (Describe):									
Type of	Disinfe	ctant Residu	al Maintained i	n Distributio	n System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxic
POPULATE IN	學情報		New York States		é coloninos	or UV Dose to	demonstrate 1	our Log	Vittis Idactiv	atton it Appl	cable 44		A SALAN AND A SALAN AND		THE PARTY OF THE P
194	Days	MOTOR TO	E TEMPS COMES		A TOP OF A STATE OF	CT Calcu	lations		(i) (i.i.e)		TO UV	Dose 9	1		
	Plant			are the second and the second	A CONTRACTOR		Lowest CT			计算证据			Lowest	-	
200	Staffed				Löwest Residual	Disinfectant	Provided		TV Nating	100			Residual		
100	or			的复数	Disinfectant	Contact Time	Before or	F					Disinfectant		
	Visited				Concentration	(T) at C	at First		100 A 100 A		Lowest	Minimum	Lowest Residual Disinfectant Concentration		
7 V	by		Net Quanity		-(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating?	UV Dosc.	at Remote	Emergency or	Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH.of	CT		Required,	Point in	Conditions; Repair	or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	Water,	Water if	Required.	mW.	'nW	'Distribution		ater System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u> </u>	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out o	f Operation
	X	24 hrs	86,500		2.5		ļ	ļ		ļ			1.3		
	X	24 hrs	81,500		2.2		ļ			ļ		ļ <u> </u>	1,2		
	X	24 hrs	100,000		1.7	·	ļ	ļ		 		 	0.9	<u></u>	
Arte de la	X	24 hrs	115,600	<u></u>	1.8			ļ	<u> </u>	<u> </u>	ļ.—	 	1 1.1		
2.5	X	24 hrs	104,100		2.1		ļ	<u> </u>	ļ	 	ļ. <u></u> .	 	1.1		
2.5		24 hrs	94,800			<u></u>	ļ		 	ļ		 	1.1		
	X	24 hrs	94,800		1.9		<u> </u>			 	<u> </u>		1-1-1		//
32	X	24 hrs	107,200		1.8		 -	 	 	 		+	1.1		·
	X	24 hrs	109,400		1.6	ļ. <u></u>	 		 	 	 	 	0.8		
16.	X	24 hrs 24 hrs	90,400 103,400	 	1.6		 	}	 	 			0.7		
		24 hrs	82,600		1.2		 	 	 	 			0.4		
	 ^-	24 hrs	100,500		1.2		-	 	· · · · · · · · · · · · · · · · · · ·	 			1		· · · · · · · · · · · · · · · · · ·
F 3 . 12	х	24 hrs	100,500		i		<u> </u>	 -	ļ	 	† 	· · · · · · · · · · · · · · · · · · ·	0.3		
	x	24 hrs	83,800	 	2.2		 	 	1			1	0.8		····
T ₀	X	24 hrs	120,000		2.6	· -		†		1	}	1	1.2		
	x	24 hrs	73,500	 	1,6			1					1		
(3)	X	24 hrs	76,200	1	1.8		1	1	1	T			1.1		
1.6	X	24 hrs	50,800	<u> </u>	2.8								1.3		
7()		24 hrs	77,500					1			L				
7	Х	24 hrs	. 77,500		2.2		·						. 1.3	<u> </u>	
35.0	X	24 hrs	75,000		Ĭ, 4								0.8		
"Y. (23)(Х	24 hrs	79,000		1.2						<u> </u>	ļ	0.5		
	Х	24 hrs	39,000		2,2			<u> </u>	1		<u> </u>		0.9	<u> </u>	
2517	X	24 hrs	63,100	1	3.1		<u> </u>	 	ļ	ļ	ļ	1	1.4		<u> </u>
4. 360	Х	24 hrs	46,800		3.1			1	<u> </u>	1			1.9	ļ	
		24 hrs	40,500				 	 				 	 		
	Х	24 hrs	40,500		3.2		 	ļ	_	<u> </u>	ļ	4	1.7	 	
	Х	24 hrs	29,700	<u> </u>	1.9		1	↓	ļ	 	ļ	 	1.3	 	
	Х	24 hrs	47,200	1	1,4	<u> </u>	<u> </u>	ļ	<u> </u>	 	 		0.8	 	·-··
TVM!	X	24 hrs	75,600	ļ	1.8	<u> L</u>	1		.1		1		1.1	<u> </u>	
			2,467,000	4											
COL	10.5		79,581	1											

120,000

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



MONTHLY OPERATION REPORT FOR PWSs TI TING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions

1. General Information for the Month/Yea	of: September-06				
A. Public Water System (PWS) Information	on				
PWS Name: Lake Josephine Wa	ter		PWS Identifi	cation Number:	6280162
PWS Type: X Community	Non-Transient Non-Comr	nunity	Transient Non-Commun	ity Co	onsecutive
Number of Service Connections at End of M			Total Population Served a	t End of Month:	1233
PWS Owner: Aqua Utilities Flori	da				
Contact Person: Bill Dean			Contact Person's Title:	Field Coordinator	
	Professional Parkway E.		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400		Contact Person Person's F	ax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				
B. Water Treatment Plant Information			<u></u>		
Plant Name: Lake Josephine Wa	ter		Plant Telepho		941/907-7400
Plant Address: Canary Way			City: Sebring	State: FL	Zip Code: 33875
		chased Finished Wate	21		
Permitted Maximum Day Operating Capac		300,000		٠. د د د د د د د د د د د د د د د د د د د	
Plant Category (per subsection 62-699.310			Plant Class (per subsection Dicense Number		.) V)/Shift(s)*Worked************************************
Mulcensed Operations (* 1987)	<u> </u>				
Allegar Gridle Greaters .	Robert Paver	C	12040	3.	Days per week
Service Advisory (1994)					
				 	
				 	
Biotrana de constituir de la constituir			**************************************	<u> </u>	
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant of	perator licensed in Florida, am the lead	/chief operator of th	e water treatment plant	identified in Part Lof	this report. I certify that the
information provided in this report is true					
International Standard 60 or other applical					
plant were prepared each day that a license					
rates; and (2) if applicable, appropriate tre				onal operations record	is to the PWS owner so the
PWS owner can retain them, together with	copies of this report, at a convenient l	ocation for at least t	ten years.		
	Dallard David			C120/10	
0: 15	Robert Paver			C12040 License Number	
Signature and Date	Printed or Typed Nam	c		Piceuse Mannoet	

Page 1

M. ATHLY OPERATION REPORT FOR PWSs TREATING L. A GROUND WATER OR PURCHASED FINISHED WATER.

Days Plan Staffe or Visite	cation Numb	er:	6280162		Plant Name:	Lake Jose	phine V	Vater			· · · · · · · · · · · · · · · · · · ·			
Means of Acl Ultravi Type of Disin Day Plan Staffe of Visite	a for the Mor	nth/Year of:		September-06									······································	
Ultravi Type of Disir Day Plan Staffe of Visite			viation/Rem		<u></u>	Free (Chlorin	, [Chlorine I	Dioxide	777	Ozone	Combined Chle	orine (Chloramines)
Type of Disir Day Plan Staffe or Visite	olet Radiatio			Other (Describe	a)·		O	`	Cinomio I	J10/1140	` نــا	J20.1.0	Comomoz Care	
Day Plan Staffe of Visite	Contant Darl	4 1	لسا					Free Chl		1 1 6-	bi1 C	hlorine (Chlor		Chlorine Dioxi
Days Plan Staffe of Visite	meccant Resident	dai Maintained	in Distribution	on System:		dia salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah	EARLOWN THEAT	Free Cni	orine Sossowanie	CO	moinea C	morine (Chior	ammes)	Chlorine Dioxi
Day: Plan Staffe or Visite	Rate Page of Jacob Control		And the second	Calculations	or UV Dosey to	gemonstrate:	rom-rog	Virus Inactri	zation at App	icable tra-		Total Control of the Annual	1.500.000.000.000.000.000.000	
Plan Staffe of Visite	\$ -	4	E. 2. 4. 16.	Las v	CT Calcu	lations	11.00	Terresis and the	egentinen ja seema Han on seemaaliseen ee	7 - 26 - U V-I	Jose			
Staffe or Visite		1				Lowest CT						Lowest	1,5	
or Visite	20	1-2-4-3	15 N 10 19	Lowest Residual	Disinfectant	Provided ?						Residual		
VISITO		and the second	ANALY.	Disinfectant	Contact Time	Before or	7 55.5		75	A .		Disintectant		500 00 A TANKER
l by	7 0	Net Quanty	建 原表。1.	(C) Before or at	Measurement	Customer	¥ 7	Comments of	1. 44.0	Lowest Operating	UV Dose	at Remote	Talland, S	r Abnormal Operating
Day of Opera	the second of the second	of Finished	M. C.	First Customer	Point During	During	of	pH of	77	UV Dose,	Required,	Point in	Conditions Renai	or Maintenance Work tha
the (Place	The state of the s	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	Water	Water, if	CT Required,	mW-	mW	Distribution	Involves Taking	Water System Components
Month "X")	the second of th	Produced gal	Rate, gpd	Flow, mg/L	minutes	mg-miñ/L	r c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out	of Operation
X X	24 hrs	65,000	,	1.7			1				-	1	T	
X		90,100		2.1	† 	İ	 		<u> </u>			1.2		
	24 hrs	83,700				1	1		1					
X	24 hrs	83,700		1.9								1		
X XXXX	24 hrs	67,900		1.8								1	Ι	
X	24 hrs	84,400		2.1				<u> </u>			<u> </u>	1.5		
X X		58,400		2.2								1.2		
Z X	24 hrs	89,100	<u> </u>	1.8			<u> </u>			<u> </u>		1.1	<u> </u>	
BIONE X	24 hrs	99,200	ļ	1.4							↓	0.7	 	
	24 hrs	56,300	<u> </u>	 	ļ- -	<u> </u>		<u> </u>	 	·	 	0.0	 	
X X		56,200 57,400	<u> </u>	1.8		<u> </u>	+	ļ		 -		0,8	 	
X X		63,600	 	2.1	 	 			 	 		1.2	 	
X		85,600		2.3	 			 	 			1.3		· · · · · · · · · · · · · · · · · · ·
X		56,200	 	2.2	 	 	+	 			 	1.2		
X		81,000	 	2.1	 	-	 -	 			-	i	 	
	24 hrs	102,100	 	 		 	 	 	+		1	· · · · · · · · · · · · · · · · · · ·	1	
X		102,100		2		 	1	 	 	 	 	1	1	
X		89,800	1	1.8		1	1	1		 	 	0.9	 	
X		92,700	1	2.1	T							1	1	
X		124,900		. 2.7	J].		1				1,3		,
X		157,400		3.2								2		
X	24 hrs	137,000		4.1								2.3		
	24 hrs	111,100												
X X	24 hrs	111,100		2.1							1	1.3		
X		100,400		2		1		<u> </u>				1.2		
X		116,200		2.1					ļ <u>.</u>	<u> </u>	<u> </u>	1.4	<u> </u>	
数数数数 X		90,500		2			<u> </u>	ļ	<u> </u>		<u> </u>	1.3		
英觀卷 X		41,500		2.3	<u> </u>	1	 			ļ	 	1.5	<u> </u>	
X		0		2	1	<u> </u>	 	 	ļ <u>.</u>	<u> </u>	 	1.2		
	24 hrs		 		1,	<u></u>	Д	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	_l		1	1	
West Tribes		2,554,600	4											

157,400

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



MONTHLY OPERATION REPORT FOR PWSs T.

.TING RAW GROUND WATER OR PURCHASED FINISHE. WATER

See page 4 for instruction	S								
I. General Information	for the Month/Year of:	October-06							
A. Public Water Syste									
PWS Name:	Lake Josephine Water			P	WS Identi	fication Num	har	6280162	
PWS Type:	X Community	Non-Transient Non-Cor	mmunity []	Transient No				Consecutive	
Number of Service Co	nnections at End of Month:	536		Total Populati				1233	
PWS Owner:	Aqua Utilities Florida	A STATE OF THE STA		1.0	011 001 700	at plid of 111	Ontil.	1233	
Contact Person:	Bill Dean			Contact Person	n's Title:	Field Coo	rdinator		
Contact Person's Mail		ional Parkway E.			arasota	State:	FL	Zip Code:	34240
Contact Person's Tele		11/907-7400		Contact Person	n Person's	Fax Number		941/907-74	
Contact Person's E-M		adean@aquaamerica.com							
B. Water Treatment P									
Plant Name:	Lake Josephine Water				lant Telepl	none Numbe	r:	941/907-74	.00
Plant Address:	Canary Way				ebring	State:	FL	Zip Code:	33875
Type of Water Treate		Ground Water P	urchased Finished Wa	iter					
Plant Catagory (nor a	Day Operating Capacity of Pla	ant, gallons per day:	300,000						
Train Category (per si	ubsection 62-699.310(4), F.A.	C.): I Name		Plant Class (p	er subsecti	on 62-699.3	10(4), F.A.	C.): V	
Liteld Chief Operators	NO.		Elociisc Class				Day	(s)/Shift(s) Wor	ked was the same
A president of the particular	Rol	pert Paver	C	1204	40			Days per week	
Other Operators									
A Comment				-		-			
						-		*****	
And the contractions then				-	***	+			
en al Signature de la Signature				 		-			
			· · · · · · · · · · · · · · · · · · ·						
				1					
	va.								
II. Certification by Le									
I, the undersigned water	er treatment plant operator l	icensed in Florida, am the lea	ad/chief operator of	the water treatr	nent nlan	tidentified	in Part I o	f this report	Loomi's all and
information provided i	n this report is true and acc	urate to the best of my knowl	edge. I certify that	all drinking was	ter treatm	ant chamic	als used et	this report.	certify that the
International Standard	60 or other applicable stand	dards referenced in subsection	62.555 220(2) E	C I also and	ici il cauli	ent chemica	als used at	thispiant coni	form to NSF
plant were prepared ea	ch day that a licensed opera	ator staffed or visited this plan	nt during the month	a.C. Taiso cen	my mai u	ie ioliowing	g addition	al operations r	ecords for this
rates: and (2) if applica	the appropriate treatment	ator staffed or visited this plan	it during the month	indicated above	e: (1) reco	ords of amo	unts of ch	emicals used a	and chemical feed
DWS oumar can retain	them together with a si-	process performance records.	Futhermore, I agre	e to provide the	ese additi	onal operat	ions recor	ds to the PWS	owner so the
i wa owner can retain	ment, together with copies	of this report, at a convenient	location for at least	ten years.					
		Robert Paver				012040			
Signature and Date		Printed or Typed Na	me			C12040			
		ranted of Typed Na	iiio			License N	umber		

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

PWS I	WS Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Da	III. Daily Data for the Month/Year of: October-06													
	Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
	Iltraviol	et Radiation) 1		Other (Describe	٠)٠		J.11.01.111	٠ ــــ	Cinotino E	,,,,,,,,,	` نــا	220110	Combined Cinorino (Cinorina)
			ual Maintained i	in Distributio		· J.			Free Chl	orine	T Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxid
A A DC O	L DISHING	CLAIR RESID	uai Maintaineo 1		on System:	man of the same of the	and the second second	The state of the	Free Cin	Of the	CO	momed C	monne (Cmor	amines) Cinomic Dioxi
A. 10. 60	Days	3 (****		China Line And Anna Canada	selections.	or UV-Dose, ton	Jemonstrate 1	ол-гов	A furz fuacus	agon, at Appi	reable in the		系统的	
4(2)				1 10	Contraction of the Contraction o	· · · · · · · · · · · · · · · · · · ·	lauons	155 15	1	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		7050	企業是在第一	
* "	Plant Statled		Y.,		Lowest Residual		Lowest CI					· 一个一个	Lowest	
2. 1					Disinfectant	Disinfectant Contact Time	Provided Before or				1		Residual Constitution	
\$ 18.5m	or. Visited		11	1.13	Concentration	(T) at C	at First				lanuser	Minimum	Concentration	
有	by		Net Quanity	11. 人名英	(C) Before or at	Measurement		1		Minimum	Operating	UV Dose		Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak-Flöw,	Peak Flow,	Water,	Water, if	Required,	mW-	mW `	Distribution	Involves Taking Water System Components
Month	``('X''	Operation	Produced, gal	Rate, gpd		minutes	ng-min/L	*C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
Hand to said		24 hrs	93,000											
4.	Х	24 hrs	93,000		2.1						,		1.3	
e	X	24 hrs	93,000		1.8			ļ	ļ				0.9	
Strain of Lar	X	24 hrs	96,000		2.1								1.1	
	X	24 hrs	165,000	ļ	2.8		<u> </u>		ļ	<u> </u>]	1.1	
S &	X	24 hrs	102,000		3.1		ļ 		<u> </u>				1.7 2.9	
E V	X	24 hrs	87,000	 	4.6		ļ	 			···		2.9	
		24 hrs	157,000 152,000		 		 		ļ		·	 	2.8	<u> </u>
	X	24 hrs 24 hrs	153,000	 	3.6		ļ	 	 		· · · · · · · · · · · · · · · · · · ·		2.4	
181	ŵ	24 hrs	94,000		2.2		 					 	1.3	
	X	24 hrs	96,000	 	3.6	 		 	 				2.2	
ŢĖĊ		24 hrs	122,600		3.2	1	1	 	 			 	1.6	<u> </u>
	X	24 hrs	176,200	 	1.1	1	1	 	†			<u> </u>	0.8	
		24 hrs	127,800	i	l		†··		1					
500	Х	24 hrs	127,800	1	2.1			1	1	T		1	1.3	
300	Х	24 hrs	158,000		1.7								0.9	
	Х	24 hrs	168,000		2.1								1.1	
	Х	24 hrs	145,000		2.7								1.3	
(10)	X	24 hrs	159,000		1.8							L	0.9	
121	Х	24 hrs	182,800		2.7								. 1	
		24 hrs	130,100					1						
	Х	24 hrs	130,100		2								1.1	
2.24	X	24 hrs	134,400		1.8			ļ	L		<u> </u>		1	
6.5	X	24 hrs	139,800		1.6	ļ	 	1	1				0.9	
	X	24 hrs	114,800	ļ	1.5		ļ	_	<u> </u>				0.8	
#137.6	X	24 hrs	113,000	ļ	1.8	ļ		-	ļ				0.9	
	X	24 hrs	103,300		2.1	ļ	1	 	ļ			1	1 1	
	J	24 hrs	118,200			ļ	 			 	 			
15000	X	24 hrs	118,200	ļ	1.8	ļ	 	 	 	<u> </u>	 	ļ	1	
	X	24 hrs	122,000		1.7	<u></u>	<u></u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	l	<u>L.,</u>	L	0.9	
Market, 3			3,972,100	4										

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



DEP Form 62-555.900(3)Atternate

See page 4 for instructions						
1. General Information for the Month/Y	ear of: November	er-06				
A. Public Water System (PWS) Information	ation					
PWS Name: Lake Josephine V				PWS Identi	fication Number:	6280162
PWS Type: X Community		t Non-Community	Transie	nt Non-Commu	nity	Consecutive
Number of Service Connections at End o	f Month: 536		Total Po	pulation Served	at End of Month:	1233
PWS Owner: Aqua Utilities Flo	orida					
Contact Person: Bill Dean			Contact	Person's Title:	Field Coordinat	
Contact Person's Mailing Address: 69	260 Professional Parkway E.		City:	Sarasota	State; FL	
Contact Person's Telephone Number:	941/907-7400		Contact	Person Person's	Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaameric	a.com				
B. Water Treatment Plant Information						
Plant Name: Lake Josephine V	Vater				hone Number:	941/907-7400
Plant Address: Canary Way			City:	Sebring	State: FL	Zip Code: 33875
	X Raw Ground Water	Purchased Finished	Water			
Permitted Maximum Day Operating Cap		300,000				
Plant Category (per subsection 62-699.3	10(4), F.A.C.): [ion 62-699.310(4)	
Maricensed Operators as a series of	Name		Eic		A 100 CO	Day(s)/Shiff(s):Worked
Electrica Organorea	Robert Paver	C		12040		3 Days per week
fried (persion						
			- 			
					- 	
						
Francisco Falson Control						
Cartana La Cartana de					1	
II. Certification by Lead/Chief Operato	T					
		- the lead/shief or	of the west	trantment plan	t identified in De	art Lofthis report. Logrify that the
I, the undersigned water treatment plant	operator licensed in Florida, a	am the lead/chief operator of	or the water	treatment plan	n identified in ra	and the this report. I centry that the
information provided in this report is tru	ie and accurate to the best of n	ny knowledge. I certify tha	it all drinkii	ig water treatm	ient chemicais u	sed at thispiant conform to NSF
International Standard 60 or other appli	cable standards referenced in s	subsection 62-555.320(3),	F.A.C. I als	so certify that t	he following add	ditional operations records for this
plant were prepared each day that a lice	nsed operator staffed or visited	d this plant during the mon	th indicated	above: (1) rec	ords of amounts	of chemicals used and chemical feed
rates; and (2) if applicable, appropriate	treatment process performance	e records. Futhermore, I aş	gree to prov	ide these addit	ional operations	records to the PWS owner so the
PWS owner can retain them, together w						
	•					
		1				•
	Robert Par				C12040	
Signature and Date	Printed or	Typed Name			License Number	er

Page 1

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

PWS Id	entificat	ion Number	:	6280162		Plant Name:	Lake Josep	hine W	ater					
III. Dai	ly Data f	or the Mont	h/Year of:		November-06									
			og Virus Inactiv	viation/Remo	oval: *		Free C	Chlorine		Chlorine D	ioxide		zone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe):								
				n Distributio					Free Chle	orine	Co	mbined Cl	nlorine (Chlor	amines) Chlorine Dioxi
19 PC C		TO THE PARTY OF	en en en en en en en en en en en en en e	BEST VENEZ MAN	GT Calculations	or UV Dose to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	cable.	2000年12		
					TATE OF THE	CT Calcu	ations	100			T.UV.I	ose .		
	Days		Teach in				Lowest CT				新	Total m	Lowest	
	Staffed	the second		1 1 1 1 1 1 1 1 1	Lowest Residual?	Disinfectant	Provided						- Residual	Emergency or Abnormal Operating
	or	90 Exc.			Disinfectant	Contact Time	Before or	7.C.					Disinfectant :	No.
75	Visited		1. The state of th		Goncentration	12. (T) at C	at First	189			Lowest	Minimum	Concentration:	
, old 450	by	198	Net Quanity	-40	(C) Before or at	Measurement'	Customer	Temp.		Minimum	Operating	'UV Dose	at Remote	Emergency or Abnormal Operating
Day-of		Hours	of Finished		First Customer	Point During	During	of	pH of	CT	'UV Dose,	Required,	Point in	Conditions: Repair of Maintenance Work una
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW	Distribution. System, mg/L	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	Name of Street, or other Parks, Street, or other Parks, Street	Flsuhing
Frome	X	24 hrs	126,200		1.8			-					0.9	Flsuhing
(400)	X	24 hrs	134,600		1.7		-	-				-	1	Flsuhing
基的 科	X	24 hrs	127,200	-	1.9			-		-		 	1	Flsuhing
1 11		24 hrs	120,000				-	+	 		-	-		Flsuhing
* (O.S.)	1	24 hrs	120,000		1.8		-	+	-			 	0.9	Flsuhing
÷ (6) <		24 hrs	120,000 120,000		2	-	+	-	 				1	Flsuhing
	X	24 hrs 24 hrs	280,000	-	1.8	-	-	1	 			1	0.9	Flsuhing
0.0		24 hrs	120,000	 	2.2		-	1	1				1.3	Flsuhing
\$ 10		24 hrs	120,000	 	1.8			1					0.8	Flsuhing
		24 hrs	140,000	1	2.1		1						1.4	Flsuhing
		24 hrs	120,000	 										Flsuhing
S#11534	X	24 hrs	120,000	 	2.2								1.1	Flsuhing
S-10/48		24 hrs	79,000	1	3.4								1.5	Flsuhing
\$78 LS \$		24 hrs	80,000		2.8								0.9	Flsuhing
20160		24 hrs	120,000		2.7								. 0.5	Flsuhing
2007/0		24 hrs	110,000		3.8								2	Flsuhing
	X	24 hrs	100,000		2.7								1.7	Flsuhing
ASIO)		24 hrs	100,000		2.5			-		-	-	-	1	Flauhing
A 20		24 hrs	100,000		2.5				-	-	-		1 0.7	Flsuhing Flsuhing
1000		24 hrs	85,000		2.7	· ·	-	-		-	-	-	0.7	Flsuhing
1420		24 hrs	75,000		2.5	-		-	-	-	-	+	0.9	Flsuhing
*(1026)	y X	24 hrs	80,000		1.8	-	-			+	+	+	0.9	Flsuhing
249	X	24 hrs	80,000	-	2.1		+	-	-	+	-	+	1.1	Flsuhing
-2/5	溪 X	24 hrs	100,000	-	2.1	+	+	+	+	+	+		1.1	Flsuhing
S 20		24 hrs	90,000	-	3.7	-	-	+-		+	+	+	1.2	Flsuhing
27		24 hrs	90,000		2.6	-	-	+	+	+	-	+	1.1	Flsuhing
2/8/		24 hrs	10,000		3.9	+		+	+	+	+	-	1.2	Flsuhing
20).		24 hrs	90,000	+	1.3	+	-	+	1	-	1		0.7	Flsuhing
30		24 hrs	90,000	-	1.3	+	-	-	1	1	1	1		Flsuhing
1,8311	ACCOUNTS ENGLISH	24 nrs	3,237,000	-										

107,900 280,000

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



MONTHLY OPERATION REPORT FOR PWSs To

TING RAW GROUND WATER OR PURCHASED FINISHE. WATER

See page 4 for instructions	
I. General Information for the Month/Year of: December-06	
A. Public Water System (PWS) Information	,
PWS Name: Lake Josephine Water	PWS Identification Number: 6280162
PWS Type: X Community Non-Transient Non-Community	Transient Non-Community Consecutive
Number of Service Connections at End of Month: 536	Total Population Served at End of Month: 1233
PWS Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: Field Coordinator
Contact Person's Mailing Address: 6960 Professional Parkway E.	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400	Contact Person Person's Fax Number: 941/907-7401
Contact Person's E-Mail Address: wadean@aquaamerica.com	
B. Water Treatment Plant Information	
Plant Name: Lake Josephine Water	Plant Telephone Number: 941/907-7400
Plant Address: Canary Way	City: Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished W	ater
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.) V
Licensed Operators Name License Glass	
Robert Paver C	12040 3 Days per week
Othera Operations (## 2002)	
Outerope aids: # 12 12 12 12 12 12 12 12	
II Certification by Lead/Chief Operator	
Common of Detail Clinic Optimite.	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator o	f the water treatment plant identified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. I certify that	all drinking water treatment chemicals used at thisplant 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	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I ago	
PWS owner can retain them, together with copies of this report, at a convenient location for at lea	
r w 5 owner can retain them, together with copies of this report, at a convenient location for at lea	st on yours.
Robert Paver	C12040
Signature and Date Printed or Typed Name	License Number

MUNTHLY OPERATION REPORT FOR PWSs TREATING RANGEROUND WATER OR PURCHASED FINISHED WATERS

PWS Id	WS Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Dai	II. Daily Data for the Month/Year of: December-06													
			Log Virus Inacti	viation/Rem	oval: *		Free (hlorin		Chlorine D	liovide)zone	Combined Chlorine (Chloramines)
	Utraviole	et Radiation	Log virus macin	Viation/Rein	Other (Describe	Λ.		>111O11111	· 🗀	Chloring L	MOXIGE	<u> </u>	Zone	Comoined Cinorate (Cinoratames)
			ual Maintained i	<u></u>		3).			I F CU			1:10	h.1: /Ch.t	amines) Chlorine Dioxid
Type of	Disinie	Clant Resid	uai Maintained i	n Distributio	n System:		a Victoria de la compansión de la compan	TO MAKE SON A	Free Chl	orine	LO	moined C	hlorine (Chlor	amines) Chlorine Dioxid
7 2 15 C	1 1			2 - Carrier	Concalculations;	or UV Dose to 1	Demonstrate/I	dur Log		auon-it-Appl	icable.	的在现在 的。		
	Days			(Berlinst DAS)	ng affective.	CT Calcu		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. Section	UNAL	Dose (
	Plant					graden strain	Lowest CT		ud.			建 类	Lowest Residual Disinfectant Concentration	
	Staffed or				Lowest Residual		Provided	7.13		442		Alleria de la compansión de la compansió	Residual	
	Or Visited	<u>-</u>			Disinfectant Concentration	Contact Time	Before or at First		3.0		1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 To	6	Disinfectant	
	by	1 A 44	Net Quanity	- 3	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	TV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Remtired	Point in	Conditions Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	Required,	mW.	'nW	Distribution	Involves Taking Water System Components
Month	'X')	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L:		sec/cm2	System: mg/L	Out of Operation
Same and the	X	24 hrs	90,000			1.5							0.9	
	Х	24 hrs	90,000			1.7							0.6	
		24 hrs	12,000											
20.00	Х	24 hrs	120,000			1.6							0.4	
	Х	24 hrs	120,000			1.7							0.6	
	X	24 hrs	100,000			1.7							0.7	
	Х	24 hrs	100,000			4.9		ļ.—.					2.6	1
	Х	24 hrs	120,000			2							0.7	
60.2.35	х	24 hrs	100,000		ļ	1.5	ļ	ļ	<u> </u>				0.4	
5 (S. 19 ()		24 hrs	120,000			2.5	 	 _				<u> </u>		
	X	24 hrs	120,000 120,000			2.7	ļ	 	ļ			.	1.1 1.2	
	X	24 hrs 24 hrs	120,000	 		2.7	 	ļ	 				1.2	
	$\frac{\hat{x}}{x}$	24 hrs	120,000			2.5	 					 	1,1	
	x	24 hrs	120,000			3.9	<u> </u>	 	-	 		 	1.2	
	$\frac{\lambda}{x}$	24 hrs	70,000			3.4	 	 	ļ			 	1.1	
		24 hrs	139,300			¥1.7	 	· · ·		 			• • • • • • • • • • • • • • • • • • • •	
	х	24 hrs	139,300		 	2.8	 	 		· · · · · · · · · · · · · · · · · · ·	-	 	1,1	
	х	24 hrs	140,500			2.5	 	 		† 		<u> </u>	0.7	
	X	24 hrs	14,780			2.5	İ				<u> </u>		1.2	
	Х	24 hrs	104,500			2.3 .		1	 				1	
The State of	X	24 hrs	105,400			2.3	1						0.9	
	х	24 hrs	99,600			2.4							1.2	
		24 hrs	0											
77.7	X	24 hrs	0			1.7	I						0.5	
35.00	Х	24 hrs	120,400	Ĺ		1.9							1	
N Z	Х	24 hrs	121,300			2.3							1.1	
	X	24 hrs	111,100			2.7							1	
	Х	24 hrs	126,900			2.7							1.2	
	Х	24 hrs	133,900	ļ		2.4						L	1	
100		24 hrs	124,100		<u> </u>	<u> </u>		Ц	<u> </u>	1		1		
Subject of the subjec			3,123,080											
the Victorial		Services Services	100,745											

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



An Equal Opportunity Employer

Southwest Florida Water Management District

Tampa Service Office 7601 Highway 301 North Tampa, Florida 33637-6759 (813) 985-7481 or 1-800-836-0797 (FL only) SUNCOM 578-2070

December 31, 2003

Bartow Service Office 170 Century Boulevard Bartow, Florida 33830-7700 (863) 534-1448 or 1-800-492-7862 (FL only) SUNCOM 572-6200 2379 Broad Streef, Brooksville, Florida 34604-6899 (352) 796-7211 or 1-800-423-1476 (FL only) SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only) On the Internet at: WaterMatters.org

Sarasota Service Office 6750 Fruitville Road Sarasota, Florida 34240-9711 (941) 377-3722 or 1-800-320-3503 (FL only) SUNCOM 531-6900 Lecanto Service Office 3600 West Sovereign Path Suite 226 Lecanto, Florida 34461-8070 (352) 527-8131 SUNCOM 667-3271

Thomas G. Dabney, II Chair, Sarasota

Watson L. Haynes, II Vice Chair, Pinellas

Janet D. Kovach Secretary, Hillsborough

Maggie N. Dominguez Treasurer, Hillsborough

> Edward W. Chance Manatee

Ronnie E. Duncan Pinellas

Pamela L. Fentress

Highlands Consid C. Johanna

Polk **Heidi B. McCree**

Hillsborough
T. G. "Jerry" Rice

Pasco

Judith C. Whitehead Hemando

David L. Moore Executive Director Gene A. Heath Assistant Executive Director William S. Bilenky General Counsel Mr. Ward Wright Lake Josephine Heights Water 760 Henscratch Road Lake Placid, FL 33852

Subject: Fir

Final Agency Action Transmittal Letter - Approval

Modification of Permit by Letter

Project Name: Lake Josephine Heights Water

Water Use Permit (WUP) No.: 20004167.003 County: Highlands

Southern Water Use Caution Area

Reference: Chapter 40D-2, Florida Administrative Code

Section 40D-2.801(3)(d)(4), Florida Administrative Code

Dear Mr. Wright:

This letter constitutes Final Agency Action (FAA) on the <u>District initiated Letter Modification</u> to modify WUP No. 20004167.002 by letter. The specific modifications are listed in Attachment A and are considered a part of your WUP.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state & that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. AZ request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. 🗀 Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in the packet contains guidelines on how to provide notice of the District's action, and a notice that you may use the packet contains guidelines on how to provide notice of the District's action, and a notice that you may use the packet contains guidelines on how to provide notice of the District's action.

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<u>z</u>)

PERMITS DATA

Protecting Your Water Resources Lake Josephine Heights Water WUP No. 20004167.003 Page 2 December 31, 2003

If you have questions regarding this permit modification, please contact Michael L. Phillippi, Professional Geologist, at the Bartow Service Office. If you have any questions regarding the Noticing Packet, please contact Myra Ford in the Records and Data Department at the Brooksville office.

Sincerely,

Brian S. Starford, P.G., Director Resource Regulation Department

BSS\MLP:ser913

Attachment:

Attachment A

Noticing Packet

Sections 28-106.201 and 28-106.301, F.A.C.

CC:

File of Record M. Balser



WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 20004167.003 Page 1 December 31, 2003

MODIFICATIONS

The following constitutes modifications to the terms and conditions of Water Use Permit No. 20004167.002, effective December 31, 2003. The purpose of this modification is to add a special condition requiring reporting of meter reading and pumpage.

 Total Annual Average and Peak Month quantities authorized under this permit (in gpd) remain unchanged:

Annual Average:

308,000

Peak Month:

462,000

2. Water Use:

Public Supply

- 3. The following special conditions were added to your permit as of January 1, 2003. These conditions were new or replaced similar existing special conditions. The special conditions are renumbered here:
 - 18. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.
 - 19. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an alternative source of water, the Permittee shall apply for a Standby Alternative Source Permit. An application to modify this permit to a Standby Alternative Source Permit may be obtained upon request or may be obtained from the District's website: www.swfwmd.state.fl.us.
 - 20. By April 1 of each year, for the preceding calendar year, the Permittee shall account for all significant water uses separately and submit a report on all significant uses whether or not taken as a deduction from the Per Capita calculation. Significant use is defined as any individual, non-residential customer using 25,000 gallons per day or greater on an annual average basis, or any individual, non-residential customer whose use represents greater than five percent (5%) of the annual average quantity on this permit. Utilities with a large number of commercial accounts which fall below the 25,000 gpd individual significant use threshold may deduct the percentage of commercial use greater than the District-wide average of the three most recent years commercial use, provided that they do not deduct any individual significant uses and that they do not make population adjustments based on commuter population.

The users that are not included in the significant use category are golf courses, multi-family residential accounts classified as commercial by the utility, and irrigation accounts associated with residential accounts. The summary on significant use include but not be limited to:

PACCEINED

a. Name and address of the significant user(s),

b. Type of use (e.g., type of industry, or commercial venture);

c. Total annual average quantities provided to each, and

WUP - LETTER MODIFICATION ATTACHMENT A

WUP No. 20004167.003

Page 2

December 31, 2003

Water conservation programs designed specifically for each significant d. use or type of significant use.

This report may be submitted as an element of the Annual Report.

- 21. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 2004. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 2003. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 2004.
- The permittee shall read each customer's meter and bill the customer no less frequently 22. than bi-monthly (every other month), and the customer's billing period usage shall be indicated on each bill. In addition, the Permittee shall provide the following information to all water customers at least once each calendar year:
 - Rate structure information describing applicable fixed and variable a. charges rates, minimum quantity charges, block size and pricing. seasonal rates, and applicable months. If billing units are not in gallons, a means to convert the billing units to gallons must be described to the customer with this information.
 - Historical billing period usage averaged over the three previous years for b. the applicable customer class.
- By April 1 of each year for the preceding calendar year, the Permittee shall submit an 23. Annual Report giving the following information:
 - Calculation of the Adjusted Gross Per Capita daily water use as follows: a.

Where:

WD ground water and surface water withdrawals,

water imported or bought from another supplier, M

EX water exported or sold to other suppliers,

TL treatment loss (typically reverse osmosis or sand filtration),

SU. significant uses.

environmental mitigation, if required as a permit and large condition. EM

FP Functional Population.

Documentation of components of the equation shall be submitted as All follows:

(1) WD: Total withdrawals (a master meter may be used for this purpose);

IM: Sources and quantities of incoming transfers of water and wholesale purchases of water, with quantities determined at the supplier's departure point;

EX: Sources and quantities of outgoing transfers of water and wholesale sales of water, with quantities determined at the Permittee's departure point. For each wholesale customer that WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 20004167 003 Page 3 December 31, 2003

does not have a wholesale water use permit, the Permittee shall calculate a separate per capita use using the equation set forth in item a, of this condition.

- (4) TL: All treatment losses;
- (5) SU: Significant deducted uses. For each significant use taken as a deduction from the gross per capita use rate, a water survey must be done that includes:
 - (a) The types of water uses that occur within the significant user's facility,
 - (b) The documented quantities associated with these uses, and
 - (c) Any leak detection or conservation activities undertaken by the user.

A water survey is not required if the significant use is not deducted.

- (6) EM: Environmental mitigation quantities that are required by the District.
- (7) FP: The Functional population is the base population adjusted for seasonal variation, tourists and commuters. Document the methodology for determining functional population. Information on how to make these adjustments is contained within the "Basis of Review for Water Use Permit Applications", available upon request from the District, or from the District's website, www.swfwmd.state.fl.us, under "District Rules".
- b. A description of the current water rate structure:
- Annual average daily quantity of unaccounted water and the percentage of unaccounted water relative to total withdrawals;
- đ. If the annual report reflects a greater than 12% Audit Report: unaccounted water, the Permittee must complete a water audit within 90 days of submittal of the annual report. The audit shall include but not be limited to an assessment of unauthorized uses, line flushing, authorized un-metered uses, under-registration of meters, fire flows and leaks. Utilities with large complex water supply systems may conduct the audit in phases, with prior approval by the District. A report on the water audit shall be submitted within 90 days of completion of the water audit (on or before September 28 of the same year as the annual report). Assistance available from the District its www.swfwmd.state.fl.us/watercon/audits/wateraudits.htm.

e. Residential Water Use Report where residential water use is separately accounted by type of dwelling unit as follows:

- (1) single family,
- (2) multi-family (two or more dwelling units), and
- (3) mobile homes.

Residential water use includes indoor and outdoor water uses, including irrigation uses, whether separately metered or not. The methodology used to determine the number of dwelling units by type and their quantities used shall be documented. Estimates of water use based upon meter size may be inaccurate and will not be accepted.

f. Suppliers of Alternative Source Report on the quantities of reclaimed water or stormwater provided. The report shall include:

- (1) Quantity of total alternative source water provided for beneficial reuse on both a total annual average daily and monthly basis;
- (2) Quantity and locations of effluent disposed;

WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 20004167.003 Page 4 December 31, 2003

- (3) Information about individual customer alternative source connections with line sizes of four inches or greater that includes:
 - (a) Account name and address,
 - (b) Location of connection by latitude and longitude.
 - (c) Line size.
 - (d) Whether metered, and
 - (e) Metered quantities if metered, on both an annual average daily and monthly basis.

The Permittee may use the "Public Supply Per Capita Water Use Survey, Form A" and the "Public Supply Survey: Type of Water Use, Form B" to assist in complying with this condition. The survey form will be mailed under separate cover at the beginning of each year. It may also be requested from the District, or it may be downloaded from the District's website, www.swfwmd.state.fl.us.

- 24. In the areas formerly known as the Eastern Tampa Bay and Highlands Ridge Water Use Caution Areas, the Permittee may include Reuse and Desalination Credits in the calculation of per capita daily water use rate, provided the credits are documented. These deductions are:
 - a. Reuse Credit: Deduction of an amount equal to the quantity of reclaimed water delivered by the Permittee for uses not served by the permittee's water utility. Allowable deductions shall be limited to those quantities that would normally be permitted for the activity. Examples are provision of reuse to agricultural operations so that the farmer discontinues ground water withdrawals, or provision of reuse to a golf course for irrigation where irrigation wells, not belonging to the utility, are discontinued.
 - b. Desalination Credit: Deduction of an amount equal to 50% of the quantity of finished water from desalination sources. A desalination source is a plant which removes or reduces salts and other chemicals from highly mineralized water of greater than 500 mg/l Total Dissolved Solids.
- Special Condition No. 25 is added.

The Permittee shall meter withdrawals from surface waters and/or the ground water resources, and meter readings from each withdrawal shall be recorded on a monthly basis within the last week of the month. The meter reading(s) shall be reported to the Permit Data Section, Records and Data Department (using District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the meter report shall be submitted to the District indicating the same meter reading as was submitted the previous month. The following withdrawals shall be metered as applicable:

a. Permittees with existing permitted withdrawal facilities shall continue to maintain and operate existing, non-resettable, totalizing flow meter(s) or other flow measuring device(s) as approved by the Regulation Department Director on District ID Nos. 1 & 3, Permittee ID Nos. 2 & 1.

WUP - LETTER MODIFICATION ATTACHMENT A WUP No. 20004167.003 Page 5 December 31, 2003

The meters shall adhere to the following descriptions and shall be installed or maintained as follows:

- (1) The meter(s) shall be non-resettable, totalizing flow meter(s). If other measuring device(s) are proposed, prior to installation, approval shall be obtained in writing from the Regulation Department Director.
- (2) Meters shall be installed on all stand by withdrawal facilities prior to activation.
- (3) The flow meter(s) or other approved device(s) shall have and maintain an accuracy within five percent of the actual flow as installed.
- (4) The meter shall be tested for accuracy on-site, as installed, every two years beginning from the date of issuance unless the Permittee demonstrates to the satisfaction of the District that a longer period of time for testing is warranted. The test shall be performed by a person certified in the equipment used. If the actual flow is found to be greater than 5% different from the measured flow, the Permittee shall have the meter re-calibrated or replaced, whichever is necessary. Documentation of the test and a certificate of re-calibration, if applicable, shall be submitted within 30 days of each test or re-calibration.
- (5) The meter shall be installed in a straight length of pipe where there is a least an upstream length equal to ten (10) times the outside pipe diameter and a downstream length equal to two (2) times the outside pipe diameter. Where there is not at least a length of ten diameters upstream available, flow straightening vanes shall be used in the line.
- (6) If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall notify the District within 30 days of discovering the necessity to replace or repair the meter and replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal.
- (7) While the meter is off the withdrawal, the Permittee shall request instruction on how to estimate use from the Permit Data Section. The estimate of the number of gallons used each month during that period shall be submitted according to the instructions received from the District.
- (8) In the event a new meter is installed to replace a broken meter, it and its installation shall meet the specifications of this condition. The permittee shall notify the District of the replacement with the first submittal of meter readings from the new meter.

All other terms and conditions of this permit shall remain as stated on WUP No. 20004167.002, unless specifically modified by this Letter Modification, and this permit will expire on December 12, 2009.



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SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlab@strato.net fax: (863) 655-5820

Report Cover Page



Client:

Aqua Utilities Florida, Inc.

Address:

6960 Professional Pkwy E

City, St, Zip:

Sarasota, FL 34240

Report #:

2007070301

Attention:

Bill Dean

Report Date:

7/28/2007

Project:

Lake Josephine

DW Nitrates

Sample date:

July 20, 2007

Sample #'s

290900

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	ltem		Pages	Qualifier	Explanation
Cover Page:			1		
Report of Analysis:	DW Original		3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody		1	I	Result is between the PQL and the MDL.
	Sampler cert	:	1	Q	Sample was analyzed out of holding time.
				J	Estimated value; value may not be accurate.
Total Pages:			6		··

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected.

Respectfully Submitted,

David W. Murto Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copi



Page I of I

PUBLIC WATE	R SYSTEM I	NFORMATION	(to be compl	eted by sampl	er - Please ty	pe or print legibly)	
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City:	Sarasota		State:	Florida	ZIP Code:	34240	<u> </u>
Phone:	1-800-250-7	532	Fax #:				
E-Mail Address:							······································
SAMPLE INFO	ORMATION	(to be complete	ed by sampler)			
Sample Number:		290900	Location C	ode (if Known):			
Sample Date:		7/20/2007	Sample Ti	me:	1440	AM PM (ci	ircle one)
Sample Location	n (be specific):	Point of entry	<u> </u>				
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Sampler's E-Ma	il Address:						<u></u>
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Reporting Format 6 Effective January 1		nuary 2004		1 of 3			

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Address:	10405 US Highway 27 South			Certification Expiration I	Date: 06/30/08			
	Sebring, FL 33876	5	Phone #:	863) 655-4022				
ANALYSIS INF	ORMATION (10 be co	empleted by lab)	Date Sample(s) Received:	7/20/2007				
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National Env	ironmental Laboratory	Accreditation Conference (NELAC).					
Signature:	Dan	ind a minto		Date:	7/28/2007			
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. *** Please provide radiological sample dates & locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH)								
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•	Reporting Format 62-550.730							
Effective January 1995, Revised January 2004 Z of 3								

Inorganic Contaminants 62-550.310(1)

Report Number/Job ID:

290900

PWS ID (from page 1):

6280162

Contam	Contaminant			Analysis		Analytical		Analysis	Analysis	DOH Lab
ID .	Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification #
1040	Nitrate (as N)	10	mg/L	0.04	I	EPA 353.2	0.02	7/25/2007	1350	E85458
1041	Nitrite (as N)	1	mg/L	0.01	υ	EPA 353.2	0.01	7/20/2007	1620	E85458
1005	Arsenic	0.01	mg/L			SM 3113 B	0.002			E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L			EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458_
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.0002			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005			E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05			E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL								

All results meet the requirements of NELAC.

Effective January 1995, Revised January 2004

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, are unacceptable for compliance with 62,550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

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System Name:	LAKE Jos	Sechen	^ n	1	•	
System Type (cl		,	insient Noncommunity		.* 6280	162
Address;	CAMAIN	, , , , , , , , , , , , , , , , , , , ,	· ·	() 17308(2)	NonCommunity	1
Cîty:	Selesin	States	Florida ZIP	- 73	875	
Phone: -Mail Addres	800 250 75	32 Fax#:	:	~~·		+
SAMPLE INFO	ORMATION (to be complete	od by sampler)				-
Sample Number:		Location Code (if Known):	;		ĺ
Sample Date: Sample Location		Sample Time:	***************************************	_ AM &	(circle one)	-
	val (Required when reporting		nes and halmanatic acid	(4).		·
Sample Type	(Check Only One)			i.	mg/L Field pH	<u> </u>
Distribution	•	Routine Complia	leason(s) for Sam			·
Entry Point (c	o Distribution)		MCL Exceedance*	Quarterty	Znd/2005	
Plant Tap (not	t for compliance with 62-550.		i i	Violation I	for compliance wi	ru 05-220")
Raw (at well.i		Clearance (permit			nt (of invalidated S	Who wall a l
Max. Resident		Other:			it for myanitated 2	ruibie)
Ave. Residenc		Sampling Procedure U	ised or other Comment	Grab		
Near First Cos.			ì			
*See 62-550,500 NOT2: See 62-5	(6) for requirements and restrict 50,512(3) for additional requires	ions.				i
MCL exceptance	is.	nonts for mirate or altrite	== See 62-559 ; each aite.	0.550(4) for require	menu and amich a rea	min page for
Sampler's Name:	Eddie th	1151mas			•	
Sampler's Phone #:	863 38	10755	Sampler's Fax:	862 645	2556	
Sampler's E-Mail Ad	ddress:			,		
CERTIFICATION	ON (to be completed by	sampler)			 	
.	_	,	!	1	1	
	(Print Name)	·			Tide	
Signature:	that the above public part	yseem and sample co	llection information is	1	°001. 7-20-0	M
Riporting Format 62-550.73				Pare:	7-000	
Effective January 1995, Revi	ord January 2004	Page 1	of 6			
•	· .	•	1	Ì	1	
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		1	1 :			:
					:	•
9 · q	e2252e	E98	g rakes	ninde2	 d90:50 /0) լը 3 ny

SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S LABORATORY ANALYSES SEBRING, FL 33876 250 N 250 S (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820 386 CLIENT NANIE: LOCATION: POE FIELD ID# SAMP SAMPLE ID DATE #OF 8636552556 NO₃ TYPE GRAB WELL LABORATORY ID# CONT NOx NO₂ 7-20-07 DW X 290900 2 X х bring COMMENTS: SOME CONTAINERS MAY BE PRE-RESERVED. PLEASE READ ALL CONTAINER LASELS FOR CAUTION NOTICES. YES NO SAMPLES ICED TO 4C NUTRIENT CONTAINERS PRESERVED H2SO4 METALS CONTAINERS PRESERVED HNO3 05:06p OTHER SAMPLE OTY: RELINQUISHED BY: ACCEPTED BY: 64766 3112 DATE TIME 07 2-20-07 1600 DEPARTED LAB 0 ARRIVED SITE DEPARTED SITE CHAIN OF CUSTODY AND TRANSMITTAL FORM ELICEVIUM

PAGE

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlab@strato.net fax: (863) 655-5820

Report Cover Page

Client:

Aqua Utilities Florida, Inc.

Address:

6960 Professional Pkwy E

City, St, Zip:

Sarasota, FL 34240

D:11 D-4-

Report #:

2007070301

Attention:

Bill Dean

Report Date:

7/28/2007

Project:

Lake Josephine

DW Nitrates

Sample date:

July 20, 2007

Sample #'s

290900

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	I	tem	Pages	Qualifier	Explanation
Cover Page:			1		
Report of Analysis:	DW Original		3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody		1	I	Result is between the PQL and the MDL.
	Sampler cert		I	Q	Sample was analyzed out of holding time.
	•			J	Estimated value; value may not be accurate.
					••
Total Pages:			6		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected.

Respectfully Submitted,

David W. Murto Laboratory Director

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Page 1 of 1

PUBLIC WATE	R SYSTEM I	NFORMATIO	N (to be com	pleted by sam	pler - Please ty	pe or print legibly)
System Name:	LAKE JOSI	EPHINE WATE	IR			PWS I.D. #:	6280162
System Type (ch	eck one):	(x) Commun	aity () Non	Transient Nor	ncommunity	() Transient None	Community
Address:	6960 Profes	sional Parkway	East,				
City:	Sarasota		State:	Florida	ZIP Code	34240	
Phone:	1-800-250-7	7532	Fax #:				
E-Mail Address:						·	
SAMPLE INFO	DRMATION	(to be complete	ed by sample	τ)			
Sample Number:		290900	Location (Code (if Known):			
Sample Date:		7/20/2007	Sample T	ime:	1440	AM PM (ci	ircle one)
Sample Location	lbe specific):	Point of entry	<u> </u>				
Disinfectant Residu	ui (Required w	hen reporting resul	ts for trahalome	thanes and haloa	cetic acids):	mg	L Field pH:
Sample Type (C	heck Only Or	ne)		Reason(s	s) for Sample (Check all that app	ly)
Distribution			x Routine Co	mpliance (with (62-550)	Quarterly	
X Entry Point (to	Distribution)		Confirmani	tion of MCL Exc	cedance*	Special (not for co	mpliance with 62-550.)
Plant Tap (not f	for compliance	with 62-550.)	Composite	Multiple Sites**	•	Violation Resolut	ion
Raw (at well in	•			permitting)			Invalidated Sample)
Max. Residence				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ave. Residence			Other:	edure Used or ot	her Comments		
Near First Costs			Omnphaig 1100	odule Osed Oi oi	im connects	Giab	·
	550.512(3) for a seedances.	ments and restricti additional requiren		or	** See 62-550 page for each	•	nts and anach a results
Sampler's Phon	e#:	(863) 3	81-0755	Sampler's l	Pax:	(863)	655-2556
Sampler's E-Mai	il Address:			· · · <u>- ·</u> · · · · 			
CERTIFICATI	ON (to be co	mpleted by sur	npler)				
I,		Eddie Christma	<u>as</u>	<u></u> _		Operator	
do HEREBY CE	RTIFY that the	(Print Name) he above public	water system	and sample c	ollection infor	(Print Title) mation is complete	
Signature:						Date:	7/20/2007
Reporting Format 62	2-550.730						
Effective January 15	95, Revised Jan	nuary 2004		1 of 3			

	CERTIFICATION INFORM RRENT DOH ANALYTE SHE		r tab - Please type or print le	gibly)
Lab Name:	Short Environmental Labora	ories	Florida Certificat	ion#:E85458
Address:	10405 US Highway 27 South		Certification Exp	iration Date: 06/30/08
	Sebring, FL 33876		Phone #:	(863) 655-4022
ANALYSIS INF	ORMATION (to be completed	by lab)	Date Sample(s) Rece	ived: 7/20/2007
PWS ID (Fron	Page 1): 628	0162	Sample Number (From	Page 1): 290900
Lab Assigned	Report Number or Job ID:	290900		
Group(s) Ana	lyzed & Results attached for co	ompliance with Chapter 62	-550, F.A.C. (Check all that	apply):
Inorganics Sy All 17 Partial x Nitrate x Nitrite Asbestos Onl	All 30 All Except Dioxin Partial Dioxin Only Radi	e Organics Disinf Ali 21 Partial Disconnection Single Sample Qurly Composite**	Trihalomethanes Haloacetic Acid Bromate Chlorite Secondaries	
	Lead & Copper	·	All 14 Partial	
Were any ana	lyses subcontracted?	() Yes (x)	<u>No</u>	
	provide DOH certification Nu OH ANALYTE SHEET FOR E			
I,	David W. Mu			boratory Director
do DEDERV	Print Name (Print Name CERTIFY that all attached and	•		(Print Title)
	ironmental Laboratory Accredi			enjents of the
Signature:		v mit	Date:	7/28/2007
results will result result in notificat ** Please provid	ide a valid and current Florida DOH ta in rejection of the report, possible ent ion of the DOH Bureau of Laboratory e radiological sample dates & location	orcoment against the public water Services. I for each quarter.	•	-
	DETERMINATION (to be con	-		
	n Info Satisfactory: ample(s) Requested (circle or high)		le Analysis Info Satisfactory Revised Report R	
	nitoring Required (circle or high		· ·	ircle or highlight group(s) above)
Reason(s):	MCL(s) Exceeded Missing Analyte Sheet Other:	Detection(s) Location Unsatisfactory	Incomplete Report Analysis Unsatist	
Person Notific	ed:	Date	Notified:	
Comments:	d.	DED/DOM P	Difficult.	
Date Reviewe Reporting Forms		DEP/DOH Reviewing	Official:	
· ·	1995, Revised January 2004	2 of :	3	

Inorganic Contaminants 62-550.310(1)

Report Number/Job ID:

290900

PWS ID (from page 1):

6280162

Contam	Contaminant			Analysis	1	Analytical]	Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification
1040	Nitrate (as N)	10	mg/L	0.04	ı	EPA 353.2	0.02	7/25/2007	1350	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	7/20/2007	1620	E85458
1005	Arsenic	0.01	mg/L			SM 3113 B	0.002		······································	E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L			EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.0002			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005			E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05			E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL								200400

All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period. Reporting Format 62-550.730

Effective January 1995, Revised January 2004

3 of 3

PUBLIC WATER SYSTEM INFORMATION (to be completed by se	Sabolatory Reporting Format
System Name: Lake Josephine W.	_F1
System Type (check and)	DOUTE .
Address: Canary was	Noncommunity () Transient NonCommunity
City:	
Phone: \$40 250 7532 500	orida ZIP Code 338-25
-Mail Addres	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: Location Code (if Kno	nama).
Sample Date: 7-30-07 Sample Time:	
Sample Location (be specific): POE	2:40 AM (G) (circle one)
isinfectant Residual (Required when reporting results for tribalomethanes an	d haloscode article
Sample Type (Charle C. L. C.)	The state of the s
Distribution Routine Compliance (w	on(s) for Sample (Check all that apply)
Entry Point (to Distribution) Confirmantion of MCL	
Plant Tap (not for compliance with 62-550.) Composite Multiple Sign	
Raw (at well intake) Clearance (permitting)	- I - manual transcription
Max. Residence Time Other:	(or mystituted Sample)
Ave. Residence Time Sampling Procedure Used or Near First Costumer	rother Comments: Grate
*See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional sequirements for relate or mitrite MCL exceptances.	
0	See 62-550.550(4) for requirements and amich a results page for each site.
Sampler's Name; Edic Chris I mins	
Sampler's Phone #: 863 381 0 755	Sampler's Fax: 863 655 2556
Sampler's E-Mail Address:	2556
CERTIFICATION (to be completed by sampler)	
I,	
(Print Name)	
do HEREBY CERTIF dist the above public water system and sample collection	n information is complete and correct.
- Chino Chomo	Dec 7-00-07
Riporting Format 62-550,730 Effective January 1995, Revised January 2004	
Page 1 of 6	1
÷ ;	

SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S LABORATORY ANALYSES SEBRING, FL 33876 250 N | 250 S (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820 376 NISIMB LOCATION: POE FIELD ID# SAMP SAMPLE ID 8636552556 DATE # OF TYPE GRAB WELL NO₃ LABORATORY ID# 2-20-07 CONT NOx NO₂ DW х 290900 2 X X Lak Sebring COMMENTS: SOME CONTAINERS MAY BE PRE-RESERVED. PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES. YES NO SAMPLES ICED TO 40 NUTRIENT CONTAINERS PRESERVED HISOI 05:06p METALS CONTAINERS PRESERVED HNO) OTHER SAMPLE OTY: RELINQUISHED BY: ACCUPTED BY: DATE 64766 3,48 me 07 2-20-07 1600 DEPARTED LAD ARRIVEDSITE CHAIN OR CUSTODY AND TRANSMITTAL FORM DEPARTED SITE MULYEDIA

PAGE . OF

(800) 833-4022 (863) 655-4022 Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876 **SHORT**

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client:

Inc.

Report #:

2006100172

Address:

6960 Professional Parkway East

Date:

October 10, 2006

City, St, Zip:

Sarasota, FL 34240

Project:

Lake Josephine Campground

Attention:

Bill Dean

Sample #'s:

267569

This report package includes the following

contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			1	Estimated value; value may not be accurate.

Total Pages:

4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings Project Manager

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Page 1 of 1

PUBLIC WAT	ER SYSTEM INFORMA	ΠΟΝ (to be co	ompleted by s	ampler - Ple	ase type or print l	egibly)
System Name:	LAKE JOSEPHINE WA	TER	· · · · · · · · · · · · · · · · · · ·	·	PWS 1.D. #:	6280162
System Type (c	theck one): (x) Commu 6960 Professional Parkw		Transient Non	community	() Transient Nor	Community
City:	Sarasota	State:	Florida	ZIP Code	: 34240	
Phone:	1-800-250-7532	– Fax #:		-		
E-Mail Address	S:					
SAMPLE INF	ORMATION (to be com	pleted by samp	oler)			
Sample Number:	267569	Location C	lode (if Known):			·····
Sample Date:	08/08/06	Sample T	ime:	1300	AM PM (ci	rcle one)
Sample Location	on (be specific): Point of ent	ту		···		
Disinfectant Resid	ual (Required when reporting r	esults for trihalor	nethanes and ha	loacetic acids):	mg/l	Field pH 7.9
Sample Type (Check Only One)		Reason(s)	for Sample (Check all that ap	oly)
Distribution		X Routine Con	mpliance (with 6	(2-550)	Quarterly	
X Entry Point (to	Distribution)	Confirmant	ion of MCL Exc	eedance*	Special (not for co	mpliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite	Multiple Sites**		Violation Resolut	
Raw (at well in	ntake)	Clearance (-	ŗ		invalidated Sample)
Max. Residenc		Other:	r	L		
Ave. Residence			dure Used or other	her Comments:		
		Samping 110cc	dure osed or on	ner comments.		
Near First Cost	tumer					
NOTE: See 62	00(6) for requirements and rest -550.512(3) for additional requi e MCL exceedances.			** See 62-550 results page fo	.550(4) for requirement or each site.	ents and attach a
Sampler'sName:	Robert Paver	,				
Sampler's Pho	ne #: (941)	650-3032	Sampler's F	ax:	(863) 6	55-2556
Sampler's E-Ma	ail Address:					
CERTIFICAT	ION (to be completed by	sampler)	•			
I	Robert Pave				Operator C-12	040
do HEREBY CI	(Print Name) ERTIFY that the above pu		em and sampl	e collection	(Print Title) information is cor	nplete and correct.
Signature:	Rut Po				Date:	08/08/06
Reporting Format 6 Effective January 1	62-550.730 995, Revised January 2004	Pa	ge 1 of 6			

	Y CERTIFICATION II URRENT DOH ANALY	NFORMATION (to be comp	pleted by la	b - Please type or prin	l legibly)				
Lab Name:	Short Environments			Florida Certificati	ion#•	E85458			
Address:	10405 US Highway			Certification Exp		06/30/07			
Audiess.				Phone #:	(863) 655				
	Sebring, FL 33876		···		(803) 033	1-4022			
ANALYSIS IN	FORMATION (to be co	impleted by lab)		Date Sample(s) Received : 08/08/06					
PWS ID (From	m Page 1):	6280162		Sample Number (From)	Page 1):	1			
Lab Assigned	Report Number or Job iD	267569							
Group(s) Ar	alyzed & Results attacl	ned for compliance with Ch	apter 62-5	50, F.A.C. (Check all t	hat apply):				
Inorganics S All 17 x Partial x Nitrate x Nitrate Asbestos Or	All 30 X All Except Dioxin Partial Dioxin Only	Volatile Organics X All 21 Partial Radionuclides Single Sample Qtrly Composite		Trihalomethanes Haloacetic Acid Bromate Chlorite Secondaries X All 14 Partial					
If yes, pleas	alyses subcontracted? se provide DOH certifi DH ANALYTE SHEET FO) No 84129 ED LAB*						
		CERTIFICAT	ION						
1,		Cummings			ect Manager				
J. HEDEDI	1-	Name) ched analytical data are cor		,- -	int Title)	•4~			
		Accreditation Conference			donements of	ше			
	160			_	40/40/0	•			
Signature:			<u> </u>	Date:	10/10/0	<u> </u>			
results will resu result in notific		•							
	DETERMINATION	to be completed by DEP or I	ООН)			····			
Sample Collect Replacement	ion Info Satisfactory: Sample(s) Requested (circl	() Yes () No S e or highlight group(s) above) or highlight group(s) above) Detection(s) tet Location Unsatisfa	ample An	Revised Report Re lossed Report Re lossed Incomplete Report Analysis Unsatisfa	quested le or highlight gro	es () No up(s) above)			
Person Notif			ate Notific	ed:					
Comments: Date Review	red:	DEP/DOH Revie	wing Offic	ial					
Reporting Form									
Effective Januar	ry 1995, Revised January 200	Page 2 of	f 6						

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number/Job ID:

267569

PWS ID (from page 1):

6280162

Contam				Analysis		Analytical		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification #
1040	Nitrate (as N)	10	mg/L	0.02	I	EPA 353.2	0.02	08/14/06	1200	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	08/08/06	1630	E85458
1005	Arsenic	0.01	mg/L	0.005	U	EPA 206.2	0.002	09/01/06	0900	E85458
1010	Barium	2	mg/L	0.087		EPA 200.7	0.002	08/11/06	0822	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	08/14/06	0848	E85458
1025	Fluoride	4.0	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	1026	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	08/21/06	1100	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	08/10/06	1347	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	08/11/06	0822	E85458
1045	Selenium	0.05	mg/L	0.005	U	SM 3113 B	0.005	08/29/06	0843	E85458
1052	Sodium	160	mg/L	30.5		EPA 200.7	0.05	08/11/06	0822	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	08/17/06	0947	E85458
1075	Beryllium	0.004	mg/L	0.0005	Ü	EPA 200.7	0.0005	08/11/06	0822	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	08/28/06	1131	E85458
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550,730 Effective January 1995, Revised January 2004 All results meet the requirements of NELAC.

Page 3 of 6

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

SECONDARY CONTAMINANTS

62-550.320

Report Number/Job ID: 267569

PWS ID (From Page 1):

6280162

Contam				Analysis	j	Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	*	MDL	Date	Time	Certification
1002	Aluminum	0.20	mg/L	0.04	I	EPA 200.7	0.02	08/11/06		E85458
1017	Chloride	250	mg/L	34.		EPA 325,3	0.5	08/11/06		E85458
	Соррег	1	mg/L	0.005	I	EPA 200.7	0.002	08/11/06	0822	E85458
	Fluoride	2.00	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	0848	E85458
1028	Iron	0.30	mg/L	0.029		EPA 200.7	0.005	08/11/06	0822	E85458
1032	Manganese	0.05	mg/L	0.0036		EPA 200.7	0.0005	08/11/06	0822	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1055	Sulfate	250	mg/L	24.		EPA 375.4	1	08/17/06	0857	E85458
1095	Zinc	5	mg/L	0.005	ı	EPA 200.7	0.004	08/11/06	0822	E85458
1905	Color	15	CU	6		SM 2120 B		08/09/06	0855	E85458
1920	Odor	3	TON	2		SM 2150 B		08/09/06	0855	
1925	pH (field pH from page 1)	6.5 - 8.5	SU	7.9		EPA 150.1	0.1	08/08/06	1300	E85458
	Total Dissolved Solids	500	mg/L	294.		SM 2540 C		08/09/06	1	E85458
	Foaming Agents	 	mg/L	0.02		SM 5540 C		08/09/06	0856 0905	E85458 E85458

Reporting Format 62-550,730 Effective January 1995, Revised January2004 All results meet the requirements of NELAC.

4 of 6

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number/Job ID:

267569

PWS ID (from page 1):

6280162

Contam		T		Analysis	1	AnalyticalM	Lab		Analysis	Analysis	DOH Lab
ľD	Contam Name	MCL	Units	Result	Qualifier*	ethod	MDL	RDL	Date	Time	
2378	1,2,4-Trichlorobenzene	70	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	Certification E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1243	
2955	Xylenes (total)	10,000		0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2964	Dichloromethane	5	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2968	o-Dichlorobenzene	600	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2969	para-Dichlorobenzene	75	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06		E84129
2976	Vinyl Chloride	ī	ug/L	0.5	Ü	EPA 502.2	0.5	0.50		1243	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2980	1 ,2-Dichloroethane	3	ug/L	0.2	l ü	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.3	Ü	EPA 502.2	0.3		08/10/06	1243	E84129
2982	Carbon tetrachloride	3	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2983	1,2-Dichloropropane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 502.2		0.50	08/10/06	1243	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.3	U		0.2	0.50	08/10/06	1243	E84129
2987	Tetrachloroethylene	3	ug/L	0.2	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
	Monochlorobenzene	100		0.5	U	EPA 502.2	0.2	0.50	08/10/06	1243	E84129
	Benzene	100	ug/L			EPA 502.2	0.5	0.50	08/10/06	1243	E84129
	Toluene	1.000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
	Ethylbenzene	1,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
			ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2990	Styrene	100	ug/L	0.5	Ŭ	EPA 502.2	0.5	0.50	08/10/06	1243	E84129

Reporting Format 62-550730 Effective January 1995, Revised January 2004 All results meet the requirements of NELAC.

5 of 6

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Adminitrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?,*, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

SYNTHETIC ORGANICS 62-550.310(4)(ь)

Report Number/Job ID:

267569

PWS ID (From Page 1):

6280162

	*								0			200102
Contam		1		Analysis		Analytical	Lab	1	Extraction	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	RDL	Date	Date	Time	Certification
2005	Endrin	2	ug/L	0.1	U	EPA 525.2	0.1	0.01	08/15/06	08/15/06	2056	E84129
2010	Lindane	0.20	ug/L	0.06	U	EPA 525.2	0.06	0.02	08/15/06	08/15/06	2056	E84129
2015	Methoxychior	40	ug/L	0.05	Ŭ	EPA 525.2	0.05	0.10	08/15/06	08/15/06	2056	E84129
2020	Toxaphene	3	ug/L	0.5	Ŭ	EPA 508.1	0.5	1	08/15/06	08/17/06	0046	E84129
2031	Dalapon	200	ug/L	1	ı	EPA 515.3	1.	†- i- -	08/11/06	08/12/06	0856	E84129
2032	Diquat	20	ug/L	1	U	EPA 549.2	1.	0.4	08/12/06	08/14/06	1909	
2033	Endothall	100	ug/L	20	Ŭ	EPA 548.1	20.	9	08/12/06	08/16/06	2042	E84129
2034	Glyphosate	700	ug/L	10	U	EPA 547	10.	6	50.12.00	08/09/06		E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.3	U	EPA 525.2	0.3	0.6	08/15/06	08/15/06	2253	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.5	Ü	EPA 531.1	0.5	2	V0/13/00	08/14/06	2056	E84129
2037	Simazine	4	ug/L	0.07	Ū	EPA 525.2	0.07	0.07	08/15/06	08/15/06	2327	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1	U	EPA 525.2	1.	0.6	08/15/06	-	2056	E84129
2040	Picloram	500	ug/L	0.75	Ü	EPA 515.3	0.75	0.1	08/11/06	08/15/06	2056	E84129
2041	Dinoseb	7	ug/L	0.5	U	EPA 515.3	0.5	0.2	08/11/06	08/12/06	0856	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.2	Ū	EPA 525.2	0.2	0.1	08/15/06	08/12/06	0856	E84129
2046	Carbofuran	40	ug/L	0.5	Ū	EPA 531.1	0.5	0.9	00/13/00	08/15/06	2056	E84129
2050	Atrazine	3	ug/L	0.06	Ü	EPA 525.2	0.06	0.5	08/15/06	08/14/06	2327	E84129
2051	Alachlor	2	ug/L	0.2	U	EPA 525.2	0.2	0.1		08/15/06	2056	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03			-	CLIL SES.E	0.2	0.005	08/15/06	08/15/06	2056	E84129
2065	Heptachlor	0.40		0.08	U	EPA 525.2	0.08	0.003	08/15/06	004505		
2067	Heptachlor Epoxide		ug/L	0.1		EPA 525.2	0.08			08/15/06	2056	E84129
2105	2,4-D		ug/L	1		EPA 515.3	1.	0.02	08/15/06	08/15/06	2056	E84129
2110	2,4,5-TP (Silvex)	 ``	ug/L	0.25		EPA 515.3		0.1	08/11/06	08/12/06	0856	E84129
	Hexachlorobenzene		ug/L	0.05			0.25	0.2	08/11/06	08/12/06	0856	E84129
	Benzo(a)pyrene		ug/L	0.03		EPA 525.2	0.05	0.1	08/15/06	08/15/06	2056	E84129
	Pentachlorophenol	-	ug/L	0.1		EPA 525.2	0.1	0.02		08/15/06	2056	E84129
	Polychlorinated biphenyls (PCBS)	0.50		0.2		EPA 515.3	0.1	0.04		08/12/06	0856	E84129
	Dibromochloropropane					EPA 508.1	0.2	0.1		08/17/06	0046	E84129
	Ethylene Dibromide (EDB)	0.20		0.005		EPA 504.1	0.005	0.02		08/16/06	0120	E84129
	Chlordane	0.02		0.005		EPA 504.1	0.005	0.01	08/15/06	08/16/06	0120	E84129
	tive January 1, 2004 results indicating non-detect	2	ug/L	0.05	U	EPA 508.1	0.05	0.2	08/15/06	08/17/06	0046	E84129

NOTE: Effective January 1, 2004 results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62.550.310(4)(b).

Reporting Format 62-550.730

All results meet the requirements of NELAC unless otherwise noted.

Effective January 1995, Revised January 2004

6 of 6

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62.550. Results qualified with a J. Q. R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be repalced with acceptable results from samples collected during the same monitoring period.

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)	
System Name: Lake Josephine PWS I.D. #: 6280162	
System Type (check one): (TCommunity () NonTransient Noncommunity () Transient NonCommunity	
Address: Aqua wtl.	
City: Sebring State: Florida ZIP Code:	
Phone: 900 2.50 7532 Pax #: 863 655 255 6	
-Mail Addres 49 ague with cisco Professional PRKEY E SARASOTA FI. 342	500
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: Location Code (If Known);	
Sample Date: 5-8-06 Sample Time: 1300, 1'00 AM (circle one)	
Sample Location (be specific): 9.0 G	
isinfoctant Residual (Required when reporting results for tribalomethanes and haloacetic acids): mg/L. Field pH 9	
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)	
Distribution	
Entry Point (to Distribution) Confirmantion of MCL Exceedance* Special(not for compliance with 62-550.)
Plant Tap (not for compliance with 62-550.) Composite Multiple Sites** Violation Resolution	
Raw (at well intake) Clearance (permitting) Replacement (of Invalidated Sample)	
Max. Residence Time Other:	
Ave. Residence Time Sampling Procedure Used or other Comments:	
Near First Costumer	
*Sec 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances. ** See 62-550.550(4) for requirements and attach a results page each site.	for
Sampler's Name: Robert Pauer	
Sampler's Phone #: 941 650 3032 Sampler's Fax: 663 - 655 2556	
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
1. Robert RAVER OPERATOR C12043	
(Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	
Signature: Date: 8-8-06	
Reporting Portrast 62-550,730	
Effective January 1995, Revised January 2004 Page I of 6	

SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S

SEBRING, FL 33876

(863) 655-4 FAX:

4022	(800) 833-4022 655-5820		

SAMPLER'S NAM	₫₽,		X: (863) 65	55-5820)	•			S	SZ	SYNTHETIC ORGANICS			
OFLEASE PRINTS	Robert Raines	CLIENT NAME:							INORGANICS	ARI) RG	S		
EARLES SICH	ATURE	PROJECTI		AQUA	UTIL	ITIES		#	RG.	Ş	lo C	VOCS		
(<u>X</u>	LJ Pa		AKE JOSE	PHINE	;	LOCATIO	»: DWTP		N.	SECONDARIES	THE	>		
PIELD ID#	SAMPLE ID	DATE	TIME	SAMP		WELL		# OF			SYN			
	P.O.E.	8-8.06	1300	DW	X	1111111		CONT	<u> </u>	ļ	ļ ——			
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	CHE CONTAINERS MAY BE PRE-RESERV	ED.											YES	
•	TEAGE READ ALL CONTAINER LABELS P	OR CAUTION NOTICE	z .				NUTERIO	T CONTAI	SAMP	LES ICED	TO 4C			NO
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			OTHER					
SAMPLE QTY:	BELINQUISHED BY:	АССЕРТЕО ВУ:						
,	Q1+ R-		DATE:	TUME;				
	Gold Va	Ken Hele	48-06	1325				

59071

LABORATORY ANALYSES

CHAIN OF CUSTODY AND TRANSMITTAL FORM

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876 **SHORT**

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client: Address: Inc.

P.O. Box 490310

Report #:

2006080285

Date:

August 23, 2006

City, St, Zip: Attention: Leesburg, FL 34749-0310

Project:

Lake Josephine Campground

Sample #'s: 265222

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	ĵ	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted

Bruce Cummings Project Manager

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(800) 833-4022 (863) 655-4022 Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

SHORT

Environmental Laboratories, Inc.



Report Cover Page

Aqua Utilities Florida,

Client: Address: Inc.

P.O. Box 490310

Report #: Date:

2006080285

August 23, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Lake Josephine Campground

Attention:

Sample #'s: 265222

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	υ	Compound was analyzed for but not detected.
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			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

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Respectfully, Submitted,

Bruce Cummings Project Manager

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Page 1 of 1

PUBLIC WAT	ER SYSTEM INFORMA	TION (to be completed	d by sampler - Plea	se type or print le	gibly)
System Name:	LAKE JOSEPHINE WA	TER		PWS I.D. #:	6280162
System Type (c	check one): (x) Commi	unity () NonTransient	Noncommunity	() Transient Non	Community
City:	Sebring	State: Florid	a ZIP Code:	33875	
Phone:	1-800-250-7532				
E-Mail Address	S:				
SAMPLE INF	FORMATION (to be con	pleted by sampler)			
Sample Number:	265222	Location Code (if Ki	nown):		
Sample Date:	07/07/06	Sample Time:	1050	AM PM (cir	cle one)
Sample Location	on (be specific): 2700 Oak	Beach			
Disinfectant Resid	ual (Required when reporting	results for trihalomethanes a	and haloacetic acids):	0.4 g/L	Field pH 8.0
Sample Type (C	Check Only One)	Reaso	on(s) for Sample (Check all that app	oly)
Distribution		X Routine Compliance ((with 62-550)	X Quarterly 3rd	
Entry Point (to	Distribution)	Confirmantion of MC	L Exceedance*	Special(not for co	mpliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite Multiple S	Sites**	Violation Resolut	ion
Raw (at well in	-	Clearance (permitting		 	nvalidated Sample)
X Max. Residence	•	Other:	٧		mandated Satisfies
Ave. Residence		Sampling Procedure Used	d or other Comments		
' 		Samping Frocedure Osec	of other Comments:		
Near First Cost	umer				
NOTE: See 62-	00(6) for requirements and resi- 550.512(3) for additional request MCL exceedances.		** See 62-550 results page fo	.550(4) for requirement reach site.	ents and attach a
Sampler'sName:	Robert Paver				
Sampler's Phor	ne #:	Sampl	er's Fax:		
Sampler's E-Ma	ail Address:				
CERTIFICAT	ION (to be completed by	sampler)			
l,	Robert Pav			Operator	
do HEREBY CI	Print Name) ERTIFY that the above po		sample collection	(Print Title) information is cor	nplete and correct.
Signature:				Date:	07/07/06
Reporting Format 6	52-550.730 995, Revised January 2004				
	and a second second second	Page 1 of 3			

PUBLIC WATI	ER SYSTEM INFORMA	TION (to be co	ompleted by	sampler - Ple	ease type or print	legibly)
System Name:	LAKE JOSEPHINE WA	TER			PWS I.D. #:	6280162
System Type (c Address:	heck one): (x) Commu	unity () NonT	ransient Nor	ncommunity	() Transient No	nCommunity
City:	Sebring	State:	Florida	ZIP Code	3387	
Phone: E-Mail Address	1-800-250-7532	Fax #:		-		
SAMPLE INF	ORMATION (to be com	pleted by samp	ler)			
Sample Number:	265222	Location C	ode (if Known)	:		
Sample Date:	07/07/06	_ Sample Ti	ime;	1050	AM PM (c	ircle one)
Sample Locatio	n (be specific): 2700 Oak I	Beach				
Disinfectant Reside	ual (Required when reporting t	results for trihalon	nethanes and ha	aloacetic acids)	. <u>0.4</u> g	L Field pH 8.0
Sample Type (C	Check Only One)	·	Reason(s)	for Sample	Check all that ap	ply)
Distribution		X Routine Cor	npliance (with	62-550)	x Quarterly 3r	d
Entry Point (to	Distribution)	Confirmanti	on of MCL Ex	ceedance*	Special(not for c	ompliance with 62-550.)
Piant Tap (not	for compliance with 62-550.)	Composite I	Multiple Sites*	•	Violation Resolu	ation
Raw (at well in	•	Clearance (g				Invalidated Sample)
x Max. Residence		Other:	· · · · · · · · · · · · · · · · · · ·			tir-andured bumple,
Ave. Residence		Sampling Proce	due Head or a	thos Commonto		
		Samping Proce	dine osci oi o	uier Comments	•	
Near First Cost	umer					
NOTE: See 62-	00(6) for requirements and rest 550.512(3) for additional reque a MCL exceedances.			** See 62-55 results page f	0.550(4) for requiren or each site.	nents and attach a
Sampler'sName:	Robert Paver				· · · · · · · · · · · · · · · · · · ·	
Sampler's Phor	ne #:		_Sampler's l	Fax:		
Sampler's E-Ma	ail Address:		· · · · · · · · · · · · · · · · · · ·		···	
CERTIFICAT	ION (to be completed by	sampler)				
l,	Robert Pave				Operator	
do HEREBY CE	(Print Name) ERTIFY that the above pu		em and samp	ole collection	(Print Title)	
Signature:	· · · · · · · · · · · · · · · · · · ·	···			Date:	07/07/06
Reporting Format 6	i2-550.730 995, Revised January 2004	Paj	ge 1 of 3			

LA		CERTIFICATION IN	*ORMATION (to be comple E SHEET*	eted by lal	b - Please type or prin	t legibly)	
	Lab Name:	Short Environmental	Laboratories		Florida Certificat	ion# ·	E85458
	Address:	10405 US Highway 2			Certification Exp	-	
	•••	Sebring, FL 33876			Phone #:	(863) 6 5	
					FIOREW.	(000) 00.	J-4022
A)	NALYSIS INF	ORMATION (to be com	pleted by lab)	ì	Date Sample(s) Rece	ived:	07/07/06
	PWS ID (From	Page 1):	6280162	:	Sample Number (From	Page 1):	1
	Lab Assigned	Report Number or Job ID:	265222				
	Group(s) Ans	alyzed & Results attached	d for compliance with Chap	ter 62 -55	60, F.A.C. (Check all	that apply):	
ln				Disinfect <u>i</u>	on Byproducts		
	All 17	A11 30	Ali 21	2	x Trihalomethanes		
	Partial	All Except Dioxin	Partial	ļ	Haloacetic Acid		
_	Nitrate	Partial			Bromate		
	Nitrite Asbestos Onl	Dioxin Only	Radionuclides Single Sample	L	Chlorite		
	Jaspesios Om	y .	Qtrly Composite**	: (Secondaries .		
				L,	Ali 14		
					Partial		
	Were any anal	yses subcontracted?	(x) Yes ()	No			
		e provide DOH certifica H ANALYTE SHEET FOR	tion numbers: E8 EACH SUBCONTRACTED	4129 LAB*			
			CERTIFICATIO	N			
I,		Bruce Cur	nmings		, Proj	ect Manager	
		(Print N			(Pr	int Title)	
			ed analytical data are correct Egreditation Conference (N		less noted meet all re	quirements of	the
	Signature:	Mili			Date:	08/23/0	6
	results will result result in notificat	ide a valid and current Florida t in rejection of the report, poss tion of the DOH Bureau of Lab e radiological sample dates & I		l a current A	Analyte Sheet for the attact tem for failure to sample,	ned analysis and may	
C							
		on Info Satisfactory:	be completed by DEP or DO		lysis Info Satisfactory	(\ V	es () No
		ample(s) Requested (circle of	r highlight group(s) above)		Revised Report Re		C3 (/ 140
	•	nitoring Required (circle or	highlight group(s) above)	<u>-</u>		le or highlight gro	oup(s) above)
	Reason(s):	MCL(s) Exceeded Missing Analyte Sheet Other:	Detection(s) Location Unsatisfacto	ry	Incomplete Report Analysis Unsatisfa	ectory	
	Person Notific			e Notified	đ:		
	Comments:						
	Date Reviewe		DEP/DOH Reviewi	ng Offici	al		
	Reporting Pormat Effective January	162-550.730 1995, Revised January 2004	h	,			
		Novince January 2004	Page 2 of 3	•			

LA	BORATORY	CERTIFICATION IN	VFORMATION (to be co	mpleted by	lab - Please type or print	legibly)	
	Lab Name:	Short Environmenta			Florida Certification	-	85458
	Address:	10405 US Highway	27 South		Certification Expir		06/30/07
		Sebring, FL 33876			Phone # :	(863) 655	-4022
AN	IALYSIS INF	FORMATION (to be co	mpleted by lab)		Date Sample(s) Receiv	ed: 0	7/07/06
	PWS ID (From	Page 1):	6280162		Sample Number (From Pr	age 1):	1
	Lab Assigned l	Report Number or Job ID	265222	-			
	Group(s) Ana	alyzed & Results attach	ed for compliance with	Chapter 62-5	550, F.A.C. (Check all th	at apply):	
	organics Sy All 17 Partial Nitrate Nitrite Asbestos Onl	All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial Radionuclides Single Sample Qtrly Compos		x Trihalomethanes x Haloacetic Acid Bromate Chlorite Secondaries All 14 Partial		
	If yes, please	yses subcontracted? e provide DOH certific H ANALYTE SHEET FO	(x) Yes cation numbers: OR EACH SUBCONTRAC CERTIFICA		-	· · · · · · · · · · · · · · · · · · ·	
ĩ.		Proce Co	ummings	110;;	Desia	Manage	
٠, -			Name)			ct Manager nt Title)	
	National Envi Signature: Failure to provi results will result result in notificat	ironmental Laboratory ide a valid and current Florid in rejection of the report, po-	Accreditation Conference la DOH lab certification numb saible enforcement against the aboratory Services.	e (NELAC)	Date: Analyte Sheet for the attacher system for failure to sample, an	08/23/06 d analysis	
==		e radiołogical sample dates &					-
San	nple Collectic Replacement S Additional Mor Reason(s):	on Info Satisfactory: ample(s) Requested (circle nitoring Required (circle MCL(s) Exceeded Missing Analyte Shee	or highlight group(s) above) or highlight group(s) above Detection(s)	Sample An) sfactory	Incomplete Report Analysis Unsatisfac	uested or highlight grou	es () No
	Person Notifie Comments:	ea:		Date Notifi	ed:		
I	Date Reviewe		DEP/DOH Rev	iewing Offi	cial		
	Reporting Formal	t 62-550.730 1995, Revised January 2004	Page 2	of 3			

DISINFEC	TION BYPRODUCTS						iber / Job ID:	20	55222	
62-550.310	0(3)				Disinfectan	t Residual (m		0.4		
							PWS ID (F	rom Page 1):	62	80162
Comtam		T		Analysis		Analytical	T -	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Results	Qualifier*	Method	Lab MDL	Date	Time	Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L		1		1			
Contam				Analysis		Analytical		Analysis	Analysis	DOH Lab
100	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1	Ŭ	EPA 552.2	1	07/14/06	0412	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	Ü	EPA 552.2	1	07/14/06	0412	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	Ü	EPA 552.2	. 1	07/14/06	0412	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1	Ū	EPA 552.2	1	07/14/06	0412	E84129
				Analysis		Analytical		Analysis	Analysis	DOH Lab
Contam ID	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	0.88		EPA 502.2	0.2	07/11/06	1955	E84129
2942	Bromoform	N/A	ug/L	0.5	U	EPA 502.2	0.5	06/15/06	1955	E84129
2943	Bromodichloromethane	N/A	ug/L	0.3	U	EPA 502.2	0.3	06/15/06	1955	E84129
2944	Dibromochloromethane	N/A	ug/L	0.5	Ū	EPA 502.2	0.5	06/15/06	1955	E84129
2950	Total Tribalomethanes	80	ug/L	0.88		EPA 502.2	0.2	06/16/06	1955	E84129

Note: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and tota trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

3 of 3

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

						· · · · · · · · · · · · · · · · · · ·			6280162
System Ad <u>dress</u>	Type (checl	k one):	(HC6	mmunity	()Non	Transient None	community	() Transient N	onCommunity
City:	Seler	ing		***************************************	State:	Plorida	ZIP Cod	e:	
Phone:	· · · · · · · · · · · · · · · · · · ·					Fax #:			
E-Mail	Address: _								
SAMPI	LE INFOR	MATION (to be comp	pleted by sa	umpler)				
Sample	Number:		· · · · · · · · · · · · · · · · · · ·	L	ocation Co	de(if known);	· · · · · · · · · · · · · · · · · · ·		
Sample	Date:		<u></u>	·····		Sample Time	1050	_ (AM) PM	(circle one)
Sample	Location (b	e specific):	2700	200	uk 6	Spacl			***
Disinfect	ant Residual (Required whe	n reporting	results for tril	nelomethane	s and haloacetic	acids):		mg/L Piekl pH:
Sample	Type (Chec	k Only One)			Reason	(s) for Sampl	e (Check all that	apply)
Dist	tribution				loutine Co	mpliance (with	h 62-550)	Quarterly (Which One?) 3rd
Enti	ry Point (to	Distribution	,		Confirmantio	n of MCL Excee	dance*	Special (not fo	or comptiance with 62-550.
Plan	t Tap(not for e	compliance wi	th 62-550.)		Composite	Multiple Sites	**	Violation R	lesolution
	v (at well in	•		=	•	ermitting)			nt (of Invalidated Samp
_					,	armmig.		- Trohimonio	/vt xiramanac zamp
	x. Residence			L	Other:	Land or set :	Conn	<u>.</u>	
	e. Residence			Samj	oing rroced	ure Used or other	Comments:		
Nea	ır First Cost	umer					 	· · · · · · · · · · · · · · · · · · ·	
NOT nitrit Samples	2 62-550.500(c) TE: See 62-55 te MCL exceed r's Name:	0.512(3) for a dances.	editional req	uirements fo	r nitrate or		** See 62-55 for each site.	•	ments and attach a results p
Sample	er'sPhone #_	941 6	50 3	032		Sampler's F	ax:	· · · · · · · · · · · · · · · · · · ·	
Sample	er's E-Mail	Address:			· · · · · · · · · · · · · · · · · · ·				
CERT	IFICATIO	N (to be con	pleted by	sampler)					
ı	Robe	,	Paris	=0				_	
	<u> </u>		(Print l			- 		(Print	rator Title)
do HER	REBY CERT	CIFY that th	above pu	blic water	system and	l sample collec	tion informa	tion is complete a	ind correct.
Signatu	ıre;	1 mil	1	(You				Date	: 7-7-0G

DRINKING WATER SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

PRINT SAMPLER'S NAME		CLIENT NAME:				
Robert PAYER		agertell.	dale lo	when		#
SAMPLERS SIGNATURE	_	SAMPLE	dale le ID: 263	80162	, .	
LABORATORY ANALYSES			FORY #: 6			
INORGANIC	3	2700	oak Beac	<u> </u>		
SECONDARY	1	PROJECT LOCATIO		•		
GROSS-ALPHA		534				
GROSS BETA		NUMBER OF CONT				
RAD 226/228	3			·····		
voc	;	DATE: 7-7-0) 6			
PEST/PCE	í .					
NITRITE/NITRATE		TIME: 1050)			
THM	×				YES	NO
НАА	X	NUTRIENT CONTA	INER PRESERVED, H	2804		
TC/LERT		1	er preserved, hno			
Pb, Cu	1	SAMPLES ICED TO				1
		OTTER				
		OTHER				
			pH 8.0 Cl2 0.4			
SAMPLE KIT PREPARED BY:			_ 			
SOME CONTAINERS ARE PRE-PRE	SERVEDII	READ ALL CONTAI	NER LABELS CAREF	ULLYI		
				5	5 83 41	
≠ OP						
SAMPLES	RELINQU	ISHED BY:	ACCEPTED BY:	DATE:		TIME:
	Ral	HZ_	hese	7-7-0	6	1/20
	i I				ĺ	

PAGE ___OF ___

DWCOC1.XLS 04/04/2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

PERMIT NUMBER:

FLA014388-001-DW3P

Sarasota, Florida 34240

LIMIT:

Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930 **GROUP: Domestic**

01/01/06 To:

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

R001

01/31/06

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		1 1003	e read Mistrick	LICAIS DEC	ore completin	a nus louir					
Parameter		Quan	tity or Loadir)g	Qı	uality of Con	centration		No. Ex	Frequency of Analysis	Sample Typ
Storet code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	†		
FLOW, in conduit or thru present plant	Sample Messurement	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 Meter
BOD, Carbonacious (5 day 200 C)	Sample Messurement					2U	2 U	mg/L		Monthly	Grab
60062 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				· · · · · · · · · · · · · · · · · · ·	30, Monthly	60, Single Semple	rng/L		Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement				<u> </u>	2.3		mg/L		Monthly	Gnab
80082 Y EFA-O1 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.2	2.0	mp/L		Monthly	Grab
000590 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
188, EFFLUENT	Sample Messurement					2.3		mg/L		Monthly	Grab
000690 Y EFA-01 WINUAL GROSS VALUE	Permit Requirement					20.0 Anrı_Avg.		mg/L		Monthly	Grab
*	Sample Messurement				7.4		7.7	s.u.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mex)	s.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, accurate and complete. I am owere 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 (Typo of Print)	SIGNATURE	OF PRINCIPAL I	EXECUTIVE OFFICER OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMOD)
Wendell L. Faircloth DOCUMENT NUMBER - CATE				(863) 471-1400	06/02/23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all all	achment	s here). (At	tach additional sheets if necessary	ıry.)	

04307 MAY 22 8

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

01/01/2008 To:

01/31/2006

LIMIT:

Final

CLASS SIZE: FACILITY ID:

Minor

5228P05930

GROUP:

Domestic

FACILITY: LOCATION: Leisure Lakes / Covered Bridge

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE R001

MONITORING PERIOD-From:

3C

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE: 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., Sita No.		Average	Maximum	Unita	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	Grado
COLIFORM, FECAL	Sample Measurement					1.0		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		# /100		Monthly	Grado
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			mg/L		Deily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)	·		mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (ms N)	Sample Measurement						0.5	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (med)			Monthly	Grada
BOD, Carbonacious (5 day 200 C)	Sample Measurement					209		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Messurement					672		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

	I hree-month Average Daily Flow:	0.02
Month / Year: January-06	(TMSDF/Permitted Capacity)x100:	44

Leisure Lakes / Covered Bridge Fecal Nitrogen, Effluent influent Influent Effluent рΗ pН TRC (For Time Type of Coliform Nitrate. Flow CBOD5 TSS **CBOD5** TSS Disinfect.) of sample (8.U.) (8.U.) (MGD) Bacterla Total (as (mg/L) (mg/L) (mg/L) (mg/L) min. max. (mg/L) sample (C/G) (#/100ml) N) (mg/L) 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 0.026 7.5 2 7.5 0.014 1.2 0.035 3 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 0.026 8 0.027 7.4 2.0 ٠, 9 0.022 7.5 2.4 10 0.019 7.4 1.8 0.025 11 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 0.023 17 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 0.023 20 7.5 1.8 21 0.022 22 0.023 7.6 2.0 0.025 23 7.5 1.8 24 0.024 7.6 1.7 25 0.020 7.5 1.6 28 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 1.5 30 0.020 7.5 1.4 0.020

` }~	PLANT STAFFING:						
	Day Shift Operator	Class:	С	Certification No.: 9088	Name:	Wendelf 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	ateW hamielaes	n Danes.				

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 62-820.910(10), Effective November 29, 1994 Version 5/18/98

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

02/01/08 To: MONITORING PERIOD-From:

02/29/06

Sarasota, Florida 34240

LIMIT:

Final

CLASS SIZE:

Minor

FACILITY:

Lelaure Lakes / Covered Bridge

FACILITY ID: DISCHARGE POINT NUMBER:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852

R001 3C

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE:

Dual Perc / Evap Ponds

TYPE OF EFFLUENT DISPOSAL:

Passessias	T	Pleas							No.	Frequency	Заторы Тур
Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	centration		Ex	of Analysis	
Staret code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Unita			
PLOW, in conduit or thru restment plant	Sample Measurement	0.028	0.022	MGD					1	Continuous	Flow Meter
050060 1 OTH-01 NNNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.060 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious 5 day 200 C)	Sample Measurement					2U	20	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Semple	ms/L		Monthly	Grab
BOD, Carbonacious (5 day 200 <i>C</i>)	Sample Measurement					2.3		mg/L		Monthly	Greb
80082 Y EFA-Q1 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Greb
rss, effluent	Sample Measurement					1.6	2.0	m q/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT_GROSS VALUE	Permit Requirement					30, Monthly	90, Single Semple	mg/L		Monthly	Grab
199, EFFLUENT	Sample Measurement					2.4		mg/L		Monthly	Greate
000630 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grajb
pH	Semple Measurement				7.4		7.6	5 ,U,		Delly 5, wk	Greb
000400 1 EFA-01 EFFLUENT GROSS VALUE	Parmit Requirement				6.0. minimum		8.5, (max)	e.u.	1	Daily 6.wk	Greib

obtaining the information, I believe the submitted information is true, ecounte 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 AGONT (Type of PAYL)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELETHONE NO.	DATE (YAWWADD)
Wendell L. Faircioth		(883) 471-1400	08/03/27

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

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

02/01/2008 To:

02/28/2008

Sarasota, Florda 34240

LIMIT: CLASS SIZE: Final

Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

LOCATION:

101 Parkview Circle S. Lake Placid, FL 33852 DISCHARGE POINT NUMBE R001 PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

		Pleas	e read Instruc	tions be	fore completing	this form.				<u>, </u>	
Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon Site No.		Average	Maximum	Unita	Minimum	Average	Maximum	Units			
COLIFORNI, FECAL	Sample Measurement			}	10	NA	10	#/100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	<u>-</u>			Report (Auerage)	400 (90 Percentile)	900 (max)	#100		Monthly	Grab
COLIFORM, FECAL	Semple Messurement					1.0		#/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly:	Grab
Chiorine, Total Residual (For Disinfection)	Sample Measurement				1.5			mg/L		Dully 5.wk	Gnab
050060 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (mln)			mg/L		Duily 5.wk	Gnab
NITROGEN, YOTAL (as N)	Sample Measurement.						0.2	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (mart)	······································		Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement					376		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Pernit Requirement					REPORT MONTLH		mg/L		Monthly	Gmb
tss, influent	Sample Measurement					194		mgA.		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow:

0.023

Month / Year. February-06

(TMSDF/Permitted Capacity)x100:

47%

Flow of Mod Provided Provid						Leisur	e Lakes	/ Covered	Bnoge				
Mon-Site FLOW-001 NF-001 NF-001 EFA-			CBOD5	TSS	CBO05	TSS	(s.u.)	(a.u.)	Coliform Bacteria	Disinfect.)	Nibate, Total (as	of	sample
Mon Sine	Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		<u></u>
2 0.026 7.4 3.1 3 0.018 7.5 3.0 4 0.031 7.5 3.0 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 7.5 2.0 11 0.027 7.4 1.8 12 0.023 7.4 1.5 13 0.031 7.5 1.8 14 0.026 7.4 2.0 15 0.025 7.5 1.9 17 0.026 7.5 1.9 17 0.026 7.5 1.9 19 0.024 7.5 1.9 19 0.025 7.5 1.9 19 0.026 7.5 1.6 19 0.024 7.5 1.6 19 0.024 7.5 1.6 20 0.021 7.5 1.6 21		FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
3 0.018	1	0.050					!	7.5		3.2			
4 0.031 7.4 3.1 5 0.032 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 1.8 15 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.5 1.7 18 0.025 7.5 1.7 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1.5 23 0.026 7.6 1.8	2	0.026					:	7.4		3.1			<u></u>
5 0.032 7.4 3.1 3.1 6 0.021 7.5 2.8 3.1 7 0.023 7.5 3.1 3.1 8 0.030 7.5 2.4 3.1 9 0.024 7.6 1.9 3.1 10 0.027 7.5 2.0 3.1 11 0.027 7.4 1.8 3.1 12 0.023 7.4 1.5 3.1 13 0.031 7.5 1.8 3.1 14 0.026 7.4 2.0 3.1 15 0.025 3.1 3.1 3.1 16 0.025 7.5 1.9 3.1 17 0.026 7.5 1.9 3.1 18 0.025 7.6 1.8 3.1 20 0.021 7.5 1.6 3.8 20 0.021 7.5 1.5 3.5 21 0.018 7.5 1.5 3.5 3.5 23 0.026 7.6 <td>3</td> <td>0.018</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.5</td> <td></td> <td>3.0</td> <td></td> <td></td> <td></td>	3	0.018						7.5		3.0			
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 7.5 1.8 15 0.025 7.5 1.9 16 0.025 7.5 1.9 17 0.026 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.5 1.6 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 23 0.026 7.6 1.6 7.6 1.8 7.6 1.8	4	0.031					41.10			<u> </u>			
7 0.023 7.5 3.1 8 0.030 7.5 2.4 -9 0.024 7.6 1.9 10 0.027 7.5 2.0 11 0.027 7.4 1.8 12 0.023 7.4 1.5 13 0.031 7.5 1.8 14 0.026 7.4 2.0 15 0.025 7.5 1.9 17 0.026 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.5 1.7 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 23 0.026 7.6 1.8 0.2 14:25 G 24 0.026 7.6 1.8 1.8 25 </td <td>5</td> <td>0.032</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.4</td> <td></td> <td></td> <td></td> <td></td> <td></td>	5	0.032						7.4					
8 0.030 7.5 2.4 9 0.024 7.6 1.9 10 0.027 7.5 2.0 7.5 2.0 11 0.027 7.4 1.8 7.5 1.9 7.5 1.9 7.5 1.0 1.8 7.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1	6	0.021											
-9 0.024 7.6 1.9 -9 10 0.027 7.5 2.0 -9 11 0.027 7.4 1.8 -9 12 0.023 7.4 1.5 -9 13 0.031 7.5 1.8 -9 14 0.026 7.4 2.0 -9 15 0.025 7.5 1.9 -9 17 0.026 7.5 1.9 -9 18 0.025 7.5 1.7 -9 19 0.024 7.6 1.8 -9 20 0.021 7.5 1.6 -9 21 0.018 7.5 1.5 -9 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 -9 1.5 -9 -9 -9 -9 -9 -9 -9 -9	7	0.023					<u> </u>						
10 0.027	8	0.030						7.5		2.4			
11 0.027 7.4 1.8 12 0.023 7.4 1.5 13 0.031 7.5 1.8 14 0.026 7.4 2.0 15 0.025 7.4 2.0 16 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.5 1.7 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	- 9	0.024						7.6		1.9		<u> </u>	
12 0.023 7.4 1.5 13 0.031 7.5 1.8 14 0.026 7.4 2.0 15 0.025 7.4 2.0 16 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.6 1.8 20 0.024 7.5 1.6 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6	10	0.027				l		7.5		2.0			
13 0.031 7.5 1.8	11	0.027					L	7.4		1.8			
14 0.026 7.4 2.0 15 0.025 1.9 16 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.6 1.8 20 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 1.6 1.8 2.2 1.6 1.5	12	0.023					<u> </u>	7.4		1.5		ļ	
15 0.025 7.5 1.9 16 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.6 1.8 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.5 1.5 1.5 1.5 1.5 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.5	13	0.031						7.5		1.8			<u> </u>
16 0.025 7.5 1.9 17 0.026 7.5 1.7 18 0.025 7.6 1.8 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.5	14	0.026				<u> </u>		7.4		2.0		:	<u> </u>
17 0.026 7.5 1.7 18 0.025 7.6 1.8 19 0.024 7.6 1.8 20 0.021 7.5 1.6 21 0.018 7.5 1.5 22 0.034 375 194 2u 1.6 7.5 1u 1.8 0.2 14:25 G 23 0.026 7.6 1.5 1.5	15	0.025			<u> </u>	<u> </u>						<u> </u>	ļ
18 0.025 19 0.024 20 0.021 21 0.018 22 0.034 375 194 2u 1.6 7.5 1.5 23 0.026 24 0.026 25 0.016 26 0.023 27 0.031 28 0.028 30 7.6 1.5 7.6 1.5 7.5 1.5 7.5 1.5 7.5 1.5 7.6 1.5 1.5 1.5 27 0.031 7.6 1.5 29 7.6 30	116	0.025				<u> </u>							<u> </u>
19 0.024 7.6 1.8 1.8 1.8 1.6 1.6 1.6 1.6 1.6 1.6 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.8 0.2 14:25 G 6 1.8 0.2 14:25 G 6 1.8 0.2 14:25 G 1.8 1.8 1.6 1.6 1.6 1.6 1.8 1.6 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.5	17	0.026						7.5		1.7	<u> </u>		ļ
20 0.021 7.5 1.6	18	0.025						<u> </u>		ļ	ļ	<u> </u>	<u> </u>
21 0.018 7.5 1.5 0.026 1.8 0.2 14:25 G 0.026 G 1.8 0.2 14:25 G 0.026 G 1.8 0.0 14:25 G 0.0 0.0 1.6 1.6 0.0 1.6 0.0 </td <td>19</td> <td>0.024</td> <td></td> <td><u> </u></td> <td></td> <td></td> <td><u> </u></td> <td></td> <td>: </td> <td> </td> <td></td> <td><u> </u></td> <td><u> </u></td>	19	0.024		<u> </u>			<u> </u>		: 	 		<u> </u>	<u> </u>
22 0.034 375 194 2u 1.6 7.5 ·1u 1.8 0.2 14:25 G 23 0.026 7.6 1.6 1.6 1.6 1.8 1.8 1.8 1.8 1.8 1.8 1.5	20	0.021					ļ			4		<u> </u>	↓
23 0.026 24 0.026 25 0.016 26 0.023 27 0.031 28 0.028 29 7.6 30 1.6 1.5 1.5 1.5 1.5 1.5 1.5	21	0.018		<u> </u>						+		ļ	<u> </u>
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 30 30	22	0.034	375	194	2u	1.6		7.5	<u>,1u</u>	1.8	0.2	14:25	G_
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 30 30	23	0.026		L	<u></u>			<u> </u>	<u> </u>	<u> </u>		-	-
26 0.023 7.5 1.5 27 0.031 7.5 1.6 28 0.028 7.6 1.5 29 30 30	24	0.026				ļ	<u> </u>		<u> </u>			1	
27 0.031 7.5 1.6 28 0.028 7.6 1.5 29 30 30	25	0.016		1	<u> </u>			7.6		 -			<u> </u>
28 0.028 7.6 1.5 29 30 30 30 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	26	0.023						7.5				 	<u> </u>
29 30	27	0.031						7.5					ļ
30	28	0.028						7.6		1.5			
[29									<u> </u>	<u> </u>		<u> </u>
31	30												<u> </u>
	31									<u> </u>	<u></u>		

PLANT STAFFING: C Certification No.: 9088 Day Shift Operator Certification No.: Evening Shift Operator Class: Night Shift Operator Class: Certification No.:

Class:

Wendell L. Faircloth Name: Name: Name: Name:

Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse:

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

Certification No.:

[&]quot; Attach additional sheets if necessary to list all certified operators. DEP Form 52-520.910(10), Effective November 29, 1994 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

03/01/08 To:

03/28/06

GROUP: Domestic

FACILITY:

Lelsure Lakes / Covered Bridge

Sarasota, Florida 34240

LIMIT:

Final Minor

CLASS SIZE:

FACILITY ID:

5228P05930

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	ng	Quality of Concentration					Frequency of Analysis	Sample Ty
Storet code Mon., Site No.	<u> </u>	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru reatment plant	Sample Messurement	0.024	0.022	MGD						Continuous	Flow Moter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ahrt_Avg.	MGD						Continuous	Flow Meter
BOD, Cerbonacious (5 day 200 C)	Sample Measurement					2,4	2.4	mg/L		Monthly	Greb
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					36, 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				- <u>-</u>	. 20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					8.2	2.0	mg/L	:	Monthly	Grab
000630 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					90, Monthly	60, Single Sample	mg/L		Monthly	Grab
T65, EPFLUENT	Sample Massurement					2.8		mg/L		Monthly	9 mb
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH	Sample Measurement				7.4		7.6	£Ų.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		·		e.c. minimum		8.5, (max)	u.y.		Daily 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 faise information including the possibility of fine and imprisonment,

		7 27	_/		-				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT (Type of Print)	SI A	y/RE	de prii	Nepfel	COLDINE OFFICER OR AUTH	ORIZED AGENT	TELEPHONE NO.	DATE (YYANAYOD)
		11		7	777	4			
Wendell L. Faircloth		11.	///	1 1	V T	70	_ [(863) 471-1400	06/04/27

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

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

1)

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

LIMIT.

03/01/2006 To:

03/28/2006

FACILITY:

Leisure Lakes / Covered Bridge

Sarasota, Florda 34240

CLASS SIZE: FACILITY ID:

Minor 5228P05930

Final

Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE R001

GROUP:

Lake Placid, FL 33852

MONITORING PERIOD-From:

PLANT SIZE/TREATMENT TYPE: 3C

Dual Perc / Evap Ponds

COUNTY: Highlands TYPE OF EFFLUENT DISPOSAL:

		Pleas	e read instruc	tions be	fore completing	tius iorm.					
Parameter		Quan	tity or Loadir	ng	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COUFORM, FECAL	Sample Messurement				5	NA	5	#/100		Monthly	Grab
091818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	500 (max)	#/100		Monthly	Grab
COUFORM, FEGAL	Sample Measurement					1,3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					000 .EVA_NNA		#/100		Monthly:	Grab
Chlorina, Total Residual (Far 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	Greb
NITROGEN, TOTAL (8% N)	Sample Measurement						0.04	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 200°C)	Sample Messurement					395		mg/L		Monthly	Grab
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mgA		Monthly	Greb
TSS, INFLUENT	Sample Measurement					188		mgA.		Monthly	Greib
000530 G INF-01 NF-UENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Greb

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: (TMSDF/Permitted Capacity)x100: Month / Year: March-06 Leisure Lakes / Covered Bridge

0.024 49%

	Leisure Lakes / Covered Bridge												
	Flow (MGD)	influent CBOD5 (mg/L)	influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) man.	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.—	
	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001			
1	0.027				<u> </u>		7.5		2.0		<u> </u>	 	
2	0.023					·	7.6		2.2				
3	0.016						7.5		2.0		ļ		
4	0.025							<u> </u>		<u> </u>			
5	0.025					<u> </u>	7.6		2.0	<u> </u>		ļ <u> </u>	
6	0.020			<u> </u>	<u> </u>		7.6		1.8		<u> </u>	ļ	
7	0.030				<u> </u>	ļ	7.6		1.7	<u> </u>	-		
8	0.022			l	<u> </u>			<u></u>	ļ	ļ.——	 	 	
9	0.023				<u></u>		7.6		1.4		├		
10	0.028			<u></u>	<u> </u>		7.5	ļ	1.5	<u> </u>	 	 	
11	0.013				<u> </u>		7.4		1.3	} _	┼		
12	0.025		<u> </u>	<u> </u>		ļ <u>.</u>	7.4	<u> </u>	1.1	 		 	
13	0.030					<u> </u>	7.5	 -	1.4		-		
14	0.031				<u> </u>		7.5	ļ	1.6		ļ	 	
15	0.020		<u> </u>	ļ	ļ		7.6	<u> </u>	1.8			-	
16	0.020				↓	<u> </u>	7.6		2.0		 	 	
17	0.028						7.5		1.9	 		-	
18	0.021				<u> </u>	<u> </u>	 	ļ	 		 -	+	
. 19	0.021		<u> </u>	<u> </u>			7.5		2.0		 	 	
20	0.038		<u> </u>		_	<u> </u>	7.6		1.6				
21	0.023		<u> </u>		<u> </u>	<u> </u>	7.6		1.5		44.7	-	
22	0.027	395	188	2.4	8.2	<u> </u>	7.6	5	1.2	0.04	14:2	- J	
23	0.020		<u> </u>	<u> </u>					<u> </u>		-	-	
24	0.020					 	7.6		1.5		-:	+	
25	0.024					<u> </u>	7.5		1.1		-	+	
26	0.024			<u> </u>		ļ	7.6		1.3		-	 	
27	0.026						7.6		1.0			+-	
28	0.038					- 	7.5		1.2		 		
29	0.017	'					7.4		1.8			+	
30	0.024	1					7.6		2.0		-}	<u> </u>	
31	0.027	'					7.	<u> </u>	2.2	<u> </u>		 -	
Total	0.746						 			-		-	
Mo.Avg	0.024	395	18	3 2.4	4 8.3	2	7.	5	5 1.6	6 0.0	4	<u> </u>	

Mo.Avg.	0.024	395	188	2.4	8.2		1.5	2	1.0	0.04		
PLANT ST	AFFING:											
Day Shift C	perator		Class:	С	Certification	on No.: _	9088	Nam	e: <u>V</u>	Vendell L. F	aircloth	
Evening Sh	iff Operator		Class:		Certification	on Na.: _		Nam	e: _			
Night Shift	Operator		Class:		Certification	on No.:_		Narr	ie: _			
Lead Opera	alor		Class:		Certification	on No.:		Nan	.e: _		_	
Type of Effi	uent Disposa	d or Reck	aimed Wate	r Reuse:			_ `					
Limited We	t Weather D	scharge	Activated:	No: [Not App	licable:	☑ If yes	, cumulative d	ays of we	t weather die	schaige	

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., Sulte 400

MONITORING PERIOD--From:

04/01/08 To:

04/30/06

Sarasota, Florida 34240

CLASS SIZE:

LIMIT:

Final Minor

FACILITY: LOCATION:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

GROUP: Domestic

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	ıĝ	Qu	ality of Cond		No. Ex	Frequency of Analysis	Sample Турк	
Storet code Mon, "Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thrus	Sample Measurement	0.021	0.022	MGD						Continuous	Flow Neter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0,060 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Cerbonacious (5 day 200 <i>C</i>)	Sample Measurement					2.4	2.4	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	90, Single Sample	mg/L		Monthly	Grab
BOD, Cerbonacious (5 day 200 C)	Sample Messurement					2.3		mg/L		Manthly	Grat
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg∕L		Monthly	Grab
TS9, EFFLUENT	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	5,4	2.0	mg/L		Monthly	Grab,
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	80, Single Sample	m g/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement	,				3.0		mg/L		Monthly	Grab
000630 Y EFA-01 ANNUAL GROSS VALUE	Permit Regulrement	,				20.0 Ann_Avg.		mg/L		Monthly	Grab
ж	Sample Measurement	*			7.1		7.6	N.U.		Daily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		, and the second		8.0, minimum		6.5, (max)	3.U.		Daily 5,wk	Grab

f certify under poneity of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuels 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 nossibility of line and imprisonment.

			<u>.</u>	,			 	<u> </u>			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	DIT (Type of Pres)	310	(TUR)	Z.,	ROTE	N.	ME OFFICE	ALTHONIUS AGEN	TELEPHONÉ NO.	DATE (YYMMADD)	
Wendell L. Faircloth			I			//	Z		(863) 471-1400	06/05/26	_

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

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:

04/01/08 To:

04/30/06

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

THER KNOW RESIDENCE OF THE STANDARD PROGRAMMENT OF THEIR

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Plance read instructions before completing this form

Parameter		Quan	tity or Loadir		No. Ex	Frequency of Analysis	Sample Typ				
Paret code MonSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru restment plant	Sample Measurement	0.021	0.022	MGD						Continuous	Flow Meter
050050 1 OTH-01 UNNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
SOD, Carbonacious 5 day 200 C)	Sample Measurement					2,4	2.4	rng/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement		,			30, Monthly	80, Single Sample	m g/L		Monthly	Grab
BOD, Carbonacious (5 day 200 C)	Sample Measurement		1			2.3		mg/L		Monthly	Grab
80082 Y EFA-01 NNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/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
iss, effluent	Sample Measurement	· · · · · · · · · · · · · · · · · · ·				3.0		mg/L		Monthly	Greb
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg∕l.		Monthly	Grab
#	Sample Measurement				7,1		7.6	5 , Ų.		Daily S.wk	Greb
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mex)	6.U.		Daily 5,wk	Omb

I certify under penalty of law that I have porsonally 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.

			4						-			
ſ	NAME/TITLE OF PAINCIPAL EXECUTIVE OFFICER OR AUTHORISED AGENT (Type of Print)	sign	ATUR	700	PAINS	ρn,	H		FFICER	OR ALTHORUTED AGENT	TELEPHONE NO.	DATE (YYARAFOD)
	Wendell L. Faircloth		Z		Z		Z	7	1		(883) 471-1400	08/05/28

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

	Three-month Average Daily Flow:	0.024
Month / Year: April-08	(TMSDF/Permitted Capacity)x100:	47%

Figure Influent Influent STS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent TSS (mg/L) Influent Influent TSS (mg/L) Influent Influent TSS (mg/L) Influent I						Leisur	e Lakes	/ Covere	d Bridge				
Mon.Ske			CBOD5	TSS	CBOD5	TSS	(s.u.)	(s.u.)	Coliform Bacteria	Disinfect.)	Nitrate, Total (as	of	sample
1 0.012	11		80082	00530	80082	00530	00400	00400	74055	50060	00620		
2 0.012 0.037 7.6 2.2 0.037 4 0.022 0.025 0.025 0.025 0.025 0.026 0.026 0.026 0.026 0.026 0.027 0.028 0.028 0.027 0.028 0.028 0.029 0.028 0.029 0.028 0.029	Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
3 0.037	1	0.012											
4 0.022 1 7.6 1.8	2	0.012						7.5		2.6			
5 0.025 <td>3</td> <td>0.037</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.6</td> <td></td> <td>2.2</td> <td></td> <td></td> <td></td>	3	0.037						7.6		2.2			
6 0.024 1.3 1.3 1.9 7 0.024 7.5 1.9 1.7 8 0.017 7.5 1.7 1.7 9 0.028 7.5 1.5 1.7 10 0.020 7.5 1.2 1.3 11 0.024 7.4 1.3 1.9 12 0.022 7.3 1.9 1.3 13 0.019 7.3 2.4 1.1 14 0.017 7.3 2.9 1.1 15 0.029 7.2 2.2 1.2 16 0.016 7.4 3.2 1.2 18 0.024 7.6 4.1 1.1 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 2.8 2.8 2.2 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8	_ 4	0.022						7.6		1.8			
7 0.024 7.5 1.9 8 0.017 7.5 1.7 9 0.028 7.5 1.7 9 0.028 7.5 1.5 1.5 1.5 1.0 1.0 1.0 1.2 1.3 1.2 1.3 1.3 1.3 1.9 1.0 <td>5</td> <td>0.025</td> <td></td> <td>***</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	5	0.025		***									
8 0.017 0.028 7.5 1.7 0.028 1.7 0.028 0.028 0.028 0.028 0.028 0.028 0.028 0.028 0.028 0.028 0.029 <td>6</td> <td>0.024</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.5</td> <td></td> <td>1.3</td> <td></td> <td></td> <td></td>	6	0.024						7.5		1.3			
9 0.028	7	D.024						7.5		1.9	* ***		
10 0.020 7.5 1.2 1.2 1.1 1.2 1.2 1.2 1.3 1.2 1.3 1.2 1.3 1.3 1.9 1.3 1.9 1.3 1.9 1.2 1.3 1.9 1.2 1.2 1.3 1.9 1.2 <td>. 8</td> <td>0.017</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.5</td> <td></td> <td>1.7</td> <td></td> <td></td> <td></td>	. 8	0.017						7.5		1.7			
11 0.024	.9	0.028						7.5					
111 0.024 1 7.4 1.3 1 <td< td=""><td>10</td><td>0.020</td><td></td><td></td><td></td><td></td><td></td><td>7.5</td><td></td><td>1.2</td><td></td><td></td><td></td></td<>	10	0.020						7.5		1.2			
12 0.022 1 7.3 1.9 1 1 1.9 1 1 1.0 1.0 1.0 1 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	11	0.024						7.4					
13 0.019 0.017 7.3 2.4 0.017 0.018<	12	0.022											
14 0.017 7.3 2.9	13	0.019											
15 0.029 7.2 2.2	14	0.017											
16 0.016 Image: color of the color	15	0.029			i								
18 0.024 7.6 4.1 7.6 4.1 7.6 4.1 7.5 1 3.8 0.06 12:35 G 6 6 6 7.4 3.1 7.3 2.8 7.4 3.1 7.3 2.8 7.4 3.2 7.4 3.2 7.4 3.2 7.4 3.2 7.4 3.2 7.4 3.2 7.4 3.2 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.4 3.1 7.2 3.1 7.3 2.8 7.3 2.8 7.3 2.8 7.2 3.1 7.2 3.1 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1 3.0 7.1	16	0.016		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	17	0.017						7.4		3.2		. ,	
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	18	0.024						7.6		4.1			
20 0.016 17.4 3.1 18 21 0.021 7.3 2.8 18 22 0.018 7.4 3.2 18 23 0.021 7.5 3.4 18 24 0.022 7.4 2.9 18 25 0.023 7.4 3.1 18 26 0.018 7.3 2.8 18 28 0.018 7.2 3.1 18 29 0.022 7.1 3.0 18 30 0.023 7.1 3.0 18 Total 0.630 18 18 18	19	0.021	385	314	2.4	5.4			1		0.06	12:35	G
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 7.3 2.8 — 27 0.018 7.2 3.1 — 28 0.018 7.2 3.1 — 29 0.022 7.1 3.0 — 30 0.023 7.1 3.0 — Total 0.630 — — — —	20	0.016						7.4					
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 7.3 2.8 28 0.018 7.2 3.1 29 0.022 7.1 3.0 30 0.023 7.1 3.0 Total 0.630 0.630 0.630	21	0.021											
23 0.021 7.5 3.4 9 24 0.022 7.4 2.9 9 25 0.023 7.4 3.1 9 26 0.018 7.3 2.8 9 28 0.018 7.2 3.1 9 29 0.022 7.1 3.0 3.0 30 0.023 7.1 3.0 3.0 Total 0.630 9 9 9 9	22	0.018								3.2			
24 0.022 7.4 2.9 9 25 0.023 7.4 3.1 9 26 0.018 7.3 2.8 9 27 0.018 7.3 2.8 9 28 0.018 7.2 3.1 9 29 0.022 7.1 3.0 9 30 0.023 7.1 3.0 9 Total 0.630 9 9 9 9 9	23	0.021								3.4			
25 0.023 7.4 3.1 3.1 26 0.018 7.3 2.8 3.1 27 0.018 7.2 3.1 3.1 28 0.018 7.2 3.1 3.1 29 0.022 7.1 3.0 3.0 30 0.023 7.1 3.0 3.0 Total 0.630 7.1 7.1 7.1 7.1	24	0.022			1								
26 0.018 7.3 2.8 27 0.018 7.3 2.8 28 0.018 7.2 3.1 29 0.022 7.1 3.0 30 0.023 7.1 3.0 Total 0.630 0.630 0.630	25	0.023							-				1
27 0.018 7.3 2.8 28 0.018 7.2 3.1 29 0.022 7.1 3.0 30 0.023 7.1 3.0 Total 0.630 0.630 0.630	1				<u> </u>								
28	 				-:			7.3		2.8	•		
29 0.022 </td <td>11</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>	11												
30 0.023 7.1 3.0 Total 0.630	} }							1					
Total 0.630								71	· .	3.0			
									-	3.5		-	
	Total	0.630										<u></u>	
	Mo.Avg.		385	314	2.4	5.4		7.4	1	2.5	0.06		

Total	0.630	T									
Mo.Avg.	0.021	385	314	2.4	5.4	+	7.4	<u>1</u>	2.5	0.06	
PLANT ST	AFFING:								******		
Day Shift C	perator	(Class:	С	Certificat	tion No.:	9088		Name:	Wendell L.	Faircloth
Evening Sh	nift Operator	(Class:		Certificat	tion No.:			Name:		•
Night Shift	Operator	(Class:		Certificat	ion No.:			Name:		
Lead Opera	ter	Ć	Class:		Centificat	ion No.:			Name:		
Type of Efflu	ent Disposal	or Reclair	med Water	Reuse:	-	-					
Limited Wel	t Weather Dis	icharge A	ctivated: {] No: [] Not Ap	plicable:	☑ if ye	is, cumulai	live days of v	vet weather d	lischarge

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;

05/30/06

Sarasota, Florida 34240

LIMIT: CLASS SIZE: Final Minor

FACILITY:

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930 GROUP: Domestic

05/01/06 To:

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

Parameter			a read instruc		ore compicern	S DISTORIE					
rafameter		Quan	tity or Loadir	ng (Qu	ality of Cond	centration		No. Ex	Frequency of Analysis	Sample Typ
Storat code Mon Site No.	<u> </u>	Average	Maximum	Units	Minimum	Average	Madmum	Units	†		· · · · · · · · · · · · · · · · · · ·
R.OW, in conduit or thru restment plant	Sample Messurement	0.016	0.022	MGD						Continuous	Flow Meter
DS0DS0 1 OTHO1 UNNUAL AVERAGE DAILY	Permit Requirement	Fleport Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious 5 day 200 C)	Sample Messurement					20	2U	mg/L		Monthly	Grab
80062 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement	, , , , , , , , , , , , , , , , , , ,				30, Monthly	50, Single Sample	mg/L		Monthly	Grab
SOD, Carbonacious (5 day 200 C)	Sample Measurement				<u></u>	2.3		mg/L		Monthly	Gnab
80082 Y EPA-01 WHUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Grab
rss, effluent	Sample Measurement					10	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grade
SS, EFP. UENT	Sample Measurement					2.9		mg/L		Monthly	Grab
000630 Y EFA-01 WMUAL GROSS VALUE	Pernit Requirement					20.0 Anh_Avg.		mg/L		Monthly	Grado
н	Sample Measurement		-		7.3		7.6	5. 2.		Confly 5.wk	Grab
000400 1 EFA-01 PFRUENT GROSS VALUE	Permit Requirement				8.0, minimum		0.5, (max)	a.u.		Daily S.wk	Grade

I certify under penalty of two 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.

MAME/TITLE OF PROJUPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pyto)	SOUNTURE O	EMOUNT	DECLITIVE DIFFICER OR	AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYRAAFDED)
Wendell L. Faircloth					(863) 471-1400	06/06/23
					1000/ 11. 1 100	

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 Sarasota, Florda 34240

MONITORING PERIOD-From: 06/01/2006 To: LIMIT: Final

06/39/2006

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROO1

GROUP:

Domestic

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	entration		No. Ex	Frequency of Analysis	Sample Type
Shoret code Mon., Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DOLIFORM, FECAL	Sample Measurement				10	NA	10	# /100		Monthly	Grab
031816 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLFORM, FECAL	Sample Measurement					1.3		#11.00		Monthly	Grab
CO1818 Y EFA.01 ANNUAL GROSS VALUE	Permit Requirement	· · · · · · · · · · · · · · · · · · ·				200 AMN_AVG.		#100		Monthly	Grab
Chlorine, Total Rasidual For Disinfection)	Sample Measurement				1.3			mg/L,		Delly 5.wk	Gnab
050000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				D.5 (min)			mg/L		Dally 5.wk	Grab
NTROGEN, TOTAL (== N)	Sample Measurement						0.10	mg/L		Monthly	Grab
000000 1 EFA-01 EFFLUENT GROSS VALUE	Pennit Requirement						12, (max)			Monthly	Greb
BOD, Carbonacious (5 day 200 C)	Sample Measurement					458		mg/L		Monthly	Greb
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grado
SS, INFLUENT	Sample Measurement					1200		mg/L		Monthly	Grado
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement		···			REPORT MONTUH	<u> </u>	mg/L		Morthly	Grab

DAILY SAMPLE RESULTS - PART B

Permithiumbur: FLAB14388-061-DW3P

Monti	h / Year.	Ma	y- 66	-	Leisa	وعطعاء	/ Covere	Three-mo (TMSDF/F ed Bridge		spacify)nd ()		0.02 40
,	Flow (MGD)	influent C8OD5 (mg/L)	influent TSS (mg/L)	Efficient CBODS (mg/L)	Emuent TSS (mg/L)	(5.LL.) (5.LL.)	pH (6.u.) masu	Fecal Colform Bacteria (#/100ml)	TRC (For Disinfect (mg/L)		of	Type (sampl (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00520	1 —	
Mon.Site	FLOYK-001	:NE391	NF-001	EFA-001	EFA-001	FFA-MOT	SF.W701	EFA_001	E-A-201	EFA-001		
	0.012		·	! •	! 		7.4	!	19	;	į į	
2	0.012	<u> </u>		: 	·		7.0	!	2.2		·	
_ 3	0.018			<u> </u>	<u></u>		7.6	: !	<u> </u>		<u>: </u>	
<u> </u>	,			<u>.</u>			7.6	:	2.2	1	<u>:</u>	_
5_[!	·			_	7.4		2.4		1 1	
	0.048		-				7.4		2.1	!	<u>j</u>	
7	0.015						7.5		2.3	· !]	
8	0.01B	_ !	!		,		7.4		2.4			
:9	0.015	;			;	7	7.6		2.0			
10	0.017						7.5		1.8			
11	0.014						7.6		21		1	
12	0.012						7,4		2.2			-
13	0.017				i 							
14	0.017				. <u></u>							
15	0.016	<u> </u>			i		7.5		21			
16	0.015			į			7.4		1.8			
17	0.016						7.5		2.3			
18	0.013			1	-		7.5	Ī	2.1			
19	0.010			!			7.4		1.8			
20	0.019			<u>i</u>			7.4		1.7			
21	0.016	j		İ	1		7.4		1.9			
22	0.015			Ţ			7.5	. :	1.6			
23	0.017						7.4	:	1.9			
24	0.015	İ.	<u> </u>				7.3		2.2		!	
25	0.020	458	1200	2U 11	IU	· ·	7.4	1ប	2.1	0.10	12:20	3
26	0.014			<u> </u>			7.5		2.2		!	
27	0.014						7.6		1.8			
28	0.017										-	
29	0.018	į					7.5		1.3	1		
30	0.015						7.6		1.8	i		
31	0.018						7.5		2.4			
Total	0.484				Ţ.		Ţ	!	Ī		:	
o.Avg.s	0.015	453	1200 2	<u>1</u>	U		7.5 ,1	U I	2.1	0.10		
ANT STA	FFING:											
ly Shelt Og	Marator	С	tosa:	<u> </u>	Certificetio	n Na.	9098	M	ame: 1	Mendell I, F	airdoth	
ening Shill	Cperator	S	lass:	 '	Cenithetio	n Vo.		ì	attie:			
phi Shift C	perator	Ü	pare: _		Centi nce do	n vo.		5	ame.			
an Operat	of.	c	iass:		Cenificatio	a No.		1	ame:			
e el Eller	nt Disposal	or Reclair:	 Nater Visite	Reuse:		_	,		_			
	Nestier Die		_	_	Not Anni	-	<u>√</u>	-cornelative	a dance - fuct	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	charac.	

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

6960 Professional Parkway E., Suite 400

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

06/01/06 To:

D6/30/06

GROUP: Domestic

LIMIT: CLASS SIZE: FACILITY ID:

Final Minor

Leisure Lakes / Covered Bridge

5228P05930

DISCHARGE POINT NUMBER:

R001

LOCATION: 101 Parkview Circle S. Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

FACILITY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

MONITORING PERIOD-From:

Dual Pert / Evap Ponds

Please read instructions before completing this form.

Parameter		Quan	tity or Loadir	ng	Qu	uality of Cond	centration		No. Ex	Frequency of Analysis	Sample Туре
Storet code Mon. , Site No.		Ачегеде	Maximum	Units	Minimum	Average	Mapdmum	Units	 	 	
PLOW, in conduit or thru reatment plant	Sample Messurement	0.018	0.021	MGD						Continuous	Flow
060050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Cerbonacious (5 day 200 C)	Sample Measurement					2U	20	mg/L		Monthly	Gnub
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Semple	mg/L		Monthly	Grado
SOD, Cerbonarious (5 day 200 C)	Sample Measurement					2.3		mg/L		Monthly	Gnab
80012 Y EFA-01 ANHUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Manthly	Gnab
TSS, EFFLUENT	Sample Messurement					1.6	2.0	mg/L		Monthly	Greb
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mgf.		Morahly	Grab
YSS, EFFLUENT	Sample Massurement	•				2.8		mg/L		Monthly	Greb
000530 Y EFA-01 ANNUAL GROSS VALUE	Pormit Regularment					20,0 Ann_Avg.		mg/L		Morthly	Grab
pH	Sample Mesaurement				7.4		7.6	r.u.		Daily 5.wk	Grado
000H00 1 EFA-01 EFFLUENT GROSS VALUE	Permil Requirement				e.a. minimum		8.5. (77900)	<u>a.u.</u>		Duily 5.wk	Grab

I certify under parally 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 owere that there are significant penelties for submitting false information including the possibility of the end imprisonment.

NUMBERITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Princ)	50	MY.	ME C	XF PI		<u>.</u>	SECURIVE OFFICER OR ALTHORIZED AGENT	TELEPHONE NO.	DATE (YYRAMDO)
Wendell L. Faircloth	Щ			1/			- frie	(963) 471-1400	04/07/10
AND THE PARTY OF T	0	,	\mathbf{v}	-	Y /	7			· · · · · · · · · · · · · · · · · · ·

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilitles Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

Sarasota, Florda 34240

LIMIT: CLASS SIZE: 08/01/2006 To: 06/30/2006

Leisure Lakes / Covered Bridge

FACILITY ID:

5228P05930

Final

Minor

Domestic

FACILITY: LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBE ROOT

GROUP:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

MONITORING PERIOD-From:

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL: Places read instructions before completing this form

Dual Perc / Evap Ponds

Parameter		Quant	tity or Loadir	ıg	Qл	ality of Cond	entration		No. Ex	Frequency of Amalysis	Sample Ty
Second code Non. , Sile No.		Average	Mandmum	Units	Minimum	Average	Maodmum	Units			
COLFORM, PECAL	Sample Measurement				10	NA ·	10	# /100		Monthly	Grab
031818 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Auraga)	4(ID (90 Percentile)	800 (meĝ	#f100		Monthly	Grab
COLFORIA, FECAL	Sample Measurement					1.3		67100		Monthly	Grado
OS1818 Y EFA-D1 ANNUAL GROSS VALUE	Pernit Requirement					200 ANN_AVG.	-	2 /100		Monthly	Gnub
Cylorine, Total Rankfuel For Disinfection)	Semple Measurement				1.6	· ·		mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5,wk	Grab
HTROGEN, TOTAL (ms N)	Sample Measurement						0.43	mg/L		Monthly	Girech
000800 1 EFA-01 EFFLUENT GROSS VALUE	Pernit Requirement				·		12, (mess)			Manthly	Grab
BCO, Carbonacious (5 day CC)	Sample Management					101		mg/L		Monthly	Grab
OBCORZ G INF-O1 NF-LUIENT GROSS VALUE	Pernit Requirement					REPORT MONTUM		mpt.		Monthly	Grado
SS, INFLUENT	Sample Messurement					76		mgL	1	Monthly	Great
000530 G NF-01 VFLUENT GROSS VALUE	Permit Requirement					REPORT MONTUH	 	mgs.	†	Monthly	Cirado

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLAD14388-001-DW3P

Three-month Average Daily Flow: O:D1B Month / Year. June-08 (TMSDF/Permitted Capacity)x100: 35%

	Flow (MGD)	Influent CBOOS (IND/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	ETIWENT TSS (mg/L)	pH (s.u.) mla.	pH (s.tz.) max.	Fecal Colform Bacterie (W/IDOml)	TRC (For Disinfect) (mg/L)	Nitragen, Nitrate, Total (as N) (mg/L)	Time of sample	Type o sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50050	00820		
Hon She	FLOW-001	INF-CCH	INF-EO1	EFA-051	EFA-001	EFA-JOS	ETA-sor	EF#-001	ESA CO:	EFA-001	! 	
: _ ;	0.012						7.4		2.1			
2	0.011	į			! !	<u> </u>	7.6		3.6			
3 !	0,030			ļ		i	7. 5		2.4			
إية	2,016			1			7.5		2.3			
5	0.017			ŗ			7.5		2 1			
ü	0.015						7.5		1.5			
ĩ	Ü.Ü18						7.3		1.5		: 	
6	0.015						7.5		21			• • • • • • • • • • • • • • • • • • • •
:9	0.014						7.5		1.8			
10	0.015											
11	0.015										į	
12	0.015						7.5		1.6			
13	0.019						7.6		2.0			
14	0.015	101	76	24	1.6		7.5	1 u	24	0.43	13:30	G
15	0.018						7.4		3.2		}	
:16	0.016						7.5		26		4.4.	
17	0.015						7.5		27			
18	0.013						7.4		24		}	
19	0.321						7.4		2.2			
20	0.015							i			}	
21	0.017						7.5	;	1.9			
22	0.015						7.4		21			
23	0.018						7.5		2.9	- :		
24	0,016						:	ī		:		Þr
25	0.016											
25	0.015						7.6		2.0	·		
27	0.016						7.5		1.9			
28	0.017						7.5		1.8		i	
29	0.016						7.6		2.0			
30	0.018						7.5		2.3		:	
Total	0.480										1	
Mo.Avg.	0.016	101	78	2U	1.8		7.5	1U i	2.2	0.43		

Par Phil December	Cinaa	© Certification No.: 9086	Name:	Wendell L. Faircloth
Day Shift Operator	C 1253:			
Evening Shiff Operator	Cass:	Certification No.:	Mame:	
Night Shift Operator	Ciase:	Certification No.:	Name.	
Lead Operator	Class	Certification No.:	Name.	
Type of Efficient Disposal or !	Rectained Water	ñause:		
Limited Wet Weather Discre	rge Azilveled: 🔲	No: 🔲 KOLAGPÄGEEK: 🗹 17 yes, e	umul stive tisy s o	f wei wealther dischaige

::

LIMIT:

Please read instructions before completing this form.

PERMITTEE NAME:

Aque Utilities Floride, Inc.

PERMIT NUMBER:

FLA014388-001-0W3P

MAILING ADDRESS:

6980 Professional Parkway E., Suite 400 Seresota, Florida 34240

MONITORING PERIOD-From:

\$7/01/00 To: 07/21/06

CLASS SIZE:

Minor

R001

3Ĉ

Final

FACILITY:

Leisure Lakes / Covered Bridge

5228P05930 FACILITY ID:

GROUP Domestic

LOCATION:

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

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL

Dual Pers / Evap Ponds

Parameter		Quan	tity or Loadir	g .	Qi	zality of Cond	entration		No. Ex	Frequency of Armhysis	Sample TVs
Storet mode Mon. Site No.	1 (Average	Medinien	Units	Minimum	Average	Mandraum	Uniba	 	,	t
PLOW, in comball or thro makeneric plant	Surgio Massurerari	0.416	0.920	MOD						Carthume	Flow (Alter
MANYAT WASHINGS DYFA	Percel Requirement	Report Menthly	DOSO Ann_Aug.	Mao						Continuous	Flow Make
800, Carbonaciona Eday 200 C)	Elempio bloom/remert					รม	20	rel.		Monthly	Graph
ECONO (EFA-01 EFELUENT OROSES VALUE .	Pannit Requirement					- 30, Moretly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonomicus (5 slay BD C)	Starright Manacargraphs					ย		mg/L		Monthly	Comedo
80082 Y EFA-C1 UNIUAL OROGE VALUE	Permit Requirement					20.0 Atro_Avg.		mal.		Mardily	Gree
MA, EFFAUINT	Semple Hanswerters					1,6	2.0	mgAL		Morably	Clerab
(COSA)O (EFA.O) PYLLUENT GROSS VALUE	Permit Requirement					30, Wordily	00, Single Sample	mg/L		Mariley	Geneb
SA, EFFLUENT	Sample Massurement					2.9		mel		Morthly	Grade
ODDASO Y EYA-O1 MHAJAL GROOM VALUE	Purpli Singulousus					20.0 Ana_Ang		mg/L		Monthly	Grah
H	Sample Massurument				7.4	<u> </u>	7.8	t u		Daily Sade	() ()
000400 1 EFA-01 FFILLENT OROSIS VALUE	Permit Requirement			-	€Q.		66, (max)	£Q.		Cody Sus	Que)

obtaining the information, I tention the outprilling false information in true, eccurate and complete. I am sweet that there are significant pareciles for quomiting false information from the consibility of time and imprisonment.

INMENTILS OF PRINCIPAL EXISTENCY OFFICER OR AUTHORISED ASSIST (Type of Principal Company)	age	Z	/my	du's	denny	Sugar S	AUTHORIZED AGENT	TELEPADE NO.	DATE (TYMBAUD)
Wendel L Paintoli)	U	\mathcal{L}	W	Z	\mathbb{Z}	7		(883) 471-1400	04/04/16

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

PERMITTEE NAME: MAILING ADDRESS:

Aque Utilities Floride, inc.

6980 Professional Parkway E., Suite 400 Sarasota, Florda 34240 PERMIT NUMBER:
MONITORING PERIOD-Front:

FLA014388-001-DWSP 07/01/2008 To: 97/31/2008

LIMIT:

Final

5228P05930

Minor

GROUP:

Domestic

FACILITY: LOCATION: Laleure Lakes / Covered Bridge

101 Parkview Circle S. Lake Placid, FL 33852

DISCHARGE POINT NUMBE ROOT
PLANT SIZE/TREATMENT TYPE:

3C Dual Perc / Evap Ponda

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL: Please read instructions before completing this form.

CLASS SIZE:

FACILITY ID:

Parameter		Quan	tity or Loadir	ng	Qi	ality of Cond	entration		No. Ex	Frequency of Atmissis	Earaple Ty
Moret acce Man. Ste No.		Average	Mædmum	Units	Minimum	Average	Maximum	Unite	1		ļ
DOLFORM PECAL	Bample Measurement		}		1	NA	,	# !GD		Mandily	Oneb
ONEYS 1 EFA.D) EFFL WENT GROSS VALUE	Parnit Requirement				Report (Aurus)	400 (90 Percentile)	#30 (frag)	COLVE		Monthly	Careb
COLFORM PECAL	Sample Massurement					1.3		#100		Marchly	(J.rain
Manal Dross Value	Parriet Requirement					200 AVNLAVOL		8/100	1	Monthly	Comb
Chilordrin, Total Residual For Chiloritection)	Surple Measurement				1.4			merk		Delysus	Cleab
ORDING 1 EFACT FFEMENT GROSS VALUE	Permit Requirement		_		0.5 Prin)			mg/L		Costy Suck	Gab
STROGEN, TOTAL (# N)	Bampie Massurement						9.96	mgl		Monthly	(Serial)
000000 1 EFAct FFLUENT GROSS VALUE	Permit Requirement						12.		\vdash	Monthly	Grab
900, Cartonacious (5 dey 00 C)	Sample Massurument		·			85		mg/L		identity	(Gray)
BBCORZE CE PAFON PALLIERAT GROSS VALUE	Permit Requirement					REPORT MONTUH		mal		Manthly	Greek
SS. HPLUENT	Sample Massurement					116		me/L		Marthly	
MONTO G MF-01 PLUGNT GROSS VALUE	Permit Requirement					REPORT MONDA		rot		Situately	Grab Drub

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLAS14388-091-DWSP

Morr	th / Year		iy-00					(TMSOF#	ordh Avereg Perrellled Cu	o Daily Flow pacityb:100	r k	0.014 '324
		,	-		Lehru	re Lukes	/ Cover	el Bridge			•	_
	Flow (MGD)	brituers CBODS (mg/L)	Influen TS6 (mg/L)	CBOD5		pH (a.u.) min.	pH (n.u.) Thus.	Fecul Coliform Bacterie (8/100ms)	TRC (For Disirdect.) (mg/L)		Three of sample	Type or sample (C/G)
Code	50060	80082	00530	80082	00530	00400	00400	74055	50000	00820	 	
Mon. Site	PLOW-UST	NF-001	NF-00	EFA-001	EFA-001		EFA-001	EFA-001	EFA-001	EFA-601		
1	0.011				}		7.5		2.1			
2	0.017					i —	7.5		1.9			-
3	0.010				-		7.6		1.6			
4	0.025						7.5		1.4			
5	0.011						7:0		1.8			
<u> </u>	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	Ī					7.6		2.4			
11	0.025		·) 	_		7.5		1.9			
12	0.006	1		-			7.4					
13	0.005	85	118	2u	1,6		7.5	1	2.0	0.00	275	
14	0.024			 -	1,5		7.6	' }	1.6	0.99	9:35	<u> </u>
15	0.015			1			- 1.0		2.2			
18	0.015	· · · · · · · · · · · · · · · · · · ·		 								
17	0.015			 			7.5					
18	0.018			 - 			7.6		2.1			
19	0.014			1			7.5		2.3			
20	0.013						7.6		2.2			
21	0.022						7.5					
22	0.009			-			7.8		1.9			<u></u>
23	0.017		"				7.8	-	2.0			
24	0.022						7.5		2.2	-	 	
25	0.015				+		7.6		1.6			
28	0.009						7.5		2.1			
27	0.019						7.5		2.3			
28	0.014								2.2			
29	0.014	- +					7.6		2.0			
30	0.014											
31	0.014											
أدنس							7.5		2.1			
Total Mp.Avg.	0.473		440									
	0.015	65	116	20	1.6		7.5	1	2.0	0.99		
PLANT ST		_		_	.							
Day Shift () Sugarban Sh			lase:		Certificati	-	9060		_	Vendeli L. F	aircloth	
	iit Operator		itme:		Certification	m No.:_		•	terre:			
Night Shift i	•	-	ر معوا		Certification	_		ı	leme:			
Leud Opere			ings.		Certification	on No.:_		•	ieme:			
	ers Chipunal					-						
Jimhed Wat	Weather Di	echanga Ac	Siveted; (_ Ne: []	Not Appl	icebie:	Y Wyen	, comulativ	o daya of wol	weether die	cherge	

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

08/01/06 To:

Parameter

Sarasota, Florida 34240

LIMIT:

Final

08/31/06

Frequency

Monthly

Monthly

Dally 5.wk

Dally 5.wk

Grab

Grab

Grab

Grab

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

Minor 5228P05930

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

GROUP: Domestic

Lake Placid, FL 33852

Sample Measurement

Permit Requirement

Sample Measurement

Permit Requirement

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE:

3.0

20.0

Ann_Avg.

R001 3C

ma/L

mo/L

8.U.

7.8

8.5.

(mex)

TYPE OF EFFLUENT DISPOSAL: Please read instructions before completing this form.

Dual Perc / Evap Ponds

No.

Quality of Concentration Ex Analysis Storet code Average Maximum Units Minimum Average Maximum Units FLOW, in conduit or thru Sample Measuremen Flow 0.017 0.020 MGD restment plant Continuous Mate 050050 1 OTH-01 Report 0.050 Flow ANNUAL AVERAGE DAILY Permit Requirement MGD Continuous Monthly Ann_Avg. Meter BOD, Carbonacious Sample Messureme 2U 2U (5 day 200 C) ma/L Monthly Grab 80082 1 EFFLUENT GROSS VALUE 60, Single Permit Requirement 30, Monthly ma/L Monthly Grab Sample BOD, Carbonacious (5 day Sample Messurement 2.3 200 C) mort. Monthly Grab 80082 Y EFA-01 ANNUAL GROSS VALUE 20.0 Permit Requirement mg/L Monthly Greb Ann_Avg. TSS, EFFLUENT Sample Measurement 2.4 2.0 mg/L Monthly Grab 000530 1 EFA-01 **EFFLUENT GROSS VALUE** 60, Single Permit Requirement 30, Monthly mg/L Monthly Grab Semple

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,

7.5

6.0.

minimum

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	519	WTJ	ft g	۲,,	NCIPA	e EXE	EVINE OFFICER OR AUT	HORIZED AGENT	TELEPHONE NO.	DATE (YYAMA'DD)
Wendell L. Faircloth	L					Ţ	Ti		(863) 471-1400	08/09/20
COMMENTS AND EVEL MATION OF MANAGEMENT AT A	. - 	~ ₹	7 C	70	~~					

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

Quantity or Loading

TSS, EFFLUENT

ANNUAL GROSS VALUE

EFFLUENT GROSS VALUE

EFA-01

EFA-01

000530 Y

000400 1

LIMIT:

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: 08/01/2006 To: 08/31/2006

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE:

Minor 5228P05930

LOCATION:

FACILITY ID:

Final

GROUP:

101 Parkview Circle S. Lake Placid, FL 33852

DISCHARGE POINT NUMBE ROO1 PLANT SIZE/TREATMENT TYPE:

3C

Domestic

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form. Parameter Sample Type Frequency Quantity or Loading No. Quality of Concentration Ex Analysis Average Storet code Mon. ,Site No. Maximum Units Minimum Average Maximum Units COLIFORM, FECAL Sample Messuramer 14 NA 10 #/100 Monthly Grab 031616 1 EFA-01 400 800 Permit Requirement EFFLUENT GROSS VALUE Report (Average) #/100 Monthly Grab (90 Percentile) (mex) COLIFORM, FECAL Sample Measuremen 1.3 Monthly Grab 031618 Y EFA-01 Permit Requirement 200 ANNUAL GROSS VALUE #/100 Monthly Grab ANN_AVG. Chlorine, Total Residual Sample Messurement 1.4 (For Disinfection) mg/L Deily 5.wk Grab 050060 1 EFA-01 0.5 Permit Requirement EFFLUENT GROSS VALUE mg/L Daily 5.wk Grab (min) NITROGEN, TOTAL (28 N) Sample Measuremen 0.61 mg/L Monthly Grab 000000 1 EFA-01 12. Permit Requirement EFFLUENT GROSS VALUE (max) Grab BOD, Carbonacious (5 day Sample Messuremen 175 200 C) mg/L Monthly Grab 080082 Q INF-01 Permit Requirement REPORT NFLUENT GROSS VALUE mg/L Monthly Grab MONTLH TSS. INFLUENT Sample Messurement 268 mg/L Monthly Grab 000530 G INF-01 REPORT Permit Requirement NFLUENT GROSS VALUE mg/L Monthly MONTLH Grab

DAILT SAMPLE RESULTS - PART D

PermitNumber: FLA014388-001-DW3P

Month / Year. August-06

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

0.016

32%

		Ψ			Leisu	re Lakes	/ Cover	ed Bridge				
	Flow (MGD)	Influent CBOD5 (mg/L)		CBOD5		pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (rng/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.Sit	e FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-00	EFA-001	EFA-001	EFA-001		
1	0.018			1			7.5		1.5			
2	0.017				ļ		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				1		7.6		2.1			
10	0.016						7.5		2.2			
11	0.018						7.6	1	1.6			
12	0.017											
13	0.017											
14	0.018						7.5		1.9		_	
15	0.020						7.6		1.6			
16	0.011	175	268	2u	2.4		7.5	1u	1.5	0.6	8:50	G
17	0.018						7.5		1.4			
18	0.017						7.6		1.9			
19	0.011						7.6		2.1			
20	0.019						7.5		1.8			$-\parallel$
21	0.019						7.6		1.9			
22	0.013						7.6		2.2			
23	0.020						7.5		1.9			
24	0.013		_				7.5		2.1			
25	0.014						7.5		1.9			
26	0.015									-		
27	0.015										_	
28	0.016					-	7.6		1.6			
29	0.017						7.5		2.0		-	
- 30	0.020						7.6		2.1			
31	0.031						7.5		2.2			
Total	0.516					7						
Mo.Avg.	0.017	175	268 2	טי	2.4		7.5 1	u	1.9	0.61	_	
PLANT ST	AFFING:											
Day Shift O	perator	Ck	ass:	<u> </u>	ertification	No.: 9	8088	Na	ıme: W	/endeil L. Fa	ircloth	
vening Shi	ft Operator	Ck	iss: _		ertification	No.:			ime:			- :
	_											

PLANT STAFFING: Day Shift Operator	Class:	C Configuration 11			
•	Class.	C Certification No.:	9088	Name:	Wendell L. Faircloth
Evening Shift Operator	Class:	Certification No.:		Name:	- 7
Night Shift Operator	Class:	Certification No.:		Name:	
Lead Operator	Class:	Certification No.:		Name:	
Type of Effluent Disposal or F	Reclaimed Water Re	ruse;			
Limited Wet Weather Discha			[J] #	ا د داداد	

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

Sarasota, Florida 34240

PERMIT NUMBER:

FLA014388-001-DW3P

09/01/08 To:

09/30/08

GROUP: Domestic

FACILITY:

Leisure Lakes / Covered Bridge

LIMIT: CLASS SIZE: FACILITY ID:

Minor

Final

5228P05930

LOCATION:

101 Parkview Circle S.

Lake Placid, FL 33852

DISCHARGE POINT NUMBER:

MONITORING PERIOD-From:

R001

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL: 3C Dual Perc / Evap Ponds

Parameter		Quan	tity or Loadin	9	Qu	ality of Cond	centration		No. Ex	Frequency of Analysis	Sample Typ
Storet code Mon. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, in conduit or thru reatment plant	Sample Measurement	0.025	0.021	MGD						Continuous	Flow Metar
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.060 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonacious 5 day 203 (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	Gnab
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
'SS, EFFLUENT	Sample Measurement					2.2	2.0	. mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Singis Sample	mg/L		Monthly	Grab
'SS, EFFLUENT	Sample Measurement					3.1		mg/L		Monthly	Grab
000530 y EFA-01 Winual Gross Value	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
Н	Sample Measurement				7.5		7.6	4. u.		Dailty 5, wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (max)	š.u.		Deliy 5,wk	Grab

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.

- 1						_	n .	_ (
	NAMETITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	end.	4	A_{\sim}	4	4.1	7.,	·	FFICER OR JUTHORIZED]		
	- Control of the cont	-#	- 7	Σ.,	77,	<i>Ľ</i> /_	<i>L.</i> /	Y IV	E OFFICER OR JUTHORIZED	AGENT	TELEPHONE NO.	DATE (YYMMOD)
	Wendell L. Faircloth	I'	/	- //	///	II	//		1 Water		(000) (74 4 400	
1		¥,	∕—	-K	<i>[</i>	<u>,,</u>	LZ.	Ľ,			(863) 471-1400	06/10/20
	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Paternes all and		1	\sim	L	C. , L	1.1	r .	4 100 / 1 4 4			

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

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

Sarasota, Florda 34240

MONITORING PERIOD--From:

09/01/2006 To:

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

LIMIT:

Minor 5228P05930

GROUP:

LOCATION:

DISCHARGE POINT NUMBE ROO1

Final

Domestic

101 Parkview Circle S. 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 Conc	entration		No. Ex	Frequency of Analysis	Sample 1
Storet code Mon. ,Site No.		Average	Maximum	Units	Minimum	Average	Maximum	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 (msx)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Greb
031816 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual For Disinfection)	Sample Messurement				0.9			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 (#5 N)	Sample Measurement						9.07	mg/L	[.	Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonacious (5 day 800 C)	Sample Messurement					210		mg/L		Monthly	Grab
050082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
'38, INFLUENT	Sample Measurement		· ·			218		mg/L		Monthly	Grab
000530 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

DWILL OWBILTE VEGOFIG . LWV | D

PermitNumber: FLA014388-001-DW3P

Month / Year. September-06

Three-month Average Daily Flow:

(TMSDF/Permitted Capacity)x100:

0.019 38%

			11001-00	_	Leisu	re Lakes	/ Cover	red Bridge	ermated Ca	pacityjx ruc		38
	Flow (MGD)	Influent CBOD5 (mg/L)	(mg/L)	Effluent CBOD5 (ing/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	sample
Mon Site	50050 FLOW-001	80082 INF-001	00530 INF-001	80082	00530	00400	00400		50060	00620		
1	0.025	RVF-001	RVF-001	EFA-001	EFA-001	EFA-001			EFA-001	EFA-001		<u> </u>
2	0.026						7.6	 	1.8		<u> </u>	 -
3	0.029						7.5	 	1.9			
4	0.069						7.5	 	1.7			
5	0.035						7.6		1.5			
6	0.034						7.6		1.6			ļ
7	0.037		-				7.5	 	1.2	· · · · ·		}
8	0.034						$-\frac{7.5}{7.6}$	 -	1.2			
9	0.030						7.6	 	1.0			
10	0.030					—·						
11	0.030						7.6					
12	0.025								1.1		_	
13	0.030	 	-				7.6 7.5		0.9			
14	0.017						7.5	·	1.2			
15	0.023					$\overline{}$	7.6		2.0			
16	0.027						7.5		1.7			
17	0.024				- +		7.5	<u> </u>	1.5			
- 18	9.024						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	10	2.0	9.07	14:20	G
23	0.014							-		0.01	14.20	
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			
						$\overline{}$						
Total	0.758								-			
Mo.Avg.	0.025	210	218 2	U	2.2		7.5	lu	1.7	9.07	\dashv	
LANT STA	FFING:											السسا

Day Shift Operator	Class:	С	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 R	 Reclaimed Water	Reuse:	_				
Imited Wet Weather Discha	rge Activated:	No:	Not Applicable:	2 H ves	. Cumu	lative days of	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;

10/01/06 To:

10/31/08

FACILITY:

Leisure Lakes / Covered Bridge

Sarasota, Florida 34240

CLASS SIZE:

LIMIT:

Final Minor

LOCATION:

FACILITY ID:

5228P05930

GROUP: Domestic

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

COUNTY:

Lake Placid, FL 33852 Highlands

PLANT SIZE/TREATMENT TYPE:

R001

TYPE OF EFFLUENT DISPOSAL:

3C

Please read instructions before completing this form

Dual Perc / Evap Ponds

Parameter		Quantity or Loading			Qı	ality of Cond		No. Ex	Frequency of Analysis	Sample Typ	
Storet code ManSite No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			}
FLOW, in conduit or thru treatment plant	Sample Messurement	0.017	0.020	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					2U	2U	mg/L		Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				· · · · · · · · · · · · · · · · · · ·	30, Monthly	60, Single Semple	mg/L		Monthly	Grab
BOD, Cerbonacious (5 day 200 C)	Sample Measurement					2.2		mg/L		Monthly .	Gmb
80082 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.2	2.0	mg/L		Monthly	Grab
000630 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
783, EFFLUENT	Sample Measurement					3.0		mg/L		Monthly	Grab
000530 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
ж	Sample Measurement				7.8		7.8	a. u.	 	Deily 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.0, minimum		8.5, (mex)	18.U.		Daily 5.wk	Grab

itted 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 (YYAMAYDO)
Wendell L. Faircioth (883) 471-1400 06/11/24	Wendell L. Faircloth			(863) 471-1400	06/11/24

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

10/01/2006 To:

10/31/2008

FACILITY:

Leisure Lakes / Covered Bridge

LOCATION:

101 Parkview Circle S.

CLASS SIZE: FACILITY ID:

LIMIT:

Minor 5228P05930

Final

GROUP:

Domestic

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

DISCHARGE POINT NUMBE ROO1

MONITORING PERIOD-From:

3C

Dual Perc / Evap Ponds

COUNTY:

Highlands

Please read instructions before completing this form.

Parameter	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				fore completing	, uns iorn.					
, aramoter		Quan	tity or Loadir	ng 	Qu	ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Type
Storet code Mon., Site No.	_	Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL	Semple Measurement				1u	NA	10	#/100		Monthly	Grabi
031010 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COUFORM, FECAL	Sample Measurement		ł			1.3		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG,		#/100		Monthly	Grab
Chforine, Total Residual (For Disinfection)	Sample Measurement				1.5			mg/L		Daily 5.wk	Greb
050000 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0,5 (min)			mg/L		Daily 5.wk	Greb
NITROGÊN, TOTAL (#6 N)	Sample Messurement						0.08	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12. (max)			Monthly	Greb
BOD, Carbonacious (5 day 200 <i>C</i>)	Sample Messurement					130		mg/L		Monthly	Greb
080082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab
TS9, INFLUENT	Sample Messurement					116		mo/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Month / Year: October-06

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

0.020 39%

Leisure Lakes / Covered Bridge

					Leisu	re Lakes	/ Cove	red Bridge				
	Flow (MGD)	Influent C8OD5 (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.)	Nitrogen, Nitrate, Total (as N) (mg/L)	of	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	 	
11	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											
8	0.018						7.6		2.0			
10	0.011				[7.6		1.6			1
11_	0.012						7.5		1.7			
12	0.018						7.5		2.0			
13	0.021						7.6		2.2			
14	0.009						7.5		1.9			
15	0.020						7.5		1.8			
16	0.017						7.5		2.1			
17	0.013											
- 18	0.014						7.5		1.8			
19	0.020	130	116 2	U	1.2		7.5	1u	2.0	0.06	12:20	3
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			<u></u>		_	7.5		2.0			
28 29	0.011						7.5		1.7			
	0.020						7.6		1.8			
30	0.023						7.5		2.0			
Total							7.5		1.6			
Mo.Avg.	0.525	130	116 21	,	40							
PLANT STA		100	110 120	<u>′ </u>	1.2		7.5 1	u	1.8	0.06		

MO.AVg.	0.017	130	116	2U	1.2	7.5	1u	1.8	0.06		
PLANT STA	FFING:					.,			1 1		
Day Shift Op	erator		Class:	c	Certification No.:	9088		Name:	Wendell L. I	- - -	
Evening Shif	t Operator		Class:		- Certification No.:	·	- '	Name:	***************************************	an Carre	
Night Shift O	perator		Class:		Certification No.:		•	Name:			
Lead Operate	×		Class:		Certification No.:		•	Name:			
Type of Efflue	nt Disposal	or Reck	imed Wete	er Reuse:	•		•				
					Not Applicable:	☑ ify	es, cuma	ulative days of v	vet weather di	scharge	

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway E., Suite 400

MONITORING PERIOD-From:

11/01/06 To: 11/30/06

Sarasota, Florida 34240

LIMIT:

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: **FACILITY ID:**

Minor 5228P05930

3C

Final

GROUP: Domestic

LOCATION:

101 Parkview Circle S.

DISCHARGE POINT NUMBER:

Lake Placid, FL 33852

R001

COUNTY:

Highlands

PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this form.

			e read instruc		ne gonnpietin	9 11113 1011112					
Parameter		Quan	tity or Loadir	ng	Qı	uality of Cond	centration		No. Ex	Frequency of Analysis	Sample Type
Storet code Man. Site No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	 		
FLOW, in conduit or thru treatment plant	Sample Messurement	0.019	0.020	MGD						Continuous	Flow Meter
050050 1 OTH-01 ANNUAL AVERAGE DAILY	Permit Requirement	Report Monthly	0.050 Апп_Avg.	MGD				• • • • • • • • • • • • • • • • • • • •		Continuous	Flow Meter
900, Carbonacious (5 day 200 C)	Sample Measurement					2.6	2.6	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 Messurement					2.2		mg/L		Monthly	Greb
80082. Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					1.8	2.0	mg/L		Monthly	Grab
000530 1 EFA-01 EFFLUENT GROSS VALUE /	Permit Requirement					30, Monthly	60, Single Semple	mp/L		Monthly	Grab
TSS, EFFLUENT	Sample Measurement					2.9		mg/L		Monthly	Grab
000630 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					20,0 Ann_Avg.		mg/L		Monthly	Greb
pl+t	Sample Messurement				7.5		7.6	6.U,		Dally 5.wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				6.Q, minimum		8.5, (max)	8 , tJ.		Delly 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.

Mandall (Egirolath			·-			<u> </u>					
Walandall I Egirolath	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	\$197	- 96	150	PRIN	12.1	XICUTIVE O	FFICER OR AUTHO	PRIZED AGENT	TELEPHONE NO.	DATE (YYMMYDD)
	Wendell L. Faircloth	W	/		7			7		42.44	
(863) 471-1400 08/12/27		14	1	4	1	1	7			(863) 471-1400	08/12/27

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:

11/01/2008 To:

Sarasota, Florda 34240

LIMIT:

Final

11/30/2008

FACILITY:

Leisure Lakes / Covered Bridge

CLASS SIZE: FACILITY ID:

5228P05930

Minor

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 requency Sample Type No. Quantity or Loading Quality of Concentration Ex Analysis Storet code Mon. She No. Average Maximum Units Minimum Average Maximum Units COLIFORM, FECAL Sample Measurement 1u NA #/100 Monthly Grab 031616 1 EFA-01 Permit Requirement 400 800 (Average) Report #/100 EFFLUENT GROSS VALUE Monthly (90 Percentile) (max) COLIFORM, FECAL Sample Messurement 1.3 **#/100** Monthly Grab 031616 Y EFA-01 200 Permit Requirement ANNUAL GROSS VALUE #/100 Monthly ANN_AVO. Chlorine, Total Residual Sample Measurement 1.2 mg/L Daily 5,wk (For Disinfection) Grab 050000 1 FFA-01 0.5 Permit Requirement EFFLUENT GROSS VALUE mg/L Dally 5.wk Greb (min) Sample Measurement NITROGEN, TOTAL (88 N) 0.02 mart Monthly **Grab** 12 000800 1 EFA-01 Permit Requirement EFFLUENT GROSS VALUE (max) Monthly Grab BOD, Carboneclous (5 day Sample Measurement 246 ma/L Monthly 200 0 Grab 080082 G INF-01 REPORT Permit Requirement mg/L Monthly Grab NFLUENT GROSS VALUE MONTLH TSS, INFLUENT Sample Measurement 164 mg/L Monthly Grab 000830 G INF-01 REPORT NFLUENT GROSS VALUE Permit Requirement mg/L Monthly Grab MONTLH

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Influent

CBOD5

(mg/L)

80082

Flow

(MGD)

50050

0.025

0.015

0.014

0.021

0.021

0.020

0.014

0.021

0.015

0.023

0.011

0.019

0.023

0.008

0.023

0.013

0.019

0.020

0.020

0.021

0.021

0.030

0.009

0.014

0.025

0.023

246

164

2.6

1.8

FLOW-001 INF-001

Code

Mon.Site

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Influent

TSS

(mg/L)

00530

INF-001

Month / Year: November-06

Three-month Average Daily Flow:

0.020

Leisure Lake

	- 	Leisu	re Lakes	/ Covere	(TMSDF/F ed Bridge	Permitted Ca	pacity)x100	:	41%
	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)
	80082	00530	00400	00400	74055	50060	00620		
	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
ļ				7.5		1.6		1	
l				7.5		1.8			
				7.5		2.0			
		=							
				7.6		1.7			
			\Box	7.5		1.8			
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				7.5		1.8			
				7.5		1.6			
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27 0.028 7.6 1.2 28 0.010 7.5 1.5 29 0.030 7.5 2.8 0.015 7.5 2.5 Total 0.571 Mo.Avg. 0.019 246 164 2.6 1.8 7.5 1u 1.8 0.02 PLANT STAFFING: Day Shift Operator Class: Certification No.: 9088 Name: Wendell L. Faircloth **Evening Shift Operator** Class: Certification No.: Name: Night Shift Operator Class: Certification No.: Name: Lead Operator Class: Certification No.: Name: Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: No: Not Applicable: V If yes, cumulative days of wet weather discharge

LIMIT:

PERMITTEE NAME

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

PERMIT NUMBER:

FLA014388-001-DW3P

MAILING ADDRESS:

Parameter

Sarasota, Florida 34240

MONITORING PERIOD-From:

12/01/06 To:

12/31/08

FACILITY.

Leisure Lakes / Covered Bridge

CLASS SIZE:

Final Minor

101 Parkview Circle S.

FACILITY ID:

5228P05930

GROUP: Domestic

Frequency

Monthly

Monthly

Monthly

Monthly

Daily 5.wk

Daily 5,wk

Sample Type

Greb

Grab

Grab

Grab

Grab

LOCATION:

Sample Measurement

Permit Requirement

Semple Measurement

Permit Requirement

Sample Measurement

Permit Requirement

DISCHARGE POINT NUMBER:

R001

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

3C

COUNTY:

188, EFFLUENT

TSS, EFFLUENT

000400 1

000530 Y

EFFLUENT GROSS VALUE

ANNUAL GROSS VALUE

EFFLUENT GROSS VALUE

EFA-01

EFA-01

EFA-01

000530 1

Highlands

TYPE OF EFFLUENT DISPOSAL:

3.0

30, Monthly

2.6

20.0

Ann_Avg.

2.0

60, Single

Sample

7.6

8.5.

(max)

mg/L

ma/L

mg/L

mg/L

3, U.

\$ 11

Dual Perc / Evap Ponds

Quantity or Loading No. Quality of Concentration Eχ Analysis Storet code Mon. .Sits No. Average Maximum Units Minimum Average Maximum Units FLOW, in conduit or thru Sample Measuremen 0.020 0.020 MGD Flow treatment plant Continuous Meter 050050 1 CTHOS Report 0.050 Permit Requirement ANNUAL AVERAGE DAILY MGD Flow Monthly Continuous Ann_Avg. Meter BOD, Carbonacious Sample Measurement (5 day 200 C) 4.8 4.6 mg/L Monthly Grab 80082 1 EFA-01 EFFLUENT GROSS VALUE 60, Single Permit Requirement 30. Monthly ma/L Monthly Gmb Sample BOD, Carbonacious (5 day Sample Messurement 200 C) 2.3 ma/L Monthly Grah 80082 Y EFA-01 ANNUAL GROSS VALUE 20.0 Permit Requirement mg/L Monthly Grab Ann_Avg.

Please read instructions before completing this form.

I certify under pensity 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.

7.4

6.0.

minimum

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MALETTINE AT DENDING STEEL THE ATTENDED AND A STEEL AN		1				77 7	7			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	Signa	nujre o	₽/PR	incip/s	/EXEÇ(\$11 <i>\$</i> /	OFFICER OF	AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	7		_							
Wendell L. Faircloth	I Z	/ /	1	- //	- //	/			i .	
Wenden L. Farcion	1/ /	' <i>1</i>	//	/	V	1			(863) 471-1400	07/01/26
<u> </u>	4		~	4	\sim				(444) 111 1100	01/01/40
	1 ./\	-1.U			/ 1					

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida, Inc.

6960 Professional Parkway E., Suite 400

Sarasota, Florda 34240

PERMIT NUMBER:

FLA014388-001-DW3P

MONITORING PERIOD-From:

LIMIT: CLASS SIZE: 12/01/2006 To:

12/31/2006

FACILITY:

Leisure Lakes / Covered Bridge

101 Parkview Circle S.

FACILITY ID:

5228P05930

Final

Minor

GROUP:

Domestic

LOCATION:

Lake Placid, FL 33852

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBE ROO1

COUNTY:

Highlands

TYPE OF EFFLUENT DISPOSAL:

Dual Perc / Evap Ponds

Please read instructions before completing this to

Parameter		Quan	tity or Loadir			ality of Cond	entration		No. Ex	Frequency of Analysis	Sample Ty
Storet code Mon. Site No.	- 	Average	Maximum	Units	Minimum	Average	Maximum	Units			†
COLIFORM, FECAL	Sample Measurement			<u> </u>	1u	NA	1Ú	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Semple Messurement					1.3		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Greb
Chlorine, Total Residual For Disinfection)	Sample Measurement	į			1.0			mg/L		Daily 5,wk	Gnab
050090 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
ITROGEN, TOTAL (45 N)	Sample Measurement						0.05	mg/L		Monthly	Grab
000600 1 EFA-01 FFLUENT GROSS VALUE	Permit Requirement						12. (max)	·		Monthly	Grab
BOD, Carbonacious (5 day 00 C)	Sample Messurement					62		mg/L		Monthly	Greb
080082 G INF-01 NFLUENT GROSS VALUE	Permit Requirement					REPORT		mg/L		Monthly	Grab
SS, INFLUENT	Sample Measurement					86		mg/L	- 	Monthly	Grab
000530 G INF-01 IFLUENT GROSS VALUE	Permit Requirement					REPORT MONTLH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Month	1	Year.	December-08
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Three-month Average Daily Flow: (TMSDF/Permitted Capacity):r100:

0.019 -... 37%

(IMSDF/Permitte eisure Lakes / Covered Bridge

					Leisu	re Lakes	/ Cove	red Bridge		. ,,,	•	3/7
	Flow (MGD)	Influent CBOD5 (mg/L)	TSS (mg/L)	Effluent CBOD5 (mg/L)			pH (s.u.) max.	Fecal	Disinfect.	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code Mon.Sit	50050	80082	00530	80082	00530	00400	00400	74055	50060			
		INF-001	INF-001	EFA-001	EFA-001	EFA-001			EFA-001	00620 EFA-001	 	
1	0.023						7.5		2.0	T TAWN		
2 3	0.012			ļ ————			7.5		2.1	 	 - 	
4	0.025						7.5		1.8			
5	0.025						7.5		2.1			
6	0.025						7.5		2.2			
7	0.019						7.6		1.8			
8	0.016						7.5		1.6			
9	0.021						7.5		1.9			
10	0.020		{				7.6		2.0		$\overline{}$	
11	0.026						7.5		1.8			
12	0.031	62	86				7.5		1.7			
13	0.014	- 02	- 60	4.6	3.0			1u	1.8	0.1	14:35 G	;
14	0.020						7.6		2.0			
15	0.028	-					7.5		2.1			
16	0.015						7.5		1.9			
17	0.016											
18	0.019						7.5		2.0			
19	0.013				-+		7.6		1.6			
20	0.018						7.5		1.8			
21	0.019						7.5		2.1			
22	0.014					-+	7.5		2.3			
23	0.031						7.5		2.0			
24	0.020						7.5		1.9			
25	0.020						7.5		2.1			∦
26	0.020		.				7.5					
27	0.025						7.5		1.6			
28	0.027						7.5		1.0			
29	0.025						7.5		1.5			#
30	0.012					-+-	7.3		1.8			
31	0.013						7.5		2.0			
Total	0.622			T			\rightarrow	-+	2.0		-	
Mo.Avg.	0.020	62	86	4.6	3.0		7.5 1	u	1.9	0.05		
LANT STA	FFING-									0.00		

PLANT STAFFING:				0.00	ليب
Day Shift Operator	Class:	C Certification No.: 9088	Ata		
Evening Shift Operator	Class:	Certification No.:		Wendell L. Faircloth	
Night Shift Operator	Class:	Certification No.:	Name:		
Lead Operator	Class:	Certification No.:	Name:		
Type of Effluent Disposal or I	Reclaimed Water	Reuse	Name:		
Limited Wet Weather Discha	rge Activated:	No: Not Applicable: W If yes, o	cumulative days of w	ret weather discharge	



Department of Environmental Protection

Jeb Bush South District
Governor P.O. Box 2549
Fort Myers, Florida 33902-2549
Ph. (239) 332-6975

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

Fax (239) 332-6969

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388

PA FILE NUMBER:

FLA014388-002-DW3P

ISSUANCE DATE: EXPIRATION DATE:

July 28, 2004 July 27, 2009

RESPONSIBLE AUTHORITY:

Mr. Glenn P LaBrecque Vice President and Chief Operating Officer 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

(407) 598-4199

FACILITY:

Leisure Lakes/Covered Bridge WWTP 101 Parkview Circle Lake Placid, FL 33852 Highlands County

Latitude: 27° 21' 00" N Longitude: 81° 25' 00" W

SENT NUMBER-DATES 307 MAY 22 8

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate a 0.050 MGD annual average daily Flow (AADF) extended aeration process domestic wastewater treatment facility consisting of ten aeration basins with a total volume of 50,000 gallons, dual blowers, dual clarifiers with a total volume of 12,400 gallons, dual chlorine contact chambers with a total volume of 4,950 gallons, and a 5,000 gallon digester.

REUSE:

Land Application: An existing 0.05 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of dual percolation ponds located approximately at latitude 27° 21' 10" N, longitude 81° 25' 06" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

Leisure Lakes/Covered Bridge WWTP

PERMITTEE: Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

PERMIT NUMBER:

FLA014388

PA FILE NUMBER:

FLA014388-002-DW3P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

			Reclaimed Water Limitations Monitoring Requirements							
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MC/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	See Cond.I.A.5
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	See Cond.I.A.5
pH	SU	Range			-	6.0 to 8.5	5 Days/Week	Cirab	EFA-1	See Cond.I.A.5
Coliform, Fecal	#/100M L	Maximum		See Permit Co	ndition LA.3.		Monthly	Grab	EFA-1	Sec Cond.I.A.5
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-		<u> </u>	0.5	5 Days/Week	Grab	EFA-1	Sec Cond I.A.4&5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-		12.0	Monthly	Grab	EFA-1	See Cond.I.A.5

Leisure Lakes/Covere

idge WWTP

PERMITTEE:

Aqua Utilities Florida,

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

PERMIT TMBER:

PA FILL

FLA014388

JMBER:

FLA014388-002-DW3P

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Samples are taken from the V-notch weir located after the
	chlorine contact chambers and before discharge into the
	percolation ponds.

- 3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- 4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
- 5. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740(1)(a) 2]

FACILITY: Leisure Lakes/Covered Bridge WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

B. Other Limitations and Monitoring and Reporting Requirements

PERMIT NUMBER: PA FILE NUMBER: FLA014388

FLA014388-002-DW3P

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

			Limita	tions		М	onitoring Requirement		
I inits	Max/Min	Annual	Monthly	Weekly	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
MGD	Maximum	0.05	Average		-	5 Days/Week	V-notch weir	FLW-1	See Cond.LB.4
	Maximum		Report		-	Every Two Weeks	Grab	INF-1	See Cond.I.B.3
MG/L	Maximum	-	Report	ļ	-	Every Two Weeks	Grab	INF-1	See Cond.LB.3
PERCENT	Maximum	 -	Report (Mo.Total)			Monthly	Calculated		
	MG/L MG/L	MGD Maximum MG/L Maximum MG/L Maximum	Units Max/Min Average MGD Maximum 0.05 MG/L Maximum - MG/L Maximum -	Units Max/Min Annual Average MGD Maximum 0.05 MG/L Maximum - Report MG/L Maximum - Report	Units Max/Min Average Average Average MGD Maximum 0.05 MG/L Maximum - Report - PERCENT Maximum - Report -	Units Max/Min Annual Average Weekly Single Sample MGD Maximum 0.05 MG/L Maximum - Report	Units Max/Min Annual Average Monthly Average Sample Frequency MGD Maximum 0.05 - 5 Days/Week MG/L Maximum - Report - Every Two Weeks MG/L Maximum - Report - Every Two Weeks PERCENT Maximum - Report - Monthly	Units Max/Min Annual Average Monthly Average Sample Frequency Sample Type MGD Maximum 0.05 5 Days/Week V-notch weir MG/L Maximum - Report - Every Two Weeks Grab MG/L Maximum - Report - Every Two Weeks Grab PERCENT Maximum - Report - Monthly Calculated	Units Max/Min Annual Average Monthly Average Sample Frequency Sample Type Location Site Number MGD Maximum 0.05 - 5 Days/Week V-notch weir FLW-1 MG/L Maximum - Report - Every Two Weeks Grab INF-1 PERCENT Maximum - Report - Monthly Calculated

Leisure Lakes/Covere

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PERMIT 'MBER: FLA014388

PERMITTEE:

مسد ,Aqua Utilities Florida

PA FILE JMBER: FLA014388-002-DW3P

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	A V notch weir located after the final CCC is used to measure flow. An EIT Recording Flow meter is used to totalize daily flows.
INF-1	Samples are taken from the influent force main before it enters the facility,

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. A 90° V-notch weir primary device along with an EIT recording flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date			
Monthly or Toxicity	first day of month - last day of month	28th day of following month			
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28			
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28			
Annual	January 1 – December 31	January 28			

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

Leisure Lakes/Covere

idge WWTP

PERMITTEE:

Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

PERMI MBER: PA FILE ... UMBER: FLA014388

FLA014388-002-DW3P

8. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

South District Office Post Office Box 2549 Fort Myers, Florida 33902-2549

Phone Number - (239) 332-6975 FAX Number - (239) 332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application or disposal in a Class I or II solid waste landfill.
- The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]
- Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
- 5. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
- The domestic wastewater residuals for this facility are classified as Class B.
- The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
- The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
- 9. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
- 10. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months.

Leisure Lakes/Covere

dge WWTP

Aqua Utilities Florida, mc.

PERMIT MBER: PA FILE WUMBER: FLA014388

FLA014388-002-DW3P

PERMITTEE: 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits Not applicable Not applicable			
Total Nitrogen	(Report only) % dry weight				
Total Phosphorus	(Report only) % dry weight				
Total Potassium	(Report only) % dry weight	Not applicable			
Arsenic	75 mg/kg dry weight	36.6 pounds/acre			
Cadmium	85 mg/kg dry weight	34.8 pounds /acre			
Copper	4300 mg/kg dry weight	1340 pounds/acre			
Lead	840 mg/kg dry weight	268 pounds/acre			
Mercury	57 mg/kg dry weight	15.2 pounds/acre			
Molybdenum	75 mg/kg dry weight	Not applicable			
Nickel	420 mg/kg dry weight	375 pounds/acre			
Selenium	100 mg/kg dry weight	89.3 pounds/acre			
Zinc	7500 mg/kg dry weight	2500 pounds/acre			
рН	(Report only) standard units	Not applicable			
Total Solids	(Report only) %	Not applicable			

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

11. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location Site Number	Description of Monitoring Location
RMP-B	Class B Residuals

- Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
- 13. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
- 14. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
- 15. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]

Leisure Lakes/Covere

idge WWTP

Aqua Utilities Florida, mc.

PERMITTEE: 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240 **PERMI** MBER: PA FILE INUMBER: FLA014388

FLA014388-002-DW3P

- 16. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
- 17. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
- 18. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. /62-640.600(3)(b)2.7
- 19. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
- 20. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
- 21. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
- 22. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
- 23. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
- 24. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
- 25. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. /62-640.600(3)(b)]
- 26. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
- 27. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

	Site	Арр.	Site Location						
Site Name	Type	Area	County Latitude Lor			ongitud	zitude		
	(AG or LR)	(acres)		DD	MM	22	DD	MM	SS
Palmer Simmons Site	AG	1262	Highlands	27	18	48	81	27	00

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:

- The permittee notifies the Department within 24 hours that the site is being used;
- The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,

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e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3)]

- 28. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
- 29. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
- 30. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
- 31. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
- 32. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
- 33. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]
- 34. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a through e below in perpetuity, and maintain record items f, through k for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 35. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
- 36. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]

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- 37. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 38. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 39. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 40. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 41. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section Π is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The annual average hydraulic loading rate to the Leisure Lakes/Covered Bridge WWTP shall be limited to a maximum of 3.07 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. The Leisure Lakes/Covered Bridge WWTP normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
- Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
- 6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

During the period of operation authorized by this permit, the wastewater facilities shall be operated under the
supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699,
F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be
on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600,735(1)]
- The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - A copy of the current permit;
 - A copy of the current operation and maintenance manual as required by Chapter 62-600., F.A.C.;
 - A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

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VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than onehundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]

- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - Which may cause fire or explosion hazards; or
 - Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH
 - Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment;
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620,625(2)]

IX. GENERAL CONDITIONS

- The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable
 pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida
 Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision.
 [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;

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c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

 Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

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[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

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- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160,300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C. [62-620.610(18)]
- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

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- a) Name, address, and telephone number of person reporting,
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit,
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

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d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL

PROTECTION

Jon M. Welchart

Acting Director of District Management

DATE: July 28, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549 PERMITTEE NAME: Aqua Utilities Fiorida, Inc. PERMIT NUMBER MAILING ADDRESS: 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Leisure Lakes/Covered Bridge WWTP LOCATION: 101 Parkview Circle MONITORING GROUP NUMBER: R-001 Lake Piacid, FL 33852 MONITORING GROUP DESC: Percolation Ponds, including Influent COUNTY: Highlands NO DISCHARGE FROM SITE. MONITORING PERIOD From:

Parameter		Quantity or Loading Units		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement										·
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				V-=	· · · · · · · · · · · · · · · · · · ·			1		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement									^	······································
PARM Code 00530 Y Mont Site No. EFA-1	Permit Requirement				20,0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
ъН	Sample Measurement										
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SÜ		5 Days/Week	Cirab
Coliform, Fecal	Sample Measurement					(control of the cont					·
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
		<u> </u>	<u> </u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FA	CIL	.ITY	:
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Leisure Lakes/Covered Bridge WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From:

PERMIT NUMBER: FLA014388

Parameter		Quantity	Quantity or Loading		Qual	n Units	No. Ex.	Frequency of Analysis	Ѕапиріс Турс	
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement									
ARM Code 50060 A Mon. Site No. HFA-1	Permit Requirement				0.5 (Mm.)		мдл.		5 Days/Week	Grab
Vitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)		MG/L		Monthly	Grab
Flow	Sample Measurement									
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0,05 (An,Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement									
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo,Avg.)	MGD					5 Days/Week	Meter
Solids, Total Suspended PARM Code 00530 G	Sample Measurement									
Mon.Site No. INF-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
PARM Code 80082 G	Sample Measurement Permit									
Mon. Site No. INF-1 Percent Capacity,	Requirement Sample				Report (Mo.Avg.)		MG/L		Every Two Weeks	Orab
TMADF/Permitted Capacity) x	Measurement									
ARM Code 00180 Mon.Site No.	Permit Requirement				Report (Mo.Total)		PER- CENT		Monthly	Calculated
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Pennit Requirement									

#### DAILY SAMPLE RESULTS - PART B

Permit Nu Monitoria	umber: ng Period	FLA014388 From:		To:				risme Lakes/C	overed Bridge	WWTP	
-	CBODS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	CBOD3 (MG/L)	TSS (MG/L)		
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530		1
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	FLW-1	INF-1	INF-1	<del>                                     </del>	<del></del>
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PLANT STAF		Class:	Co	ertificate No:		Nam	c:		,		
Evening Shift	Operator	Class:		rtificate No:		Nam		-		<u>-</u> .	
Night Shift Op		Class:		rtificate No:		Nam					<del></del>
Lead Operator		Class:		rtificate No:		Nam	-				



Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts-A, B, and D-all of which may or may not be applicable to every facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS .	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD OPS OTH SEF	No discharge from/to site.  Operations were shutdown so no sample could be taken.  Other. Please enter an explanation of why monitoring data were not available.  Sampling equipment failure.
_	

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

#### PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or anthorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number, however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements tharing the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.



Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an excelanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

#### PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that,

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620,305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

#### SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "" and record the total number of days the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "" and record the total number of days the Stream Dilution Ratio.

CBOD; Enter the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total mounthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfail During Average Rainfail Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

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

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER MAILING ADDRESS: 6960 Professional Parkway East Suite 400 Saresota, FL 34240 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Leisure Lakes/Covered Bridge WWTP LOCATION: 101 Parkview Circle MONITORING GROUP NUMBER: RMP-B Lake Placid, FL 33852 MONITORING GROUP DESC: Class B Residuals COUNTY: Highlands NO DISCHARGE FROM SITE: MONITORING PERIOD From: To Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Analysis Ex. Nitrogen, Shadge, Tot, Dry Wt (as Sample Measurement PARM Code 78470 + Permit Report PER-Monthly Grab Mon Site No. RMP-B Requirement CENT (Max.) Phosphorus, Słudge, Tot, Dry Wt Sample (as P) Measurement PARM Code 78478 Permit Report PER-Monthly Grab Mon.Site No. RMP-B Requirement (Max.) CENT Potassium, Słudge, Tot, Dry Wt (as Sample Measurement PARM Code 78472 + Permit Report PER-Monthly Grab Mon Site No. RMP-B Requirement CENT (Max.) Arsenic Total, Dry Weight, Sludge Sample Measurement PARM Code 49565 + Permit 75.0 MG/KG Monthly Composite Mon.Site No. RMP-B Requirement (Max.) Cadmium, Sludge, Tot Dry Weight Sample (as Cd) Measurement PARM Code 78476 Permit 85.0 MG/KG Monthly Composite Mon.Site No. RMP-B Requirement (Max.) Copper, Sludge, Tot, Dry Wt. (as Sample Cu) Measurement PARM Code 78475 + Permit 4300.0 MG/KG

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.

(Max.)

Monthly

Composite

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):

Requirement

Mon.Site No. RMP-B

DISCHARGE MONITORING REPORT - PART A (Continued)

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Leisure Lakes/Covered Bridge WWTP

MONITORING GROUP NUMBER: RMP-B MONITORING PERIOD From:

PERMIT NUMBER: FLA014388

Parameter	Quantity or Loading		Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement									· · · · · · · · · · · · · · · · · · ·	
PARM Code 78468 +	Permit	<del></del>		<del>  </del>	840.0			MG/KG	ii	Monthly	Composite
Mon.Site No. RMP-B Mercury, Dry Weight, Sludge	Requirement Sample		<del></del>		(Mex.)					· · · · · · · · · · · · · · · · · · ·	
	Measurement	]		1 1				İ	i i		
PARM Code 7847   + Mort Site No. RMP-B	Permit Requirement		÷		57.0 (Max.)			MG/KG		Monthly	Composite
	Sample Measurement				,						
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement				75.0 (Max.)			MG/KG		Monthly	Composite
Nickel, Dry Weight, Sludge	Sample Measurement									<del></del>	<del> </del>
PARM Code 78469 + Mon-Site No. RMP-B	Permit Requirement				420,0 (Max.)			MG/KG		Monthly	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon Site No. RMP-B	Permit Requirement				100.0 (Max.)			MG/KG		Monthly	Composite
Zinc, Dry Weight, Sludge	Sample Measurement										<del></del>
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement				7500.0 (Max.)			MG/KG		Monthly	Composite
pH	Sample Measurement										
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement	-		1 . 1	Report (Max.)			SU		Monthly	Grab
Solids, Total, Sludge, Percent	Sample Measurement				(max.)	······································		<del>-  </del>			
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement				Report (Max.)			PER- CENT		Monthly	Grab
	Sample Measurement									· · · · · · · · · · · · · · · · · · ·	
	Permit Requirement										
and the second	Sample Measurement										
	Permit Requirement										



# Department of Environmental Protection FILE



leb Bush Governor

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

(239) 332-6975

Collean M. Castille Secretary

ENTERED JUL 16 2004

STATE OF FLORIDA NOTICE OF TRANSFER OF PERMIT

CERTIFIED MAIL NO.: 7003 2260 0004 9496 2907 RETURN RECEIPT REQUESTED

In the Matter of an Application for Permit by:

Glenn P. LaBrecque, Aqua Utilities Florida, Inc. Vice President and Chief Operating Officer 6960 Professional Parkway East, Suite 400 Sarasota, Florida 34240

Dear Mr. LaBrecque:

Highlands County - DW

Leisure Lakes WWTP (AKA: Covered Bridge) DEP Wastewater Permit Number: FLA014388 Transfer Number: FLA014388-003-DWF

In response to your application for transfer of a permit, this is notification of the Department of Environmental Protection ("Department") revision of wastewater permit number FLA014565 to incorporate changes, issued under Section(s) 403.087 of the Florida Statutes to change the name of the permittee as follows:

#### FROM:

Craig J. Anderson, Florida Water Services Florida Water Services Corporation P.O. BOX 609520 Orlando, FL 32860-9520

#### TO:

Glenn P. LaBrecque, Aqua Utilities Florida, Inc. Vice President and Chief Operating Officer 6960 Professional Parkway East, Suite 400 Sarasota Florida 34240

This letter must be attached to the above referenced permit and becomes a permanent part thereof. The permit expiration date and all the conditions of the permit shall remain the same.

The Department's proposed agency action shall become final unless a timely petition for an administrative proceeding (hearing) is filed pursuant to Sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for an administrative hearing are set forth below.

A person whose substantial interests are affected by the Department's permitting decision may petition for an administrative hearing in accordance with the provisions of Sections 120,569 and 120,57 of the Florida Statutes. The petition must contain the information set forth below and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions filed by the permittee or by any of the parties listed below must be filed within fourteen (14) days of receipt of this written notice. Petitions filed by any person other than those entitled to written notice under Section 120.60(3) of the Florida Statutes must be filed within fourteen (14) days of publication of the public notice or within fourteen (14) days of receipt of the written notice, whichever occurs first. However, pursuant to Section 120.60(3) of the Florida Statutes, any

Page 1 of 3

"More Protection, Less Process"

Princed on recycled paper.

Glenn P. LaBrecque, Aqua Utilities , .da, Inc. Leisure Lakes WWTP (AKA: Covered Bridge Transfer Number: FLA014388

person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the permittee at the address indicated above at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative hearing under Sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts upon which the Department's action is based must contain the following information:

- (a) the name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department's permit identification number, and the name of the county in which the subject matter or activity is located;
- (b) a statement of how and when each petitioner received notice of the Department's action;
- (c) a statement of how each petitioner's substantial interests are affected by the Department's action;
- (d) a statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (c) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a concise statement of the ultimate facts alleged, as well as the rules and statutes which emittle the petitioner to relief; and
- (g) a statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301 of the Florida Administrative Code.

Because the administrative hearing process is designed to formulate final agency action, the filling of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (which include the permittee, the Department, and any person who has filed a timely and sufficient petition for hearing). The agreement must contain all the information required by Rule 28-106.404 of the Florida Administrative Code and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten (10) days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to an administrative hearing if mediation does not result in a settlement.

As provided in Section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will tall the time limitations imposed by Sections 120.569 and 120.57 of the Florida Statutes for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty (60) days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect substantial interests that would be affected by such a modified final decision must file their petitions within the appropriate time period, as set forth above, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57 of the Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57 of the Florida Statutes remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

Glenn P. LaBrecque, Aqua Utilities Leisure Lakes WWIP (AKA: Covered Bridge Transfer Number: FLA014388

This action is final and effective on the date filed with the clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above provisions. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department.

Any party to this order has the right to seek judicial review of the order under Section 120.68 of the Florida Statutes by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty (30) days from the date when this order is filed with the clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Abdul B. Ahmadi, Ph.D., P.E. Water Facilities Administrator

#### CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF TRANSFER OF PERMIT and all copies were mailed by certified mail before the close of business on July ___ 2004 to the listed persons.

### FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to Section 120.52 of the Florida Statutes with the designated Department clerk, receipt of which is hereby acknowledged.

alien Jeffman 7-2-04

JMI/SRM/cfh

Copies furnished to:

Keith Kleinmann - Fort Myers FDEP Craig J. Anderson - Florida Water Services



Florida Department of Environmental Protection South District P.O. Box 2549 Fort Myers, FL 33902-2549 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

November 7, 2007

Jack Lihvarcik, Chief Operating Officer Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748

RE: Highlands - DW

Leisure Lakes Utilities/Covered Bridge WWTP

FLA014388

Dear Mr. Lihvarcik:

A file review and a field inspection of the above referenced WWTP on September 27th, 2007 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

- 1. Department personnel observed that a copy of the permit was not available to plant personnel at the time of the inspection. F.A.C. Rule 62-620.350(5) states that unless the permit specifically indicates an alternative location, the permittee shall maintain the following records on the site of the permitted facility or activity and make them available for inspection: A copy of the current permit.
- 2. A file review of the September and December 2006, January, March, April, May, June, July and August 2007 Discharge Monitoring Reports (DMR's) indicated that they were submitted on 10/30/06, 1/29/07, 3/2/07, 5/3/07, 5/31/07, 7/2/07, 7/30/07, 8/29/07 and 10/1/07respectively. F.A.C. Rule 62-601.300 (1)(b) states that Parts A and B of DEP Form 62-620.910(10) shall be completed and submitted on a monthly basis and in a timely manner so as to be received by the appropriate District Office of the Department by the twenty-eighth (28th) of the month following the month of operation.
- 3. There was an indication of a spill on the ground underneath the clarifier of the wastewater treatment facility. Florida Administrative Code (F.A.C.) 62-604.550(2) states that unauthorized releases or spills of 1000 gallons per incident or less shall be reported orally to the Department within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances. (c) The oral notification shall be followed by a written submission, which shall be provided within five days

DOCUMENT NUMBER -DATE

O 4307 MAY 22 8

of the time that the owner/operator becomes aware of the circumstances. The written submission shall contain: a description of the spill, release or abnormal event and its cause; the duration including exact dates and time, and if it has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence. The Department shall waive the written report if the oral report has been received within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances, and the release, spill or abnormal event has been corrected and did not endanger health or the environment.

- 4. An approved backflow preventer was not observed on the potable water line supplying the WWTP in accordance with F.A.C Rule 62-555.360(3) Please contact Ray Kenney of the DEP Drinking water section) at (239)332-6975 ext. 119 in order to discuss the requirements for backflow prevention at this facility.
- 5. The following observations were made by Department personnel which violate Florida Administrative Code F.A.C. Rule 62-600.410(6) which requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.
  - a. Overgrown vegetation surrounding the plant
  - b. Aeration basin is not providing adequate mixing
  - c. RAS had excessive splashing onto plant grounds
  - d. Rags and scum build up in aeration basin
  - e. Solids discharging over the clarifier weir
  - f. Gasification on the clarifier
  - g. The digestor was full preventing the facility from wasting
  - h. Vegetation was growing in the digestor
  - i. Accumulation of solids in the chlorine contact chamber
  - j. Rags on plant grounds were not disposed of properly
- 6. Wastewater was leaking from the wastewater treatment plant structure. F.A.C. Rule 62-600.740 (2)(a) states that the release of disposal of excreta, sewage, or other wastewaters or domestic wastewater residuals without providing proper treatment is prohibited.
- 7. The percolation ponds do not appear to have adequate freeboard space. F.A.C Rule 62-610.414(7) states that rapid infiltration basins or percolation ponds shall be designed to provide a minimum of three feet of freeboard in order to protect the integrity of pond embankments. Percolation ponds and rapid infiltration basins shall be provided with an emergency discharge device to prevent water levels from rising closer than one foot from the top of the embankment or berm. The overflow device shall have sufficient capacity to discharge potential excess flows. Disposition of the overflow shall be described in the engineering report and shown on the plans and shall be approved by the Department.



# Florida Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, FL 33902-2549 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 26, 2007

John M. Lihvarcik, President & COO Aqua Utilities, Florida, Inc. PO Box 490310 Leesburg FL 34749

Re: <u>Highlands County - PW</u>
Lake Josephine heights
PWS I.D. Number: 6260162
Sanitary Survey Report

Dear Mr. Lihvarcik:

Enclosed is your copy of the recently completed Sanitary Survey Report for the referenced public drinking water system.

The deficiency listed in the Report may be a violation of Rule 62-555, F.A.C. Please correct the deficiency as soon as possible and notify the Department in writing postmarked no later than September 15, 2007 that the deficiency has been corrected. If the deficiency has not been corrected, indicate how and on what schedule the system will address the deficiency noted in the report.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at <u>Raymond Kenney@dep.state.fl.us</u>. Please include the system name and PWS I.D. number with all correspondence.

DOCUMENT NUMBER-DATE O 4307 HAY 22 8

"More Protection, Less Process" www.dep.state.fl.us Mr. John M. Lihvarcik Page 2 July 26, 2007

Sincerely,

Raymond W. Kenney

Engineering Specialist II

**RWK** 

Enclosure

cc: Mr. Patrick Farris (w/enc)

Mr. Bill Dean (w/enc)

Mr. Robert Paver (w/enc)

"More Protection, Less Process" www.dep.state.fl.us

# State of Florida Department of Environmental Protection South District - Fort Myers Office

# SANITARY SURVEY REPORT

Plant Name LAKE JOSEPHINE HEIGHTS  Plant Location Canary Way, Sebring Fl 33875  Owner Name Aqua Utilities Florida Inc	Phone
Owner Address 6060 Purfacional Park Con Ace	Phone
Owner Address 6960 Professional Parkway East, Suite 400	, Sarasota FL 34240
Contact Person John Lihvarcik This Survey Date 7/25/07 Last Survey Date	itle <u>President &amp; COO</u> Phone (352) 435-4028
This Survey Date 7/25/07 Last Survey Date _	10/21/04 Last C.I. Date 10/19/06
PWS TYPE & CLASS  Community Non-transient Non-community	RAW WATER SOURCE  GROUND; Number of Wells  2
☐ Non-Community	SURFACE/UDI; Source PURCHASED from PWS ID #
	Francisco Motor Pourse
PWS STATUS  Approved system with approval number & date	Emergency Water Source Emergency Water Capacity
WC28-104654 (7/30/85); WC28-258247 (3/30/95)	AUXILIARY POWER SOURCE
Unapproved system	Source Katolighe diesel generator
	Capacity of Standby (kW) 125
SERVICE AREA CHARACTERISTICS	Capacity of Standby (kW) 125 Switchover:   Automatic   Manual
Subdivision and trailer park	Standby Plan; Yes No
	Hrs Operated Under Load 1 hr/wk.
Food Service: X Yes X No N/A	What equipment does it operate?
_ <b></b>	Well pumps
OPERATION & MAINTENANCE	High Service Pumps
Certified Operator:   Yes ☐ No ☐ Not required	☐ Treatment Equipment
Operator(s) & Certification Class-Number	Cation 1/2 may day damand? Myon The Titlet
Robert Paver C 12040	Satisfy 1/2 max-day demand?
	Comments
O & M Log:   ☐ Yes ☐ No ☐ Not required	
Oneste Visitation Consumer	TREATMENT PROCESSES IN USE
Hrs/day: Required Visit Actual Visit	Chlorination, aeration
Days/wk: Required 6 Actual 6	Chloridation, actation
Consecutive Days? ☐ Yes ☐ No ☐ N/A  MORs submitted regularly? ☐ Yes ☐ No ☐ N/A	What additional treatment is needed? None
Data missing from MORs? No Yes NA	For control of what deficiencies?  N/A
Number of Service Connections 536	DISTRIBUTION SYSTEM
Population Served 1233 Basis MOR	Flow Measuring Device Flow meter
	Meter Size & Type See comments
	Backflow Prevention Devices:   Yes ☐ No
Max-day Design Capacity 300,000 gpd Comments	Cross-connections None observed
Community	Written Cross-connection Control Program: Yes
	Coliform Sampling Plan:   Yes □ No □ N/A
	Comments Pressure: Plant 75 psi; Remote 64 psi
•	NE Well 3" Neptune meter, SW well 3" McCrometer

PW\$ ID #	6280162
Date	7/25/07

### **GROUND WATER SOURCE**

	WATER SOURCE			 
Well Num		1	2	
Florida ID	No	AAJ9388	AAJ9387	
Year Drille	ed	1989	1994	
Depth Dril	led, ft	1100	1400	
Drilling Me	ethod	Unk	Rotary	
Type of G	rout	Cement	Cement	
Static Wat	ter Level, ft			
Pumping \	Water Level, ft			
Design W	ell Yield, gpm			
Test Yield	, gpm	250	1000	
Actual Yie	id (if different than rated capacity)	250	400	
Strainer			-	
Length (or	utside casing), ft			
Diameter (	(outside casing), in	8	8	
Material (c	outside casing)	Steel	Steel	
Well Conta	amination History	None	None	
is inundati	on of well possible?	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	No	No	
SET	Reuse Water	No	No	
BACKS	WW Plumbing	No	No	
	Other Sanitary Hazard	No	No	
	Туре	Submersible	Submersible	
	Manufacturer Name	Goulds	Goulds	
PUMP	Model Number	3656	3656	
	Rated Capacity (gpm)	Unk	Unk	
	Motor Horsepower		20	
Well casin	g 12" above grade?	Yes	Yes	
Well Casir	ng Sanitary Seal	Yes	Yes	
Raw Wate	r Sampling Tap	Yes	Yes	
Above Gro	ound Check Valve	Yes	Yes	
Fence/Hou	using	Yes	Yes	
Well Vent	Protection	Yes	Yes	

COMMENTS	

PWS ID#_	6280162
Date	7/25/07

CHLORINATION (Disinfection) Type: ☐ Gas ☒ Hypo
Make Chemtech 200 Capacity 2 @ 100 gpd
Chlorine Feed Rate 15 gal/day
Avg. Amount of Cl ₂ gas used N/A
Chlorine Residuals: Plant 1.5 mg/l Remote 1.0 mg/l
Remote tap location End of Oak Beach
DPD Test Kit: On-site With operator
☐ None ☐ Not Used Daily
Injection Points Top of aerator
Booster Pump Info
Comments
·
AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity Unk
Aerator Condition ok
Bloodworm Presence No
Visible Algae Growth No
Protective Screen Condition Good
Comments Water overflows the aerator and runs on top of the tank

## STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell

Tank Type/Number	H	G	·
Capacity (gal)	3,000	17,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	Yes	N/A	
Sight Glass or Level Indicator	SG	LI	
Fittings for Sight Glass	Yes	No	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	N/A	
On/Off Pressure	46-62	N/A	
Access Padlocked	Yes	Yes	

Comments The hydro tank is valved out of service and not being used. VFD drives were installed on the high service pumps which eliminated the need for the hydro tank.

#### **HIGH SERVICE PUMPS**

Pump Number	1	2	
Туре	Centrif	Centrif	
Make	Gould	Gould	
Model	7BF11635		
Capacity (gpm)	200	100	
Motor HP	15	15	
Date Installed	Feb 90	Dec 89	
Maintenance	As required	As required	

Comments #1 is the west pump
Plant pressure 64 psi; remote 75 psi

PWS ID #	6280162
Date	7/25/07

#### DEFICIENCIES:

1. The aerator is not operating properly as water is overflowing on to the tank when the well was operating. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

#### COMMENTS:

- 1. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole....shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida," Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pitdepth 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. The rule was effective August 28, 2003.
- 2. The interconnect with Sebring Lakes is to be always closed. This is an emergency interconnect that is to be utilized if Lake Josephine Heights were to be unable to supply water to its customers. Sebring Lakes and Lake Josephine Heights are two separate water systems with each being assigned its own PWS ID No.
- 3. Documentation for dead end main flushing was at Sebring Lakes.
- 4. Isolation valve exercising has not been completed for 2007 as of the date of the inspection. Records for 2006 were at Sebring Lakes.

RECOMMENDATIONS: None

Inspector Raymond W Kenney	_Title Engineering Specialist II_	Date 7/26/07
	_Title Env Supervisor II	



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

September 27, 2007

Raymond Kenney Environmental Specialist II FDEP South District P.O. Box 2549 Fort Myers, FL 33902-2549

RE: Reply to Sanitary Survey Lake Josephine Heights PWS ID No. 6260162 Highlands County

Dear Mr. Kenney:

Thank you for your inspection on July 25, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

The aerator has been repaired so that water does not overflow on to the tank when the well operates.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaamerica.com. Thank you.

Sincerely,

Patrick A. Farris

**Environmental Compliance Specialist** 

Aqua Utilities Florida, Inc.

Patrick Farris

cc: Bill Dea

Bill Dean, via e-mail

Michael O'Reilly, via e-mail



See page 4 for instructions I. General Information for the Month/Year of: January-07 A. Public Water System (PWS) Information PWS Name: Sebring Lakes PWS Identification Number: 5284137 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 127 55 PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. Suit Zip Code: 34240 City: Sarasota State: Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: Sebring Lakes 941/907-7400 Plant Telephone Number: Plant Address: 5313 Knight Ave State: Zip Code: 33875 FL City: Sebring Type of Water Treated by Plant: X 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.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: Robert Paver 12040 3 Days per week C Other Operators: to the state of in tot Ask of online II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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. Robert Paver C12040 Signature and Date Printed or Typed Name License Number DOCUMENT NUMBER-DATE Page 1 DEP Form 62-555 900(3)Alternate

04307 MAY 22 8

Sentax per showy

FPSC-COMMISSION CLERK

PWS I	dentificat	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
HI. Daily Data for the Month/Year of:  January-07														
Means	of Achie	ving Four-I	Log Virus Inacti	viation/Rem	oval: *		Free (	Chlorin	e	Chlorine I	Dioxide		)zone	Combined Chlorine (Chloramines)
	Jitraviole	et Radiation	1		Other (Describe	e):						·		· · · · · · · · · · · · · · · · · · ·
Type o	f Disinfe	ctant Resid	ual Maintained i	n Distributio	n System	-,-			Free Chl	orine	C	mhined C	hlorine (Chlor	amines) Chlorine Dioxid
<del></del>	[ ]			1	CT Calculations	or ITV Dose to	Demonstrate 1	Four-T on				intolition C	mornie (emer	diffines)
	Days				C1 Caronations	CT Calcu		· Our-Log	, virus macii v			Dose		
i	Plant			l	<del></del>	C. Care	·		T		- 01.	l		
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided				l .		Lowest Residual	
[	ог	-			Disinfectant	Contact Time	Before or				·		Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
]	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp	100	Minimum	Operating	UV Dose	at Remote	Emergency of Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	ст	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
, 1	X	24 hrs	35,000		2.9								0.7	Flushing
2	Х	24 hrs	43,300		2.7								0.9	Flushing
3	X	24 hrs	72,300		2.5								0.6	Flushing
- 4	Х	24 hrs	16,500		1.7			{					0.6	Flushing
`⊹ <b>5</b> ∵	Х	24 hrs	41,300		1.8								0.8	Flushing
- 6	Х	24 hrs	40,100		2.1								1	Flushing
7.		24 hrs	19,100											Flushing
8 "	Х	24 hrs	19,100		2.3								0.6	Flushing
9	Х	24 hrs	23,500		1.9			L					0.7	Flushing
10	X	24 hrs	26,800		2.1			L					1	Flushing
11	X	24 hrs	20,700		2		<u> </u>	ļ					0.7	Flushing
12	Х	24 hrs	45,500		2.1								0.9	Flushing
13	X	24 hrs	30,600		2			<u> </u>					1.1	Flushing
14 💉		24 hrs	29,650				ļ						·	Flushing
15	X	24 hrs	29,650		2.8			L		ļ			0.9	Flushing
. 16-	X	24 hrs	39,700		2,4			<u> </u>					1	Flushing
17 🔾	X	24 hrs	43,900		1.4	*	<u> </u>	<b>}</b>	<u> </u>	<u> </u>	<u> </u>	<u></u>	0.7	Flushing
18	X	24 hrs	45,110	<b> </b>	1.2		ļ	<u> </u>	ļ	<u> </u>			0.6	Flushing
≤ <b>/19</b> €	X	24 hrs	28,800	ļ	0.9		ļ	<u> </u>	<b></b>				0.4	Flushing
່າ"20≫	X	24 hrs	35,800	<u> </u>	1.1		ļ			ļ	ļ		0.6	Flushing
21.4	X	24 hrs	26,700		0.8		ļ	Ļ		<u> </u>			0.4	Flushing
22	X	24 hrs	32,000		1.6			<b> </b>		<u> </u>	ļ		0.8	Flushing
- 123	X	24 hrs	24,500		1.3		ļ <u> </u>	<u> </u>			Ļ		0.6	Flushing
- 24 <	X	24 hrs	86,000		1.4			<u> </u>			Ļ		0.6	Flushing
7,25	X	24 hrs	297,500		0.7			<u> </u>			<u> </u>		0.4	Flushing
26:	X	24 hrs	107,800		1.3			ļ		ļ			0.7	Flushing
<b>₹27</b> €		24 hrs	17,000			<del></del>		ļ				L		Flushing
. 28	X	24 hrs	17,000	ļ	1.5			ļ			ļ		0.7	Flushing
29.	Х	24 hrs	18,000	<u> </u>	1.3	<del></del>		ļ		ļ			0.6	Flushing
30.₩	Х	24 hrs	21,200		1.5		<u> </u>	<b></b>	1		ļ		0.7	Flushing
⊕ 31 ±2	L X	24 hrs	18,100	<del></del>	1.2	<u> </u>	1		1		<u> </u>	<u> </u>	0.5	Flushing
		os de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	1,352,210	4										
Average	San Salah	to de Maria	43,620	4										
Maxim	III 20 440 5	<b>以</b> 为1000000000000000000000000000000000000	297,500	J										

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



See page 4 for instructions									
<ol> <li>General Information</li> </ol>	for the Month/Year of:	February-07						······································	
A. Public Water Systen									
PWS Name:	Sebring Lakes	<del></del>			PWS Identifi	cation Numbe	<u>.</u> Γ!	5284137	
PWS Type:		Ion-Transient Non-Comi	munity	Transien	t Non-Commun			nsecutive	<del></del>
	nnections at End of Month:	55			ulation Served a			127	<u></u>
PWS Owner:	Aqua Utilities Florida	······································							
Contact Person:	Bill Dean	·····		Contact P	erson's Title:	Field Coordi	nator		· · · · · · · · · · · · · · · · · · ·
Contact Person's Mailir	ng Address: 6960 Professional Park	way E. Suit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City:	Sarasota	State:	-L	Zip Code:	34240
Contact Person's Telepl	hone Number: 941/907-74			Contact P	erson Person's F	ax Number:		941/907-74	
Contact Person's E-Mai		aquaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Sebring Lakes	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Plant Teleph	one Number:		941/907-74	-00
Plant Address:	5313 Knight Ave			City:	Sebring		FL	Zip Code:	33875
Type of Water Treated			rchased Finished W						
Permitted Maximum D	bay Operating Capacity of Plant, gallon	s per day:	280,000						
	bsection 62-699.310(4), F.A.C.);	C-I		Plant Clas	s (per subsectio	n 62 <b>-699</b> .310(	4), F.A.C.)	): V	
Licensed Operators	Name		License Class	Licer	se Number		Day(s)/	Shift(s) Wor	ked
Lead/Chief Operator:	Robert Paver	,	С		12040		3 D	ays per week	
Other Operators: . 3								<del></del>	
							<del>,</del>		
	<u> </u>		<u> </u>					- ·· <u>····</u>	
II. Certification by Lead	d/Chiaf Owaratan								
	<del></del>								· · · · · · · · · · · · · · · · · · ·
I, the undersigned water	treatment plant operator licensed i	n Florida, am the lead	/chief operator of	the water tr	eatment plant	identified in	Part I of the	his report.	certify that the
information provided in	this report is true and accurate to the	he best of my knowled	ige. I certify that	all drinking	water treatme	nt chemicals	used at th	isplant conf	form to NSF
	0 or other applicable standards refe								
	h day that a licensed operator staffe								
	ole, appropriate treatment process p								
	hem, together with copies of this re				e mese addino	пат орегацог	is records	to the Fw3	owner so the
PWS Owner can retain to	nem, together with copies of this re	port, at a convenient is	ocation for at leas	t ten years.					
		B. 1							
<u> </u>		Robert Paver			_	C12040			
Signature and Date		Printed or Typed Name	e			License Num	ber		
DEP Form 62-555.900(3)Alternale			Page I						

PWST	dentilica	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
III. Da	ly Data	or the Mor	ith/Year of:		February-07									
			Log Virus Inacti		repruary-07			<del></del>						
				viation/Rem			Free (	Chlorin	e L.	Chlorine I	Dioxide	<u> </u>	Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
Type o	f Disinfe	ctant Resid	ual Maintained	in Distributio	on System:				Free Chl	orine	TC	mbined C	hlorine (Chlor	ramines) Chlorine Dioxi
ľ	1 1				CT Calculations	or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	ation, if App		1.00		
ļ	Days		}			CT Calcu					UV	Dose	1	İ
	Plant		i				Lowest CT	T -		I .	1	<u> </u>	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					(	Residual	1
[	or		}		Disinfectant	Contact Time	Before or	1			1		Disinfectant	
ļ	Visited			1	Concentration	(T) at C	at First	ĺ		1	Lowest	Minimum	Concentration	
l	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	}	First Customer	Point During	During	of	pH of	CT	UV Dose.	Required	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u>c</u>	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
	Х	24 hrs	18,000		1.5	L		<u> </u>					0.7	Flushing
2	X	24 hrs	16,600		1.3								0.6	Flushing
3	- ;;	24 hrs	24,000											Flushing
4	X	24 hrs	24,000	<b>}</b>	1.4								0.6	Flushing
5	X	24 hrs	16,800		1.5							<u></u>	0.8	Flushing
6	X	24 hrs	118,000	ļ <u> </u>	1,5		ļ	1					0.7	Flushing
7	X	24 hrs	199,000	ļ	1.4			<u> </u>				ļ	0.7	Flushing
8	X	24 hrs	20,300	ļ	1.7								0.9	Flushing
9	X	24 hrs	78,400		1.6							<u> </u>	1.7	Flushing
10	X	24 hrs	25,600	<u> </u>	1.6	<u></u>		<u> </u>				<u> </u>	0.7	Flushing
11	v	24 hrs	23,450					ļ						Flushing
12	X	24 hrs	23,450		1.4		ļ	<b></b>				<u> </u>	0.8	Flushing
14	x	24 hrs 24 hrs	73,800		0.8		<del> </del>	<b>└</b> ──	<u> </u>				0.3	Flushing
15	$\frac{\hat{x}}{x}$	24 hrs	49,600 22,200		1.6	ļ		ļ				<u> </u>	0.6	Flushing
16	Ŷ	24 hrs	16,900	ļ <u></u>	3.8	ļ <u>.</u>		<b> </b>				<u> </u>	2.8	Flushing
17		24 hrs	15,050		2.5			<u> </u>					1	Flushing
18	x	24 hrs	15,050									<u> </u>		Flushing
19	$\hat{\mathbf{x}}$	24 hrs	16,700		3.4	·		<b>}</b>				ļ	1.5	Flushing
20	$\frac{\hat{x}}{x}$	24 hrs	24,100		3.3 1.9								1.1	Flushing
21	$\frac{\hat{x}}{x}$	24 hrs	22,100	<u>                                     </u>									0.7	Flushing
22	X	24 hrs	22,600	<u> </u>	1.8			<u> </u>				ļ <u>.</u>	1	Flushing
	- <del>^</del> -	24 hrs		ļ <u>.</u>	1.7		<b> </b>	ļ				ļ	0.7	Flushing
23_	$\frac{2}{x}$	24 hrs	26,400 29,000		2.8		ļ	<del></del>					1.1	Flushing
25	_^	24 hrs	21,450	<del>}</del>	3	<del> </del>	<del> </del>		<u> </u>				1.4	Flushing
26	х	24 hrs	21,450	<del> </del>	1.9	<del></del>	<del> </del>					<b></b>		Flushing
27	X	24 hrs	24,500			<del></del>	ļ						1.1	Flushing
28	X		111,900	ļ	2.1		<u> </u>	<del> </del>	ļ					Flushing
29		24 hrs	111,500	<del></del>	1.9		<del> </del>	ļ				L	0.9	Flushing
30	<del></del>	24 hrs 24 hrs	<del> </del>	<del> </del>			ļ	ļ						
30	<del></del>		<del></del>	<del></del>		<del> </del>	<del> </del>					ļ		
Total	L	24 hrs	1,100,400		L	L	L	L		L	<u> </u>		<u></u> _	i
1 OTAT			1,100,400	Į										

199,000

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



See page 4 for instructions					
<ol> <li>General Information i</li> </ol>		<del></del>	<del></del>	·····	
A. Public Water System	(PWS) Information			<del></del>	
	Sebring Lakes		PWS Identif	ication Number:	5284137
	X Community Non-Transient Non-Com	ımunity	Transient Non-Commun		Consecutive
	nections at End of Month: 55		Total Population Served		127
	Aqua Utilities Florida				
Contact Person:	Bill Dean		Contact Person's Title:	Field Coordinator	
Contact Person's Mailin	g Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph			Contact Person Person's I	Fax Number:	941/907-7401
Contact Person's E-Mai B. Water Treatment Pla				<del></del>	
	Sebring Lakes				
	5313 Knight Ave			one Number:	941/907-7400
Type of Water Treated		reheard Einighad Wa	City: Sebring	State: FL	Zip Code: 33875
	ay Operating Capacity of Plant, gallons per day:	rchased Finished War 280,000	ter		
Plant Category (per sul-	osection 62-699.310(4), F.A.C.): C-I	200,000	Plant Class (per subsection	on 62 600 210/4) E A	C.)· V
Licensed Operators	Name	License Class	License Number		(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	<del> </del>	7	
Other Operators:	ROBOLL AVE	<del></del>	12040	<del> </del>	3 Days per week
		<del> </del>		<u> </u>	
			<del> </del>	<del> </del>	
		<del> </del>	<del>                                     </del>	<del> </del>	
		<del>                                     </del>			
			<del> </del>	<del> </del>	
[				T	· · · · · · · · · · · · · · · · · · ·
ļ					
					_
II. Certification by Lead	UChint Operator				
· · · · · · · · · · · · · · · · · · ·					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	d/chief operator of the	he water treatment plant	identified in Part I of	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	dge. I certify that a	ll drinking water treatme	nt chemicals used a	t thisplant conform to NSF
International Standard 60	0 or other applicable standards referenced in subsection	62-555.320(3), F.A	.C. I also certify that the	e following addition	al operations records for this
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) recor	rds of amounts of ch	nemicals used and chemical food
rates: and (2) if applicab	le, appropriate treatment process performance records.	Futhermore Lagree	to provide these addition	inal operations recor	rds to the DWS ourse as the
PWS owner can retain th	nem, together with copies of this report, at a convenient l	location for at least	to provide incoc addition	mai operations recor	ds to the PWS owner so the
2 O O	toport, at a contenient	iocation for at least	ten years.		
	Robert Paver			C12040	
Signature and Date	Printed or Typed Nam	ie	<del></del>	License Number	
		D 1			
DEP Form 52-555 900(3)Alternate		Page 1		Ocio	2 2 4 2 = =
)				400	ned the pr
<i>.</i> /					Johnny

PWS	dentifica	tion Number	er:	5284137		Plant Name:	Sebring L	akes		-					
III D	ils Deta	C () . N.4													
			th/Year of:		March-07	<del> </del>	<del></del>					· · · · · · · · · · · · · · · · · · ·			
Means	of Achie	eving Four-	Log Virus Inacti	viation/Rem			Free (	Chlorin	c [_]	Chlorine I	Dioxide	(	Ozone	Combined Chlori	ine (Chloramines)
		et Radiation			Other (Describe	e):									
Type o	f Disinfe	ctant Resid	ual Maintained	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxi
						or UV Dose, to	Demonstrate l	our-Log	Virus Inactiv	ation, if App				<del></del>	
1	Days		i			CT Calcu					UV	Oose		ļ	
[	Plant	l	ļ		]		Lowest CT					1	Lowest	1	
	Staffed		j		Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or					ĺ	Disinfectant	}	
ļ	Visited	ļ		ł	Concentration	(T) at C	at First	)	ŀ		Lowest	Minimum	Concentration	1.	
<b> </b>	by	l	Net Quanity	<b>[</b>	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	,	bnormal Operating
Day of		Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		r Maintenance Work that
the Month	(Place	Plant in Operation	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow.	Water,	Water, if	Required,	mW-	mW _	Distribution	1	ter System Components
1.00.00	$\frac{\hat{x}}{x}$	24 hrs	Produced, gal 23,900	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		Operation
1 2	$\frac{\lambda}{x}$	24 hrs	23,000		1.7	<del></del>				ļ			0.9		tic Flushing
3	l <del>x</del>	24 hrs	25,200		1.7		<del> </del>		<u> </u>				1.1		tic Flushing
4	<del>  ^}</del>	24 hrs	37,500		1.7	<del></del>	<del> </del>		<del></del>		ļ				tic Flushing tic Flushing
5	X	24 hrs	37,500	····	1.7			<del> </del>	<del> </del>			<del> </del>	0.6	<del></del>	tic Flushing
6	Х	24 hrs	100,000	<del>                                     </del>	3.9	<del></del>	<del>                                     </del>	<del> </del> -		·	<del></del>	<del> </del>	2.4		Manual Flushing
7	X	24 hrs	32,800		1.7			<b>—</b> —	<del></del>				0.9	<del></del>	tic Flushing
8	x	24 hrs	41,000		2		<del> </del>			<u> </u>	· · · · · · · ·		0.8	<del></del>	tic Flushing
. 9	X	24 hrs	30,400		1.8			<del> </del>					0.7		tic Flushing
10	X	24 hrs	28,000		1.9								0.7		tic Flushing
11		24 hrs	30,450								<u> </u>		·	<del></del>	tic Flushing
12	X	24 hrs	30,450		1.7								0.6	Automa	tic Flushing
13	X	24 hrs	35,760		1.4				,				0.7	Automatic &	Manual Flushing
14	X	24 hrs	49,800		1.7								0.7	Automatic &	Manual Flushing
15	X	24 hrs	34,600		2.8								1.1	Automa	tic Flushing
16	X	24 hrs	30,100		2.2		<b></b> .						0.8		tic Flushing
17	<del> </del>	24 hrs	24,550	·	ļ								 	<del>,</del>	tic Flushing
19	X	24 hrs 24 hrs	24,550		2.9		ļ						0.8	<del>                                     </del>	tic Flushing
20	<del>                                     </del>	24 hrs	29,100 40,100		3.2					\			0.6	<del></del>	tic Flushing
21	<del>                                     </del>	24 hrs	22,700		1.9			ļi					0.8		tic Flushing
22	t â	24 hrs	16,600		1.9	<u>·</u>		<u> </u>		<del> </del>			0.8		tic Flushing
23	<del>Î</del>	24 hrs	18,700		2		<del></del>					<u> </u>	0.8		Manual Flushing
24	1-2-	24 hrs	17,750	<del> </del>	<del></del>		<del> </del>			ļ			0.9		tic Flushing
25	<del>  x  </del>	24 hrs	17,750		4.5				L	ļ	<del> </del>		2		tic Flushing
26	1 <del>x</del>	24 hrs	16,300		2.8	<del></del>	<del></del>			<del> </del>		<del> </del>	0.9		tic Flushing
27	X	24 hrs	19,900	<del>                                     </del>	2.5	<del></del>	<del> </del>	<del> </del>			<del></del>		1.7		tic Flushing tic Flushing
28	X	24 hrs	31,300		3.9				<del> </del>	<del></del>	<del> </del>	-	1.9		tic Flushing
-29	X	24 hrs	28,700		2.5					ļ	<del></del>		1.9		tic Flushing
30	$\frac{x}{x}$	24 hrs	21,300	<u>                                     </u>	2.8		<del>                                     </del>	<del> </del>	<del> </del>	<u> </u>	<del></del>	<del> </del>	0.9	Automat	tic Flushing
31	X	24 hrs	29,500		2.4		<del>                                     </del>	<del> </del>		<del> </del>	<del> </del>		1.1		tic Flushing
Total		•	949,260		<del></del>	•	<del></del>	<del></del>	<u> </u>	<del></del>	·	·			and a resume
Averag	e		30,621												
Maxim			100,000	]											

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



See page 4 for instructions

I. General Information		April-07								
A. Public Water System										
PWS Name:	Sebring Lakes				PWS Identif	ication Numb	er:	5284137		
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Community Consecutive						
	nections at End of Month:	55		Total Popu	ulation Served	at End of Mo	nth:	127		
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Bill Dean			Contact Po	erson's Title:	Field Coord	linator			
Contact Person's Mailir				City:	Sarasota	State:	FL	Zip Code:		
Contact Person's Telepl				Contact Po	erson Person's	Fax Number:		941/907-74	01	
Contact Person's E-Ma		@aguaamerica.com								
B. Water Treatment Pla										
Plant Name:	Sebring Lakes					one Number:		941/907-74		
Plant Address:	5313 Knight Ave			City:	Sebring	State:	FL	Zip Code:	33875	
Type of Water Treated			rchased Finished Wa	ter	·					
	ay Operating Capacity of Plant, gal	······································	280,000							
	osection 62-699.310(4), F.A.C.):	<u>C-I</u>	·		s (per subsection	on 62-699.310				
Licensed Operators	Name		License Class	Licen	se Number	· · · · · · · · · · · · · · · · · · ·		s)/Shift(s) Wor		
Lead/Chief Operator.	Robert Pa	/er	C		12040		3	Days per week		
Other Operators:										
and the second				<u> </u>						
				J		<u> </u>				
		i	<u> </u>	ļ		<b>_</b>				
					<u> </u>		·			
		· · · · · · · · · · · · · · · · · · ·	!	<del> </del>		<del></del>		<del></del>		
			<u> </u>	<del> </del>	····	<del> </del>				
				<del></del>		<del> </del>	<del></del>			
			<u> </u>	J	· · · · · · · · · · · · · · · · · · ·	1				
II. Certification by Lead	l/Chief Operator					_				
I the undersigned water	treatment plant operator license	d in Florida, am the lead	/chief operator of t	he water tr	eatment plant	identified in	Part I of	f this report 1	certify that the	
information provided in	this report is true and accurate t	a the hest of my knowled	las I certification	lic water ur II drinking	water treatme	nt chemical	t and of	this report. I	form to NEE	
International Standard 6	nor other applicable standards.	oforenced in subsection	ige. Teethiy mat a	C L-l	water treating	a fallanda	ייירר - ייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייירר - יייי	diispiant com	orm to NSF	
micriational Standard o	0 or other applicable standards a	eterenced in subsection (	02-333.32U(3), F.A	i.C. Taiso	certify that in	e following a	additiona	ii operations r	ecords for this	
piant were prepared eac	h day that a licensed operator sta	itted or visited this plant	during the month is	ndicated at	bove: (1) reco	rds of amou	nts of che	emicals used a	ind chemical feed	
rates; and (2) if applicat	le, appropriate treatment proces	s performance records. I	Futhermore, I agree	to provide	e these addition	onal operatio	ns record	ds to the PWS	owner so the	
PWS owner can retain the	nem, together with copies of this	report, at a convenient le	ocation for at least	ten years.						
		Robert Paver				C12040				
Signature and Date		Printed or Typed Name	e		<del></del>	License Nur	mber		<del></del>	
Granners many to any		or albearant	-			21001120 1101				

PWS I	ientifica	tion Number	er:	5284137		Plant Name:	Sebring L	akes						
III. Đại	ly Data	for the Mor	nth/Year of:		April-07						·		···· <u>····</u> ·····	
Means	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval: *		Free (	Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
l 🗀 t	Iltraviol	et Radiation	1		Other (Describe	e):			٠ ـــ		- 1011100	ш,		Compute Caronia (Caronia
Type of	Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:	<u>-7-</u>	<del>"</del>		Free Chl	Orine		mbined C	hlorine (Chlor	ramines) Chlorine Dioxid
<del></del>				l Biotribution		or UV Dose, to	Opmonetriste I	Paur I or				intollieu C	mornie (Cinoi	annes) Chome Diexis
]	Days		}	}	CT Carculations	CT Calcu		0111-1-05	VIIUS IIIactiv	анон, и дерр		Dose.		
	Plant				· · · · · · · · · · · · · · · · · · ·	J. 0. 0. 1.	Lowest CT			T				
	Staffed				Lowest Residual	Disinfectant	Provided	İ					Lowest Residual	
1	or		[	ļ	Disinfectant	Contact Time	Before or	ļ	<u> </u>			\	Disinfectant	<b>\</b> '
	Visited		}		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	l	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month 1	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
2 .	X	24 hrs	21,650					<u> </u>	<u></u>					Automatic Flushing
3 7	$\frac{\lambda}{X}$	24 hrs	21,650	ļ	2.1	<u> </u>							0.8	Automatic Flushing
4	$\frac{\hat{x}}{x}$	24 hrs 24 hrs	57,700		2.1								0.9	Manual and Automatic Flushing
3 -	$\frac{x}{x}$	24 hrs	38,900		2.4				<u> </u>				0.8	Automatic Flushing
6 >	$\frac{\hat{x}}{\hat{x}}$	24 hrs	30,600		2.1								0.9	Manual and Automatic Flushing
7.0	$\frac{\hat{x}}{x}$	24 hrs	49,400 18,000		3.2				<b> -</b>				1.1	Automatic Flushing
-8		24 hrs	20,200		3								0.9	Automatic Flushing
9	X	24 hrs	20,200						ļ					Automatic Flushing
10.	$\frac{\hat{x}}{x}$	24 hrs	17,600		3.1								0.9	Automatic Flushing
11,	$\frac{\hat{x}}{x}$	24 hrs	22,100		2.7 3.1				ļ					Automatic Flushing
12	$\frac{\hat{x}}{x}$	24 tus 24 hrs	20,300	<del></del>			<del> </del>		<b>}</b>				1.1	Automatic Flushing
613	$\frac{\hat{x}}{\hat{x}}$	24 hrs	26,500	<del> </del>	2.7								1.0	Manual and Automatic Flushing
14	$\hat{\mathbf{x}}$	24 hrs	60,600	<del></del>	4								0.7	Automatic Flushing
15 -		24 hrs	17,200		4	<del></del>	<del> </del>						2.1	Manual and Automatic Flushing
16:	X	24 hrs	17,200		2.1		}				}			Automatic Flushing
17	$\frac{\hat{x}}{\hat{x}}$	24 hrs	12,000		2.2	<del></del>	<del> </del>						0.8	Automatic Flushing
18	X	24 hrs	13,900		1.9		<del> </del>		<u> </u>		<del></del>		1	Automatic Flushing
- 19	X	24 hrs	13,200		2.1			ļ	ļ				0.7 0.9	Automatic Flushing
20 -	X	24 hrs	18,900	<del></del>	2.5		-		<del></del>				0.9	Automatic Flushing
· 21	X	· 24 hrs	18,500	· · · · · · · · · · · · · · · · · · ·	2.1	<del></del>	<del> </del>				·····		0.9	Manual and Automatic Flushing
22		24 hrs	13,550				<del> </del>	ļ <u></u>	<del></del>				0.9	- Automatic Flushing
23.	х	24 hrs	13,550		2		<del> </del>						0.9	Automatic Flushing
24	X	24 hrs	19,800		2	<del></del>	<del> </del>				· · · · · · · · · · · · · · · · · · ·		0.8	Automatic Flushing
25	X	24 hrs	23,300		1.9	· · · · · · · · · · · · · · · · · · ·	<del> </del>						0.8	Automatic Flushing
26	X	24 hrs	59,700	<del></del>	3.5								1	Automatic Flushing
27	$\frac{\lambda}{X}$	24 hrs	67,500		2								0.8	Manual and Automatic Flushing
28	$\frac{x}{x}$	24 hrs	15,900		2.9					<del></del>			1.1	Manual and Automatic Flushing
29		24 hrs	18,700		4.7		<del> </del>	<u> </u>					1.1	Automatic Flushing
30	X	24 hrs	18,700		1.9	<del></del>							0.8	Automatic Flushing
31	<del></del>	24 hrs			- <del>'</del>		<del> </del>						U.8	Automatic Flushing
Total :		- 45 Su 11	787,000		<u> </u>	L	·		Ļ	l———		L		L
Average			26,233											

Maximum 67,500

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



See page 4 for instructions

See page 7 for manuction										
	for the Month/Year of:	May-07								
A. Public Water System	m (PWS) Information									
PWS Name:	Sebring Lakes				PWS Identi	fication Number:	5284137			
PWS Type:	X Community	Non-Transient Non-Com	munity		Transient Non-Commu	inity	Consecutive			
	nnections at End of Month:	55		ī	Total Population Served	at End of Month:	127			
PWS Owner:	Aqua Utilities Florida				······································					
Contact Person:	Bill Dean				Contact Person's Title:	Field Coordinator				
Contact Person's Maili		kway E. Suit			City: Sarasota	State: FL	Zip Code: 34240			
Contact Person's Teler	phone Number: 941/907-7	400		C	Contact Person Person's	Fax Number:	941/907-7401			
Contact Person's E-Ma		aquaamerica.com								
B. Water Treatment Pl	ant Information									
Plant Name:	Sebring Lakes				Plant Telep	hone Number:	941/907-7400			
Plant Address:	5313 Knight Ave				City: Sebring	State: FL	Zip Code: 33875			
Type of Water Treated			rchased Finished	Water						
Permitted Maximum 1	Day Operating Capacity of Plant, gallo	ns per day:	280,000							
	ibsection 62-699.310(4), F.A.C.):	C-I			Plant Class (per subsect					
Licensed Operators	Name		License Class	S	License Number	Day(s)/Shift(s) Worked				
Lead/Chief Operator:		· r	С		12040		3 Days per week			
Other Operators: 🛇 🦸 😚										
LATE TO										
多数的 医胸膜神经										
	1									
	<u> </u>									
	1/01: 60									
II. Certification by Lea	id/Chief Operator									
I, the undersigned water	r treatment plant operator licensed	in Florida, am the lead	/chief operator of	of the	water treatment plan	t 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 knowled	lge. I certify tha	at all o	drinking water treatm	ent chemicals used a	at this plant conform to NSF			
International Standard	60 or other applicable standards re	erenced in subsection (	62-555 320(3) 1	FAC	Lalso certify that the	ne following additio	nal aperations records for this			
nlant were prepared ear	ch day that a licensed operator staff	ed or visited this plant	during the mont	th ind	icated above: (1) rec	ords of amounts of a	hamicals used and shamical for d			
prant were prepared can rates: and (2) if annlies	hle appropriate treatment process	ed or visited this plant	Cuthoman La		ncaled above: (1) reci	prus of amounts of c	nemicals used and chemical feed			
rates; and (2) if applica	ble, appropriate treatment process	periormance records.	rutnermore, i ag	gree to	o provide these additi	onal operations reco	ords to the PWS owner so the			
rws owner can retain	them, together with copies of this r	eport, at a convenient l	ocation for at le	ast te	n years.					
		Dahara D				G120.40				
61 1 1 1 1 1 1 1 1	<del></del>	Robert Paver	····		<del></del>	C12040				
Signature and Date		Printed or Typed Name	e			License Number				

Page 1

PWS I	lentifica	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
III. Da	ly Data	for the Mor	nth/Year of:		May-07					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
			Log Virus Inacti	viation/Rem	oval: *		Free (	Chlorin		Chlorine I	Novida		Ozone	Combined Chlorine (Chloramines)
	Iltraviol	et Radiation	n		Other (Describe	a).		J.11101 111		Chiorine	Jioxide	' ليا	J2011e	Combined Chlorine (Chloradines)
			ual Maintained i	لبا	Other (Describe	c).			1	<del></del>				
17000	יוווונוע	Ctall Resid	uai Maintaineo i	in Distribution					Free Chl		<u> </u>	ombined C	hlorine (Chlor	ramines) Chlorine Dioxi
					CT Calculations	, or UV Dose, to I		Four-Log	Virus Inactiv	ation, if App				
	Days					CT Calcu		<del>,</del>			יעט ו	Dose		
-	Plant		• 1	{	_		Lowest CT	1	ì	)	]	]	Lowest	
	Staffed or		ł		Lowest Residual	Disinfectant	Provided	]	]	!	!		Residual	
	Visited			1	Disinfectant	Contact Time	Before or	į į					Disinfectant	
1	by		Net Quanity	ì	Concentration (C) Before or at	(T) at C Measurement	at First				Lowest	Minimum	Concentration	
Day of	Operator	Hours	of Finished		First Customer	Point During	Customer During	Temp,		Minimum CT	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water.	pH of Water, if	Required.	UV Dose,	Required, mW	Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
SA144	X	24 hrs	14,000	1	1.8	111111111111111111111111111111111111111	1115 11110	<del> </del> -	reppression	mg-mive	3000112	Searchiz	0.6	Automatic Flushing
2.f2	X	24 hrs	14,000	<del></del>	1.7	l		1	·		<u> </u>	<del>                                     </del>	0.8	Automatic Flushing
3/ <b>3</b> /3/3	X	24 hrs	17,200		1.6			<del> </del>			<del> </del>		0.9	Automatic and Manual Flushing
×4. **	X	24 hrs	48,000		1.2		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del> </del>	<del> </del>	0.6	Automatic Flushing
5	X	24 hrs	50,300		1.8			<del> </del>			<del> </del>	<b>†</b>	0.8	Automatic Flushing
4. <b>6</b>		24 hrs	35,400				<u> </u>			······		<del>                                     </del>	- U.U	Automatic Flushing
7.4 <b>7</b> , 5.	X	24 hrs	35,400		1.7			1			<del> </del>		0.8	Automatic Flushing
- 8	X	24 hrs	39,600		1.8			<del> </del>			<del> </del>	<del>                                     </del>	0.8	Automatic Flushing
4.9	X	24 hrs	38,800		1.6								0.9	Automatic Flushing
10	X	24 hrs	74,800		1.8								0.7	Automatic Flushing
-11	X	24 hrs	28,400		1.9							ļ	0.7	Automatic Flushing
12	X	24 hrs	33,200		2.1			I					0.9	Automatic Flushing
-13/		24 hrs	30,450											Automatic Flushing
14	X	24 hrs	30,450		1.7								0.6	Automatic Flushing
. 15	X	24 hrs	25,200		1.2								0.9	Automatic Flushing
16	X	24 hrs	26,000		1.7								0.7	Automatic and Manual Flushing
17.,	X	24 hrs	22,100		1.5							[	0.8	Automatic Flushing
18	X	24 hrs	22,300	<b></b>	1.5								0.7_	Automatic and Manual Flushing
49	X	24 hrs	95,200		1.6								0.6	Automatic Flushing
-20-		24 hrs	31,858											Automatic Flushing
-21:	X	24 hrs	31,858		1.9			L					0.7	Automatic and Manual Flushing
» 22c ·	X	24 hrs	46,000		1.7								0.6	Automatic and Manual Flushing
23 > .	X	24 hrs	55,000	<b> </b>	1,7		<u> </u>						0.8	Automatic Flushing
: 24.	Х	24 hrs	43,100		1.7			<u> </u>					0.6	Automatic Flushing
25	Х	24 hrs	61,700		1.4		<u> </u>	<u> </u>					0.6	Automatic Flushing
26:∞	X	24 hrs	43,700	<b> </b>	1.6		<u> </u>	<b> </b>					0,6	Automatic Flushing
27-		24 hrs	48,100	ļ				L						Automatic Flushing
28	X	24 hrs	48,100	<b> </b>	1.6								0.5	Automatic Flushing
29.	X	24 hrs	62,700	<del> </del>	0.9		ļ	<u> </u>					0.3	Automatic Flushing
30	X	24 hrs	52,700	<del> </del>	1.3	<u> </u>		<u> </u>					0.5	Automatic Flushing
31.	X	24 hrs	35,700	<b>}</b>	1.6	<u> </u>	<u> </u>	<u></u>	L				0.5	Automatic and Manual Flushing
Total	No. 1		1,241,316	1							-			

95,200

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



See page 4 for instructions I. General Information for the Month/Year of: June-07 A. Public Water System (PWS) Information PWS Name: Sebring Lakes PWS Identification Number: 5284137 PWS Type: x Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 55 Total Population Served at End of Month: 127 PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. Suit City: Sarasota State: FL Zip Code: 34240 Contact Person's Telephone Number: 941/907-7400 941/907-7401 Contact Person Person's Fax Number: Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: Sebring Lakes 941/907-7400 Plant Telephone Number: Plant Address: 5313 Knight Ave City: Sebring State: Zip Code: 33875 FL Type of Water Treated by Plant: X 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.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator:-Robert Paver С 12040 3 Days per week Other Operators: II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Robert Paver C12040

Page 1

License Number

Printed or Typed Name

Signature and Date

PWS I	lentifica	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
III. Da	ly Data i	for the Moi	nth/Year of:		June-07									
Means	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval: *		Free (	Chlorin		Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
Imi	Jltraviol	et Radiation	n		Other (Describe	•)·		J11.0111.	ب ا	Ciliottic	JIONIOC .	ш,	5201C	Combined Chieffie (Chiefannes)
			lual Maintained	in Dietributi	on Suctem	·).			Free Chl	la si sa			hlorine (Chlor	ramines) Chlorine Dioxid
1771		10010	Tallite Tile C	III DISHIDUM		, or UV Dose, to	D	~				moinea C	morme (Cnioi	Zammes) Cinornie Dioxie
<b>1</b> i	Davis		(		CT Calculations	CT Calcu		-our-Log	Virus inactiv	ation, it App	UV	N- 44	1	
}	Days Plant		1		<del></del>	CI CAICE		T	<del></del>	T	UV	Jose	ł	
1 :	Staffed			•		District to the	Lowest CT	1	,		;		Lowest	
1	OI COL		l	ļ	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	}			ł		Residual	1
1	Visited			l	Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration	
1	Ъу		Net Quanity	,	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of.	pH of	СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water.	Water, if	Required.	mW-	mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
$\frac{1}{1}$	X	24 hrs	55,400			1.2						1	0.6	
2		24 hrs	30,750									_		
3	X	24 hrs	30,750			5.7							3.9	
4	X	24 hrs	29,500	<u></u>		1.5		L					0.7	
5	X	24 hrs	35,700			4.7							1.9	
6	X	24 hrs	31,300			1.4	<u> </u>						0.7	
7	X	24 hrs	41,700	<u> </u>	<u> </u>	1.9		L					0.8	
8	X	24 hrs	22,100			1.2		<u></u>					0.6	
10	X	24 hrs	83,600			2.9							1.1_	
11	$\frac{1}{x}$	24 hrs	126,850										<u> </u>	
12	x	24 hrs 24 hrs	126,850 134,900			1.2		<b></b>					0.8	
13	- Â	24 hrs	130,500	<del></del>		2.4	-	<b></b>					0.9	
14	×	24 hrs	94,100			4.1 2.7	<del> </del> -	<del> </del> -		<del> </del>		<del> </del> -	1.8	1
15	$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$	24 hrs	62,000			3.2	<del> </del>		<del></del>				0.8	
16	$\frac{\hat{x}}{x}$	24 hrs	67,900	<del></del>		2.4	<del>}</del>			<del>}</del>	-		0.8	<del>                                     </del>
17		24 hrs	81,650	<del></del>	<del> </del>	2.4		<del> </del>					0.9	
18	X	24 hrs	81,650	<del> </del>	<del></del>	2	<del> </del>			<del> </del>	<del> </del>	<del> </del>	0.7	
19	X	24 hrs	43,100		<del>                                     </del>	1.7	<del> </del>		· · · · · · · · · · · · · · · · · · ·			<del> </del>	0.7	
20	X	24 hrs	51,600			1.6	<del> </del>			<del></del>	<del> </del>	<del> </del>	0.8	
21	X	24 hrs	75,000			1.9	<del> </del>		<del> </del>				0.8	
22	X	24 hrs	43,100		<del>                                     </del>	1.7	<del> </del>	-	<del></del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	0.8	
23	Х	24 hrs	79,600			2.8	<del>                                     </del>	<del></del>		<del> </del>	<del> </del>		1	
24		24 hrs	55,000				t	<del>   </del>	<del></del>	<del></del>	<del>                                     </del>	<del> </del>	<del></del>	
25	Х	24 hrs	55,000		<u> </u>	1.5	<del> </del>	<del> </del>				<del> </del>	0.8	
26	X	24 hrs	32,100		- <del></del>	1.8	<del>†</del>	<del></del>			<del> </del>		0.6	
27	Х	24 hrs	46,500		<u> </u>	1.6	<del></del>	<u> </u>		<u> </u>	<b> </b>	<del></del>	0.8	
28	X	24 hrs	30,800			1.5		ļ		<del>                                     </del>	<b>—</b> ——	†	0.7	
29	Х	24 hrs	40,200			1.9	<u> </u>					·	0.6	
30	X	24 hrs	32,200			2	1				· · · · · · · · · · · · · · · · · · ·		0.7	
31		24 hrs								<del>                                     </del>	T		<del>                                     </del>	
Total			1,851,400				·				•		·	***************************************
Average			61,713											
Mavimu	***		134 900	1										

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



See page 4 for instructions

or p-go . to: motractions										
1. General Information	for the Month/Year of: July-07									
A. Public Water Systen	n (PWS) Information									
PWS Name:	Sebring Lakes	<del> </del>		PWS Identi	fication Numbe	er: 5284137				
PWS Type:	X Community Non-Transient Non-Com	munity		Transient Non-Community Consecutive						
Number of Service Con	nections at End of Month: 55			Total Population Served						
PWS Owner:	Aqua Utilities Florida	-		<u> </u>						
Contact Person:	Bill Dean			Contact Person's Title:	Field Coordin	nator				
Contact Person's Mailir			City: Sarasota	State: !	FL Zip Code: 34240	)				
Contact Person's Telepi				Contact Person Person's	Fax Number:	941/907-7401				
Contact Person's E-Mai										
B. Water Treatment Pla	ant Information									
Plant Name:	Sebring Lakes			Plant Telep	none Number:	941/907-7400				
Plant Address:	5313 Knight Ave		" ]	City: Sebring		FL Zip Code: 33875	,			
Type of Water Treated		rchased Finished								
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	280,000								
	bsection 62-699.310(4), F.A.C.): C-I			Plant Class (per subsecti	on 62-699.310(	(4), F.A.C.): V				
Licensed Operators	Name	License Clas	SS	License Number	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	Robert Paver	С		12040	ļ	3 Days per week				
Other Operators:										
			]							
II. Certification by Lead	I/Chinf Ownerton					0				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator	of th	e water treatment plant	identified in	Part I of this report. I certify	v that the			
information provided in	this report is true and accurate to the best of my knowled	lge. I certify th	at all	drinking water treatme	ent chemicals	used at thisplant conform to	NSE			
International Standard 6	0 or other applicable standards referenced in subsection (	67_555 320(3)	FA	C. Lalso certify that the	e following a	dditional apprations records	familia			
plant ware prepared asci	h day that a licensed encestor staffed an elected this where		i i (Ci.) .al	C. Talso certify that if	ic following a	delitional operations records	for this			
Total and (2) if and isob	h day that a licensed operator staffed or visited this plant	during the mon	iru iu	dicated above: (1) reco	oras or amoun	is of chemicals used and che	mical feed			
rates; and (2) if applicat	le, appropriate treatment process performance records. I	futhermore, I a	gree	to provide these addition	onal operation	is records to the PWS owner	: so the			
PWS owner can retain th	hem, together with copies of this report, at a convenient le	ocation for at le	east to	en years.						
6	Robert Paver	<u> </u>		<del>-</del>	C12040					
Signature and Date	Printed or Typed Name	•			License Num	ber				

Page 1

DEP Form 62-555,900(3)Alternate

PWS I	PWS Identification Number: 5284137 Plant Name: Sebring Lakes													
III. Da	III. Daily Data for the Month/Year of: July-07													
	Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)													
	Iltraviol	et Radiation	bog viras macii	VIALIOID Kelli	Other (Describe	Λ.	III Free (	ا 11 ( 11 ال	لبا	Cinornie L	MOXIGE	LJ ,	JZOILE	Combined Chlothie (Chloratimes)
					Other (Describe	s):	<del></del>	<del></del>	1 =					
Type o	Livisinie	Ciant Resid	ual Maintained i	in Distribution					Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxic
					CT Calculations,	or UV Dose, to I		Four-Log	Virus Inactiv	ation, if Appl				
	Days			<u> </u>		CT Calcu	lations	·	<u> </u>		UVI	Dose		
1	Plant						Lowest CT					Į į	Lowest	[
}	Staffed			'	Lowest Residual	Disinfectant	Provided		} .	1			Residual	
i	or				Disinfectant	Contact Time	Before or					1	Disinfectant	
ł	Visited				Concentration	(T) at C	.at First			į i	Lowest	Minimum	Concentration	
7	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
1 -	Operator (Place	Hours	of Finished	l	First Customer	Point During	During	of	pH of	СТ	UV Dose	Required.	Point in	Conditions; Repair of Maintenance Work that
Month	"X")	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water if	Required.	mW-	mW	Distribution	Involves Taking Water System Components
INDING	_^_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
2	X	24 hrs 24 hrs	53,950 53,950				<u> </u>	ļ		ļ				Auto Flushing
3	$\frac{\lambda}{x}$	24 hrs			3.7			ļ		ļ		ļ	1.7	Auto Flushing
4	$\frac{\hat{x}}{x}$	24 hrs	49,700		4.5					ļ			1.2	Auto Flushing
- 5	$\frac{\hat{x}}{\hat{x}}$	24 hrs	53,300		1.7		<u> </u>	}	<u> </u>				0.9	Auto Flushing
16	$\frac{\hat{x}}{\hat{x}}$	24 hrs	26,400 33,800		1.8					ļ			0.7	Auto and Manual Flushing
7	$\frac{\hat{x}}{x}$	24 hrs	29,300	<del> </del>	2.8							<u> </u>	!	Auto Flushing
8 -		24 hrs	36,600	<del></del>	1.6								0.7	Auto Flushing
9	X	24 hrs	36,600				ļ		L	ļ <u>.</u>				Auto Flushing
10 45	x	24 hrs	31,100		1.9		ļ			ļ	<del></del>		0.8	Auto Flushing
11	$\frac{\hat{x}}{\hat{x}}$	24 hrs	38,200		1.7	····				[		ļ	1.1.	Auto Flushing
12	$\frac{x}{x}$	24 hrs	52,300		4		<b></b>						0,6	Auto Flushing
13	<del>-</del> -	24 hrs	46,600	<del></del>	2.1		<b></b>	ļ					1.0	Auto Flushing
14	$\frac{\hat{x}}{\hat{x}}$	24 hrs	35,600		2.1								<u> </u>	Auto Flushing
15		24 hrs	30,250		2.1								1.1	Auto Flushing
16	×	24 hrs	30,250		2.2									Auto Flushing
17	$\frac{\hat{x}}{x}$	24 hrs	32,900		1.6								<u> </u>	Auto Flushing
18	X	24 hrs	51,400		2.4			-			<u> </u>		0.8	Auto Flushing
19	$\frac{\hat{x}}{x}$	24 hrs	37,100		1.3					<del> </del>			0.9	Auto and Manual Flushing
-20	<del>-</del>	24 hrs	49,100		1.3	<del></del>				<del></del>		<b> </b>	0.7	Auto and Manual Flushing
21		24 hrs	21,800	<del></del>	1.4			ļ		<del> </del>		<del>   </del>	0,5	Auto Flushing
22	Х	24 hrs	21,800		11		<del> </del>					<b> </b>		Auto Flushing
23	$\frac{\lambda}{X}$	24 hrs	36,100		1.1			<del> </del> -				<del> </del>	0.9	Auto Flushing
24	X	24 hrs	46,800	<del>                                     </del>	1.2	<del></del>	<del> </del> -	<del>                                     </del>	<del></del>	ļ		<b></b>	0.5	Auto Flushing
25	X	24 hrs	50,000	i	1.2			-		<b> </b>	<b></b> -	<b></b> -	0.5	Auto and Manual Flushing
26	- <del>X</del>	24 hrs	44,400	<del></del>			<u> </u>	<b>├</b> ────		ļ		ļ	0.6	Auto Flushing
27	$\frac{\lambda}{X}$	24 hrs	48,700	<del></del>	1,9					ļ			0.6	Auto Flushing
28	- <del>X</del>	24 hrs	33,500	<del></del>	2.1	<del></del>	ļ	<b> </b> -		ļ	<u></u>	<b> </b>	0.6	Auto Flushing
29					4.1		ļ			ļ		ļi	0.6	Auto Flushing
	<del></del>	24 hrs	43,000	<u> </u>					<del></del>					Auto Flushing
30	<u>X</u>	24 hrs	43,000		1.9			ļ				<b> </b>	8.0	Auto Flushing
Tatal	X	24 hrs	59,300 1,256,800		1.8		l		<u> </u>	Ì	L	<u> </u>	0.9	Auto Flushing
Total			1,236,800											

59,300

Maximum

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



See page 4 for instructions

1. General Information	for the Month/Year of:	August-07						
A. Public Water System	n (PWS) Information			···		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
PWS Name:	Sebring Lakes	<del></del>			PWS Identif	ication Number:	5284137	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transier	nt Non-Commu		Consecutive	· ····································
Number of Service Con	nections at End of Month:	55				at End of Month:	127	
PWS Owner:	Aqua Utilities Florida	· · · · · · · · · · · · · · · · · · ·			***			
Contact Person:	Bill Dean			Contact P	erson's Title:	Field Coordinate	or	
Contact Person's Mailin	ig Address: 6960 Professional Pa	irkway E. Suit		City:	Sarasota	State: FL	Zip Code:	34240
Contact Person's Teleph	ione Number: 941/907-	7400		Contact P	erson Person's	Fax Number:	941/907-740	) [
Contact Person's E-Mai		Daquaamerica.com						
B. Water Treatment Pla	int Information							
Plant Name:	Sebring Lakes				Plant Teleph	one Number:	941/907-740	00
Plant Address:	5313 Kπight Ave			City:	Sebring	State: FL	Zip Code:	
Type of Water Treated		Water Du	rchased Finished Wa	ter			······································	
Permitted Maximum D	ay Operating Capacity of Plant, galle	ons per day:	280,000					
Plant Category (per sub	section 62-699.310(4), F.A.C.):	C-I		Plant Clas	ss (per subsection	on 62-699.310(4), i	F.A.C.): V	
Licensed Operators	Name		License Class	Lice	nse Number		Day(s)/Shift(s) Work	æd
Lead/Chief Operator:	Robert Pav	er	С		12040		3 Days per week	
Other Operators:								
						<u> </u>		
		<u> </u>			····			
		<del></del>	·				·	
				ļ			<del>, , , , , , , , , , , , , , , , , , , </del>	·
				<u> </u>	<del></del>			
II. Certification by Lead	/Chief Operator				<del></del> .			
i, the undersigned water	treatment plant operator licensed	in Florida, am the lead	chief operator of t	he water tr	reatment plant	identified in Part	t I of this report. I	certify that the
information provided in	this report is true and accurate to	the best of my knowled	lge. I certify that a	ll drinking	water treatme	ent chemicals use	d at thisplant confo	rm to NSF
International Standard 6	0 or other applicable standards re	ferenced in subsection (	62-555.320(3), F.A	.C. I also	certify that th	e following addit	ional operations re	cords for this
plant were prepared each	n day that a licensed operator staf	fed or visited this plant	during the month i	ndicated a	bove: (1) reço	rds of amounts o	f chemicals used ar	nd Chemical feed
rates; and (2) if applicab	le, appropriate treatment process	performance records. F	uthermore. I agree	to provid	le these additio	nal operations re	cords to the PWS	owner so the
PWS owner can retain th	nem, together with copies of this	report, at a convenient le	ocation for at least	ten vears		······ operanons re	voido to tijo i vi o	owner so the
				ion jours.				
		Robert Paver				C12040		
Signature and Date		Printed or Typed Name	······································		<del></del>	License Number	······································	
-			-			Stoolige Trailings		

PWS	dentifica	tion Number	er:	5284137		Plant Name:	Sebring L	akes				· · · · · · · · · · · · · · · · · · ·		
III D	ily Data	for the Men	ith/Year of:											
Maan	of Achi	tor the Mol	illo i Gali Oi.		August-07	<del></del>	· · ·		······		<i></i>			
I VICALIS	Or ACHIE	eving Pour-	Log Virus Inacti	viation/Rem			Free (	Chlorin	e [_]	Chlorine I	Dioxide	<u> </u>	Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describ-	<u>e)</u> :								
lype o	f Disinte	ectant Resid	ual Maintained	in Distribution	on System:				Free Chl	orine	C	mbined C	hlorine (Chlor	ramines) Chlorine Dioxi
1	1				CT Calculations	, or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	ation, if App	licable*	·	)	T T
]	Days					CT Calcu			· · · · · · · · · · · · · · · · · · ·			Dose	f	
1	Plant	l		[			Lowest CT	1				1	Lowest	)
)	Staffed				Lowest Residual	Disinfectant	Provided	1	:		1		Residual	
1	or	ı			Disinfectant	Contact Time	Before or						Disinfectant	ļ
ļ	Visited	ļ		-	Concentration	(T) at C	at First	1		ì .	Lowest	Minimum	Concentration	1
١, ,	by		Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the Month	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW.	Distribution	Involves Taking Water System Components
1	$\frac{\hat{x}}{\hat{x}}$	Operation 24 hrs	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u> </u>	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
2	<del>                                     </del>	24 nrs	59,200		1.5		<u> </u>	<b> </b>				<u> </u>	0.8	Manual and Automatic Flushing
- 3	X	24 nrs	33,800 40,900	<del> </del> -	1.3	ļ	<del> </del> -	ļ					0.6	Automatic Flushing
4	<del>  x</del>	24 hrs	49,400		0.8		ļ	ļ					0.4	Manual and Automatic Flushing
5	<del>                                     </del>	24 hrs	48,700	ļ	4.9	<b></b>	<del> </del>	<u> </u>	<u> </u>				3.2	Automatic Flushing
6	X	24 hrs		<u> </u>										Automatic Flushing
7	<del>  x</del>	24 hrs	48,700 54,900	<u> </u>	1.9	ļ	<del></del>	<u> </u>				<u> </u>	0.5	Automatic Flushing
8	x	24 hrs	106,700	}	2.5								0.9	Manual and Automatic Flushing
9	<del>                                     </del>	24 hrs	66,000	<del> </del>	1.3		<del> </del>	ļ					0.6	Manual and Automatic Flushing
10	<del>  x</del>	24 hrs	48,100		1.8		ļ	ļ					0.9	Automatic Flushing
11	<del>  x</del>	24 hrs	96,400		22	<b></b> _	ļ		ļ	ļ		ļ <u>.</u>	0.4	Automatic Flushing
12	<del>                                     </del>	24 hrs	84,950		1.8			<b> </b>				ļ	0.7	Automatic Flushing
13	X	24 hrs	84,950	<b></b>	1.2			Ì			<u></u>			Automatic Flushing
14	$\frac{1}{x}$	24 hrs	109,300	<b> </b>	1.3 3.1		<del> </del>	ļ					0.7	Manual and Automatic Flushing
15	X	24 hrs	80,100		3.4		<del> </del>	<b> </b>					0.9	Automatic Flushing
16	$\frac{\lambda}{x}$	24 hrs	131,800	<b></b>	3.9		<del> </del>	<u> </u>					<u> </u>	Manual and Automatic Flushing
17	$\frac{1}{x}$	24 hrs	111,300		3,6		<del> </del> -	<del> </del>	<u> </u>				1.6	Automatic Flushing
18	$\frac{1}{x}$	24 hrs	84,600		2.3	<del></del>	<del>}</del>						1.1	Automatic Flushing
19	<del>  ^`</del> -	24 hrs	60,550		2.3	<del></del>	ļ					<u> </u>	1.3	Manual and Automatic Flushing
20	X	24 hrs	60,550		3	<u> </u>	<del> </del>					ļ		Automatic Flushing
21	X	24 hrs	39,800		3	<del></del>	}						1.2	Automatic Flushing
22	X	24 hrs	35,900		2.1	<del></del>	<del> </del>	ļ					1.1	Manual and Automatic Flushing
23	$\frac{\hat{x}}{x}$	24 hrs	44,600		1.8	<del></del>	<del> </del>						1.2	Automatic Flushing
24	X	24 hrs	40,700		2.1	<del></del>	<del> </del>	ļ				<u></u>	0.9	Manual and Automatic Flushing
25	$\frac{\lambda}{X}$	24 hrs	36,900		1.9	<u> </u>	<del> </del> -						1.1	Automatic Flushing
26	-	24 hrs	41,500		1.9		·	<b></b> -					0.8	Automatic Flushing
27	X	24 hrs	41,500		2	<u></u>	<del> </del>	ļ						Automatic Flushing
28	X	24 hrs	40,000										0.9	Manual and Automatic Flushing
29	$\frac{1}{x}$	24 hrs	41,300		2.8	<del></del>	<del>                                     </del>	<b> </b>					1.4	Automatic Flushing
30	<del>- 2</del>	24 hrs	41,300		3.9	<del></del>							1.2	Manual and Automatic Flushing
31	<del> </del> <del>x</del>	24 hrs	42,100	<del></del>	3.8		<del> </del>	<b> </b>					1.2	Automatic Flushing
Total	<u> </u>	74 m2	1,906,500		3.6	<u> </u>	<u> </u>	L	L	L		<u> </u>	1.6	Manual and Automatic Flushing
Average	<del></del> .	<del></del>	61 500											

131,800

Maximum

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



See page 4 for instructions

Conord In farm					
I. General Information I	for the Month/Year of: December-07	·			
A. Public Water System	(PWS) Information		- · · · · · · · · · · · · · · · · · · ·		
	Sebring Lakes		PWS Identif	ication Number:	5284137
PWS Type:	X Community Non-Transient Non-Com	ımunity 🗍	Transient Non-Commun	nity	Consecutive
	nections at End of Month: 55		Total Population Served		127
	Aqua Utilities Florida				
Contact Person:	Bill Dean		Contact Person's Title:	Area Manager	
Contact Person's Mailin	g Address: 6960 Professional Parkway E		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph			Contact Person Person's	Fax Number:	941-907-7401
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Sebring Lakes	<del></del>	Plant Teleph	one Number:	941-377-9456
Plant Address:	5313 Knight Ave	· · · · · · · · · · · · · · · · · · ·	City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated		rchased Finished Wat			
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	280,000		<del></del>	
Plant Category (per sub	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A	A.C.): C - I
Licensed Operators	Name	License Class	License Number		y(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	С	12040		6 Days per week
Other Operators:				<del>                                     </del>	o Days por wook
			<u> </u>	<del></del>	
V 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10		<u> </u>	†	<del> </del>	· · · · · · · · · · · · · · · · · · ·
			<u> </u>	<del>                                     </del>	***************************************
			<del> </del>	<del> </del>	
			f	1	
			<del> </del>		
			· · · · · · · · · · · · · · · · · · ·		····
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	
<ol> <li>Certification by Lead</li> </ol>	/Chief Operator				
L the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of th	a water treatment plant	identified in Dort I	of this remove I need to the state
information provided in	this report is true and accurate to the best of my knowled	doo. I costification of a	ie water treatment piant.	-4 -1	of this report. I certify that the
International Standard 61	or other applicable standards referenced in subsection	oge. I centry that at	orinking water treatme	ni chemicais used a	it thispiant conform to NSF
-1	or other applicable standards referenced in subsection	02-333.320(3), F.A	.C. I also certify that th	e following addition	nal operations records for this
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month in	idicated above: (1) reco	rds of amounts of c	hemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process performance records.	Futhermore, I agree	to provide these addition	mal operations reco	rds to the PWS owner so the
PWS owner can retain th	em, together with copies of this report, at a convenient	location for at least	ten years.		
	·		•		
	Robert Paver			C12040	
Signature and Date	Printed or Typed Nam	ie		License Number	

PWS	dentifica	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
III. Dai	ly Data	for the Mon	nth/Year of:	•	December-07									
			Log Virus Inacti	wistion (Pass		·		CE1i.		OI 1	<u> </u>			a li lau i (alleria)
	Of Acing	et Radiation	rog virus macu	Viation/Rem			Free (	Chlorine	e	Chlorine l	Jioxide	L (	Ozone	Combined Chlorine (Chloramines)
					Other (Describe	e);								
Type 0	Distrite	ctant Resid	ual Maintained i	in Distribution					Free Ch			mbined C	hlorine (Chlor	ramines) Chlorine Dioxid
		ĺ		·	CT Calculations	, or UV Dose, to		Four-Log	Virus Inactiv	ation, if App				
	Days					CT Calcu	lations		2000	: -	UVI	Dose		
	Plant		· .	}	İ		Lowest CT					•	Lowest	
}	Staffed			,	Lowest Residual	Disinfectant	Provided					* * .	Residual	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro
	or		]	] .	Disinfectant	Contact Time	Before or			]			Disinfectant	
İ	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	•
Day of	by Operator:	Hours	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
the	(Place	Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow.	Water, C	Water if	Required	mW-	mW	Distribution	Involves Taking Water System Components
1	X	24 hrs	29,240	Rate, gpd	1.9	ninutes	mg-min/L	1	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
2	,	24 hrs	25,895	<del> </del>	1.5		<del> </del>	<del> </del> -				<del>                                     </del>	0.9	Automatic and Manual Flushing
3	X	24 hrs	25,895		1.7	<u> </u>	<del> </del>	┼──┤	<del> </del>	<del></del>		<b></b>	<del>, , ,</del>	Annual Elizabia
4	X	24 hrs	20,030	- <del></del>	1.4		<del> </del>	<del>                                     </del>	ļ	<del> </del>			1.I 0.8	Automatic and Manual Flushing
5	X	24 hrs	28,350		1.7		<del> </del>	╁┷┵	ļ <u>.</u>	<del> </del>			0.8	Automatic and Manual Flushing
6	X	24 hrs	25,070	<u> </u>	1.6	<u> </u>	<del> </del>	<b> </b>	ļ		<del> </del> -		0.9	Automatic and Manual Flushing
7	X	24 hrs	27,670		0.7		<del> </del>	<del> </del> !	<b>├──</b>	<u> </u>	<del> </del>	<u> </u>	0.3	Automatic and Manual Flushing
8		24 hrs	32,935	<del> </del>	0.7	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<b></b>		<del> </del>	ļ	-	0.3	Automatic and Manual Flushing
9	х	24 hrs	32,935		1.6		<del> </del> -	┿┈┈┤		<del> </del>	<del> </del>		0.8	Automatic and Manual Flushing
10	X	24 hrs	24,880		1.5		<del> </del>	<del>  </del>	ļ	<del> </del>	<del> </del> -		0.8	Automatic and Manual Flushing  Automatic and Manual Flushing
11	Х	24 hrs	26,350	<del></del>	1.1	<del></del>	<del></del>	<del>                                     </del>		<del> </del>	<del> </del>		0.5	Automatic and Manual Flushing  Automatic and Manual Flushing
12	Х	24 hrs	30,670		0,9	1.7	<del> </del>	<del>  </del>			<del></del>		0.4	Automatic and Manual Flushing
. 13	Х	24 hrs	25,750	<u> </u>	1.4		<del>                                     </del>	<del>                                     </del>	<del></del>	<del> </del> -	}	<del> </del>	0.6	Automatic and Manual Flushing
14	Х	24 hrs	30,840	<del> </del>	2.1		<del> </del>	<del>  </del>			<del> </del>		0.9	Automatic and Manual Flushing
15	Х	24 hrs	38,880		1.8			<del>  </del>		<del></del>	<del> </del>	<del> </del>	0.8	Automatic and Manual Flushing
16		24 hrs	25,165			<del></del>	<del></del>	<del>  </del>		<del></del>	<b></b>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Adtomatic and Mandai Plushing
17	Х	24 hrs	25,165	<del></del>	1.7		<del> </del>	<del>  </del>		<del> </del>			0.8	Automatic and Manual Flushing
18	Х	24 hrs	25,690	<del></del>	1.8			<del>                                     </del>		ļ	<del></del>		0.9	Automatic and Manual Flushing  Automatic and Manual Flushing
19	Х	24 hrs	35,810		1.7		<del>                                     </del>	†		<del> </del>	<del> </del>		0.8	Automatic and Manual Flushing
∙ 20-	X	24 hrs	17,830		1.6					<del> </del>	<del> </del>		0.7	Automatic and Manual Flushing
21	Х	24 hrs	24,830		1.5		<del></del>						0.7	Automatic and Manual Flushing
22	X	24 hrs	27,620		1.7		<del> </del>						0.8	Automatic and Manual Flushing
23	X	24 hrs	27,590		1.6		<del> </del>	<b></b>		<del> </del>			0.8	Automatic and Manual Flushing
24	X	24 hrs	25,290		1.5		<b></b>	<del>-</del>		<del></del>			0.7	Automatic and Manual Flushing
25	Х	24 hrs	30,970		1.6		<del> </del>						0.7	Automatic and Manual Flushing
26	Х	24 hrs	20,070		1.6		<del> </del>	<del>  </del>		<del> </del>			0.8	Automatic and Manual Flushing
27	X	24 hrs	22,280		1.7			<b>—</b>		<del> </del>			0.8	Automatic and Manual Flushing
28	X	24 hrs	22,590		1.5	······································							0.7	Automatic and Manual Flushing
29	Х	24 hrs	23,640		1.7								0.8	Automatic and Manual Flushing  Automatic and Manual Flushing
30:		24 hrs	28,760				<del>                                     </del>	<del>  </del>					V.U.	Attachment and Manual Plushing
31	Х	24 hrs	28,760		1.5		<del></del>	<del>  </del>		<del> </del>	<del> </del>		0.7	Automatic and Manual Flushing
Total	Maria . i	orego	837,450		<del></del>	<u> </u>	·	<del>لــــــــــــــــــــــــــــــــــــ</del>		<u> </u>		ļ		Appendice and retained Flushing
		Terretoria en la como	27,015			•								

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

PWS	ID:	5284137	Plant Name:	Sebring Lak	es		
V.	Summary of Use of Poly	mer Containing Acrylan				ron or Manganese Sequestrant for the Year: *	2007
A.		onomer acrylamide used at the			☑ No		
Ĺ	Polymer Dose ppm =		<del></del>		Acrylamide Level, %t=		
	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatmen	nt plant?	☑ No		<u> </u>
į	Polymer Dose ppm =				Epichlorohydrin Level, %1=	:	
C	Is any iron or manganese seques	trant used at the water treatment	t plant?	☑ No			<del></del>
	Type of Sequestrant (polyphospi			······································	······································		
	Sequestrant Dose, mg/L of phos	phate as PO4 or mg/L of silicate	as SiO ₂ =	<del></del>	<del></del>		
Į	If sodium silicate is used, the an	nount of added plus naturally oc	curring silicate, in	mg/L as SiO ₂ =			

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide,

polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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



### Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

පිසයි	ADBO	4	for	instructions
	222	7	101	INDU LICUIDINA

I Conordina											
I. General Information for the Mo	onth/Year of: DECEMBER 2007										
A. Water System Information											
PWS Name: SEBRING LAKES				PWSI	dentification	Number: 5284137					
PWS Type: XX Community	Non-Translent Non -Commi	inity	Transie	ent Non-C	ommunity	Consecutive					
Number of service connections at	end of month: 65	To	tal population s	erved at e	nd of month:	75					
PWS Owner: AQUASOURCE											
Contact Person: JOHNNY CHAME	BERLAIN		Contact Perso	n's Title:							
Comact Person's Mailing Address; 6960 PROFESISONAL PKWY E SHITE 400   City: SAPASOTA   State: El   1715 Code: 24040											
Contact Person's Telephone Numb	er: 1-800-250-7532		Contact Perso	n's Fax N	umber: 941-9						
Contact Person's E-Mail Address:											
B. Water Treatment Plant Informa	llon										
Plant Name: SEBRING LAKES					Plant Teleph	one Number: 1-800-250-7532					
Plant Address: 5313 KNIGHT AVE			SEBRING		State: FL.	Zip Code; 33875					
Type of Water Treated by Plant:	XX_Raw Ground Water Purch	nased Fi	nlshed Water								
Permitted Maximum Day Operating	Capacity of Plant, gallons per day:										
Plant Category (oer subsection 62-		∫ F	Plant Class (per	subsectio	n 62-699.310	0(4), F.A.C.); V					
Licensed Operators	Name	L	cense Class		e Number	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	DANIEL M. HOLMES		С	4	335	5					
Other Operators:											
i i	OTTO KRUCKER		C	7	790	表有					
	CHRIS GILBERT		С	13	3107	**					
		1									
					<del></del>						
	* As Needed										
II. Certification by Lead/Chief Opera	ator			·	<u>1</u> _						
, the undersigned water treatment plant	operator (Icensed in Florida, am the lead/chie	f operato	or of the water tre	atment pla	nt identified in	Part I of this report   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 62-555.321(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 amount of chemicals used and chemical fede rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

_		_		
Sig	nati	Jre	and	Date

To aimod

DEP Form \$2-555 900(3) Effective August 28, 2004

DANIEL M. HOLMES Print or Typed Name

License Number

			lumber: 528-	4 <u>137</u>				Plan	t <u>N</u> ame	: SEBF	RING LAKE	S		
HI. C	III. Daily Data for Month/Year of: DECEMBER 2007													
Mea	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
_()	traviolet I	Radiation	Other (Descri	bc):								J		,
			idual Maintair	ad in Diet	ribution System	: Free Ch	lorine C	ombina	Chlorie	ne (Chlor	aminee\	Chlorine [	Diovida	
		Toolaris res	I STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE		Calculations, or								JIOAIGE	
	1	<b>[</b>	ì f		Calculations, of	CT Calcul		-our-Lo	VITUBII	Iactivatio	UV D			
	!		}			CT Calcul	anous				000	036		
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rale, gpd	Lowest residual dianfectant concentra- tion (C) before or at first customer during peak thow, mg/L	Disinfectant contact time (T) a C measurment point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg- min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectal disinfectal concentration at remote point in dist. aystem, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	_X	24	29240		1.5								.9	
2		24	269950											
3	<u> </u>	24	25995		1,7								1.1	
4 5	X	24	20030		1.4								.8	
		24	28350		1.7								.9	
5	X	24	25070 27670	<del></del>	1,6			<u></u>				<u> </u>	.8	
-	^	24	32935		<del>  ''</del>			ļ					.3	
-	X	24	32935		}									
10	<del>x</del>	24	24880		1.6	<del></del>					<del> </del>	ļ. ——	.8	<del></del>
11	x	24	26350		1.1								.8	
12	- <del>x</del>	24	30670		9								.6	<u> </u>
13	x	24	25750		1.4						<del></del>		.4	
14	- <del>-</del>	24	30840		2.1								.6	
	x	24	38880		1.8							<u> </u>	.8	
16	-^	26	25165		1 1/9					<u> </u>			.8	
17	x	24	25165		1.7						<del> </del>			
18	Ŷ.	24	25890		1.8						<del></del>		.8	
19	x	24	35810		1.7						<del></del>	<u> </u>	.8	
20	<del>-</del>	24	17170		1.6						<del></del>	ļ	.7	
21	x	24	24830		1.5							<del></del>		<del></del>
22	Ŷ-	24	27820		1.7							<del></del>	.7	
23	<del>\$</del>	24	27590		1.6								.8	
24	<del>x</del>	24	26290		1.6								.8	
28	<del>\$</del>	24	30970		1.6							<del></del>	.7	
28	<del>x</del>	24	20070		1.6						<u> </u>	<del></del>	.7	
27	x	24	22280		1.7								,g	
			22590										.8	
28	X	24	23540		1.6			<u> </u>					.7	
29	Х		28760		1.7	<b></b>							.8	
30	<del></del> _	24	28760		<del>[</del>								<del></del>	
31	X	24	836890		1.5		1						.7	
Total													•	
Avera	ge		27000	[										

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

Maximum

38880



See page 4 for instructions							
I. General Information for the Month/Ye	ar of: January-06	<del></del>	<del></del>				
A. Public Water System (PWS) Informa				<del></del>			
PWS Name: Sebring Lakes				PWS Identificati	on Number:	5284137	
PWS Type: X Community	Non-Transient No	n-Community	Transient l	Non-Community	الناءة المنسلون ويواليا الباليات المنطب بنسب	Consecutive	
Number of Service Connections at End of				ation Served at Er	nd of Month:	127	_
PWS Owner: Aqua Utilities Flo			<del></del>	· · · · · · · · · · · · · · · · · · ·	***		
Contact Person: Carolyn McFalls			Contact Per	son's Title: Ar	ea Manager - Flori	ida	
Contact Person's Mailing Address: 696	60 Professional Parkway E. Suit		City:	Sarasota Sta	ate: FL	Zip Code: 34240	
Contact Person's Telephone Number:	941/907-7400		Contact Per	son Person's Fax	Number:	941/907-7401	
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.c	com		_			
B. Water Treatment Plant Information							
Plant Name: Sebring Lakes				Plant Telephone		941/907-7400	
Plant Address: 5313 Knight Ave			City:	Sebring St	ate: FL	Zip Code: 33875	
	X Raw Ground Water	Purchased Finished Wa	ater				
Permitted Maximum Day Operating Capa		280,000					
Plant Category (per subsection 62-699.31					2-699.310(4), F.A.		
Licensed to perators and towards and an ex-	Name Name	**** Dicensei@lass	* Licens	e Number	* Day	(s)/Shift(s)/Worked/s	44
Albert Cheroperiido Externis paixes	Robert Paver	С	13	2040		3 Days per week	
Shreety Zing corp with a stable and the first of the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and the stable and th							
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		<del></del>					
			<del> </del>				
		<del></del>	<u> </u>				
			<del></del>				
Anna Saire and Anna Saire Saire		1	_!	<u></u>			
II. Certification by Lead/Chief Operator		• • •			· <del>-</del>		
		1 . 1 1/.1/. /	41-		ACAL DAI		_
I, the undersigned water treatment plant	-	•		•		•	;
information provided in this report is true							
International Standard 60 or other applic							
plant were prepared each day that a licen	sed operator staffed or visited thi	s plant during the month	indicated abo	ove: (1) records	of amounts of ch	nemicals used and chemical fe	ed
rates; and (2) if applicable, appropriate to	eatment process performance rec	ords. Futhermore, I agre	e to provide	these additional	operations recor	rds to the PWS owner so the	
PWS owner can retain them, together wit	th copies of this report, at a conve	enient location for at leas	t ten years.				
_	•		•				
	Robert Payer	MENT NUMBER-DA	T (	<u>C</u>	12040		
Signature and Date	Printed of Type	ed Name		Li	cense Number		
	n	430,7 MAY 22	8				
DEP Form 82-555 900/3\Alternate	Ų	Pake I''''	<del></del>				

FPSC-COMMISSION CLERK

PWS I	lentifica	ation Numbe	r:	5284137		Plant Name:	Sebring La	ikes						
III. Da	III. Daily Data for the Month/Year of: January-06													
Means	of Achi	eving Four-	Log Virus Inacti	viation/Rem	oval· *	· · · · · · · · · · · · · · · · · · ·	Free (	Chlorin	е П	Chlorine [	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Iltravio	let Radiation	og indsmach		Other (Describe	۸۰.		J111011111	` `	Ciliotine	PIONIGE	<u> </u>	220110	Combined Chieffine (Chief Chief
Type	f Dicine	ontont Desid	and Malanata and t	الما		·			Free Chl			- bi- ad C	hlorine (Chlor	amines) Chlorine Dioxid
E TORES	1 0131111	ectant Resid	uai Maintained i	in Distributio	Lowest Residual), Disinfectant Concentration at (C) Before or at	and the second second second second second	ante al residente	- 27 g 27 g 24 , 27 32	Free Cni	orme	CO	moined C	niorine (Chior	amines) Chlorine Dioxio
7		A. Commercial		5 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CI Calculations	or UV Dosesto.	Jemonstrateal	our-bag	Wirus Inactiv	ation, it App	icable"	AT INCAPACION		
***	Days	<b>K</b> **		734 TOTAL SEC.		CIRCHICU	lations and a	Section 1		l C	** : : : : : : : : : : : : : : : : : :	Jose .	Lowestry	
	Plants						Lowest CI	- TX		94	70 St. 100 St.		Lowesto. Residual	
-103	SHILLED			A Van	Lowest Residuals	Districtant:	Serroyided 3				S. 1		Kesidual Disinfectant	A Property of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con
	Visited			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Concentration	Contact vine	Defore of	(\$27).			Lowest	Minimum	Concentration	
	by		Net Ouanity		(C) Before or at	Measurement	Customer	Temp	a e	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operato	τ Hours	of Finished		First Customer	Point During	Dunng	of	pH of	ĊТ	UV Dose.	Required,	· Point in	Conditions, Repair or Maintenance Work that
the 🖟	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow.	Water,	Water, if	Required,	mW-	mW	Distribution -	Involves Faking Water, System-Components
-Month	* 90°)	Operation :	Produced, gal	Rate, gpd	Flow, mg/L	minutes *	ing-min/L	C.	Applicable	mg-min/L	sec/cm2	sec/cm2⊀	System, mg/L	Gut of Operation
		24 hrs	146,000											
1.0	X	24 hrs	146,000		2.7								1.3	
	Х	24 hrs	176,000		2.1								1.4	
2 d	X	24 hrs	238,000		1.9	<u> </u>			<u> </u>				1	
	X	24 hrs	111,000		1.4			ļ	<u> </u>	ļ			1	
	Х	24 hrs	131,000		2.1								1.4	
		24 hrs	132,000					<u> </u>			<u> </u>		1.0	
	X	24 hrs	132,000		2.2		<u> </u>	<del> </del>	<del> </del>	<del> </del>			1.3	
[22.65] [22.65]	X	24 hrs 24 hrs	147,000 130,000		1.9				<del> </del>				1.4	· · · · · · · · · · · · · · · · · · ·
fra dise.	X	24 hrs	156,000	<del> </del>	2.1	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>			1,1	
F 7 10 - 13	X	24 hrs	130,000		2.1		<del> </del>	<del> </del>	1	<del> </del>		<del>                                     </del>	1.1	
	X	24 hrs	112,000	<del> </del>	1.8	<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>		0.9	
	X	24 hrs	152,000	<del> </del>	2.3			-	<del> </del>			<del>                                     </del>	1,1	
4414		24 hrs	113,000		3.0		<del> </del>	<b>†</b>			-			
5 75 N	х	24 hrs	113,000		2.1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1	<u> </u>				1.5	
	Х	24 hrs	147,000		2.1			<b>†</b>	1				1.4	
	Х	24 hrs	103,000		2.1								1.2	
13 M. S.	Х	24 hrs	108,000		2								1.4	
	Х	24 hrs	133,000		2					]			i	
257		24 hrs	132,000			,						,		<u> </u>
	X	24 hrs	132,000		2.1				ļ				0.9	
	X	24 hrs	161,000		1.9		1						1	
	X	24 hrs	140,000	ļ	2	<u> </u>							1. <b>L</b>	
	X	24 hrs	123,000	<b></b>	2.1		<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	1.1	
	X	24 hrs	162,000		2	ļ		ļ	ļ	<u> </u>	<b></b>		1.2	
1	X	24 hrs	139,000	ļ	3.4	<b></b>	ļ	ļ	<del> </del>	<u> </u>	ļ	ļ	2.1	
	X	24 hrs	163,000	<u> </u>	3.3		ļ	<del> </del>	-	<del>                                     </del>	<del> </del>	ļ	2.2	
		24 hrs	173,000	ļ			<del> </del> -	<del> </del>	<del> </del>	ļ	<del> </del>	<del> </del>	<del>                                     </del>	
و المحتدي	X	24 hrs	173,000	<del> </del>	2.4		ļ	<del> </del>	<del> </del>	<del> </del>		<b></b>	1.2	
Franki Franki	X	24 hrs	78,000 4,332,000	<del> </del>	3.2	<u> </u>	<u> </u>	1	<u> </u>	1	<del> </del>	<u> </u>	1.4	]
	412		130.742	┧										

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



See page 4 for instructions

1. General Information for the Month/Year of: February-06				
A. Public Water System (PWS) Information				
PWS Name: Sebring Lakes		PWS Identific	cation Number:	5284137
PWS Type: X Community Non-Transient Non-Community		ransient Non-Commun		Consecutive
Number of Service Connections at End of Month: 55	То	tal Population Served a	t End of Month:	127
PWS Owner: Aqua Utilities Florida				
Contact Person: Bill Dean		ntact Person's Title:	Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit	Cit		State: FL	Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400	[Co	ntact Person Person's F	ax Number:	941/907-7401
Contact Person's E-Mail Address: wadean@aquaamerica.com	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment Plant Information		, ,,	<del></del>	
Plant Name: Sebring Lakes		Plant Telepho		941/907-7400
Plant Address: 5313 Knight Ave	Ci	ty: Sebring	State: FL	Zip Code: 33875
	ed Finished Water	<del> </del>		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,6			(0. (00. 210(f), F.)	
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I	Pla	ant Class (per subsectio	n 62-699.310(4), F.A.	C.): V
Holecused Operators 1974				
Robert Paver	<u>C</u>	12040	3	Days per week
			·	
			<del></del>	
<u>E-C-1</u> 125.5.1 10.1.17.6.5.40.1941			<u> </u>	
11. Certification by Lead/Chief Operator				
<u></u>	C . Cul	4 4 4 4 4 4 4 4 4 1 4 4 4	: 14:6-1:- D1:	California Y and California
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chie	operator of the v	water treatment plant	identified in Part I o	of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge.	I certify that all di	rinking water treatme	int chemicals used at	t thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 62-53	55.320(3), F.A.C.	I also certify that the	e following addition:	al operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant during	ng the month indi	cated above: (1) reco	rds of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Futher	ermore, I agree to	provide these addition	nal operations recor	rds to the PWS owner so the
PWS owner can retain them, together with copies of this report, at a convenient locati			•	
		•		
Robert Paver			C12040	
Signature and Date Printed or Typed Name		<del>, , , , , , , , , , , , , , , , , , , </del>	License Number	

MC... (HLY OPERATION REPORT FOR PWSs TREATING R... GROUND WATER OR PURCHASED FINISHED WATER.______

PWS Id	S Identification Number: 5284137 Plant Name: Sebring Lakes														
III. Đại	v Data i	for the Mont	th/Year of:		February-06										
Means	of Achie	ving Four-I	og Virus Inactiv	viation/Remo	oval: *		Free (	Chlorine	e T	Chlorine I	Dioxide		)zone	Combined Chloris	ne (Chloramines)
Пυ	ltraviole	et Radiation	3		Other (Describe	: <b>)</b> :	لـــا	54-48				<u> </u>			` '
Type of	Disinfe	ctant Residu	ial Maintained i	n Distributio	n System				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxic
- C-300-000		Carre recitor	Tar Iviamented I	II DISTIDUIL	ni system. Osomorvanie et	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	Service Control	1	Orania and	ornic Artanole Atan	L CO	THOMICO C	e evice to the		
	200		ıal Maintained i		CF Galetilations	OF ON DOSE TON	annes	our-rog	SAU ITZINISCIIA	ation, it Appl	Caule Person	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH			
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	Staffed				Lowest Residual	Theinfectant	Provided				Lowest	4879	Residual		
	-or	,			Disinfectant:	Contact Time	Before or	14. 70	34.	7			Disinfectant -	Alares in a	
	Visited	jia r			Disinfectant : ~  //Concentration	(I) sat C		<ul><li>4 Fig.</li></ul>			Lowest	Minimum			bnormal Operating
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp	10.6 10.000 10.6	Minimum ,	- Operating	ON DOSC	at Remote	Emergency or A	bnomial Operating
Day of		Hours	of Finished		· First Customer ·	Point During	During	of	→ pH of	° CT	UV Dose,	Required.	Point in	Conditions, Repair or	Maintenance Work that er System Components
the	(Place	Plant in	Water	Peak Flow	During Peak ::		Peak Flow,	Water.	Water, if	Required.	mW-	; mW	Distribution	Involves Taking Wat	er System Components
Month	'X')	Operation	Produced, gai	Rate gpd.	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Out of	Operation
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13 1883	X	24 hrs	87,000			2.4	<u> </u>		<del> </del>		ļ		1.3		
	- <u>^</u>	24 hrs 24 hrs	116,000 59,000			2.3 1.8					ļ	<del></del>	1.3		
		24 hrs	93,000			1.0				<del> </del>	<u> </u>	-	1,2		
447.121.036	Х	24 hrs	92,000			2.4					-		1		
1 d 12 d 22	X	24 hrs	141,000			2.2			<del>                                     </del>		<del> </del>	<del> </del>	1.2		
70.0	x	24 hrs	109,000			1.8		<del> </del>	<del> </del>		<del>                                     </del>	<del> </del>	1		
	X	24 hrs	113,000		<del> </del>	3.2	<u> </u>	<del> </del>	<del> </del>		<del>                                     </del>		1.9		
8.07	X	24 hrs	54,000			2.4	<del>                                     </del>						1.4		
	х	24 hrs	52,000			3.2		1	<del> </del>		<u> </u>		1.7	1	······································
		24 hrs	42,000												· · · · · · · · · · · · · · · · · · ·
	Х	24 hrs	42,000			3.1							1.6		
	Х	24 hrs	42,000			3						·	1.4		
	X	24 hrs	30,000			2.8							1.5		
	X	24 hrs	121,000			2.7							1.2		
	Х	24 hrs	72,000			2.1				1			1.1		
	Х	24 hrs	114,000			2.2	<u> </u>	ļ		ļ	ļ		1.2	<b> </b>	
1. 1. 2. 1.4		24 hrs	140,000		<b> </b>		ļ	<u> </u>	<del> </del>	ļ	<b> </b>	ļ	<del></del>	<del> </del>	
18.5	X	24 hrs	140,000	ļ	ļ <u>.</u>	1.9	<u> </u>	ļ	ļ		<del> </del>	<b> </b>	!	-	<del></del>
	X	24 hrs	69,000	·	<del> </del>	2.1	<u> </u>	<del>                                     </del>	ļ	<del> </del>	<u> </u>	ļ·	1 1	<u> </u>	<u> </u>
	X	24 hrs	151,000			2	<u> </u>	ļ	<b> </b>		<u> </u>	<del> </del>	1	ļ · · · · · · · · · · · · · · · · · · ·	
	X	24 hrs	71,000	ļ	<b></b>	2.1	<del> </del>	ļ	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.1		····
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risidos.	X	24 hrs	82,000	<u> </u>		2.2	<del> </del> -	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del>                                     </del>	<del> </del>	<u> </u>	
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7	X	24 hrs	40,000	<del></del>	<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	-	<del> </del>		ļ	<del> </del>	
Salter of Salt		24 hrs 24 hrs					<del>                                     </del>	+	<del>                                       </del>	<del> </del>	<u> </u>	<del> </del>	<del>                                     </del>	<del> </del>	
		24 hrs	<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	1		<u> </u>	
et de la constant de la constant de la constant de la constant de la constant de la constant de la constant de La constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de	المحادثين	24 1115	2,304,000		<u> </u>				·			1	1	<u> </u>	
		40.00	82,286												

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



See page 4 for instructions

See page 4 for instruction								
	for the Month/Year of:	March-06						-
A. Public Water Syste	m (PWS) Information			•				
PWS Name:	Sebring Lakes				PWS Identi	fication Number:	5284137	
PWS Type:	X Community	Non-Transient Non-Con	munity	T	ransient Non-Commu	inity	Consecutive	
	nnections at End of Month:	55		To	tal Population Served	at End of Month:	127	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Bill Dean			Co	ntact Person's Title:	Field Coordinator		
Contact Person's Mail				Cit		State: FL	Zip Code: 342	40
Contact Person's Tele			·····	C₀	ntact Person Person's	Fax Number:	941/907-7401	
Contact Person's E-M		n@aquaamerica.com						
B. Water Treatment P			<u>.</u>					
Plant Name:	Sebring Lakes				Plant Telep	hone Number:	941/907-7400	
Plant Address:	5313 Knight Ave			[Cit	y: Sebring	State: FL	Zip Code: 338	175
Type of Water Treate			irchased Finished	Water	· · · · · · · · · · · · · · · · · · ·			
Permitted Maximum	Day Operating Capacity of Plant, ga		280,000					
Plant Category (per s	ubsection 62-699.310(4), F.A.C.):	C-I		Pla	int Class (per subsect			
	Name		1	Section		With the Company of the D	ay(s)/Shift(s).Worked	
endergier Organica	Robert Pa	aver	C		12040		3 Days per week	
Control bearings								
- <del>- 2</del>			ļ					
	<u> </u>				<del></del>		· · · · · · · · · · · · · · · · · · ·	
in the second	§	<del></del>	<del>-</del>	<del></del>		<u>.   </u>		
entra de la companya de la companya de la companya de la companya de la companya de la companya de la companya	***		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
and the contract of the second	<u> </u>						<del></del>	·
	<u> </u>				<del></del>	<del></del>		
ELDE SELECTION SELECTION	<u>475</u>		<u> </u>			J		
II. Certification by Le	ad/Chief Operator							
<del></del>	······································	1.1 101 1.1	V 11 C	C . I				
i, the undersigned water	er treatment plant operator licens	ed in Florida, am the lead	D'chief operator of	of the w	vater treatment plan	t identified in Part l	I of this report. I cer	tify that the
information provided i	n this report is true and accurate	to the best of my knowle	dge. I certify tha	at all dr	inking water treatm	ent chemicals used	at thisplant conform	to NSF
International Standard	60 or other applicable standards	referenced in subsection	62-555.320(3), 1	F.A.C.	I also certify that the	he following addition	onal operations recor	ds for this
plant were prepared ea	ch day that a licensed operator st	taffed or visited this plan	t during the mont	th indic	ated above: (1) rec	ords of amounts of	chemicals used and o	hemical feed
rates; and (2) if applica	able, appropriate treatment proce	ss performance records.	Futhermore, I ag	gree to p	provide these additi	ional operations rec	ords to the PWS own	ner so the
	them, together with copies of thi							
	•				<b>,</b>			
		Robert Paver				C12040		
Signature and Date		Printed or Typed Nan	ne			License Number	················	
• • • • • • • • • • • • • • • • • • • •								

Page I

ME THLY OPERATION REPORT FOR PWSs TREATING R. . GROUND WATER OR PURCHASED FINISHED WATER. PWS Identification Number: Plant Name: Sebring Lakes 111. Daily Data for the Month/Year of: March-06 Combined Chlorine (Chloramines) Ozone Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chiorine Dioxide Ultraviolet Radiation Other (Describe): Combined Chlorine (Chloramines) Chlorine Dioxic Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine CT Calculations of UV Dose to Demonstrate Eour Dog Virus Inactivation of Applicable

Out Dose

Plant

Douglic Dog Virus Inactivation of Applicable

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Out Dose Disinfectan: Lowest CT Provided Contact Time Properties Lowest Residual ... Lowest Residual Staffed Disinfectant Disinfectant or . Minimum Concentration Lowest (T) at C at fust Visited Concentration Emergency/or Abnormal/Operating
Conditions Repair or Maintenance Work that
Involves Taking Water System Components
McOutofsOperation UV Dose at Remote Operating. (C) Before or at Measurement. Customer Minimum Net Quanity by -Required, Point-in CT UV Dose, Point During During of pH of First Customer Hours of Finished Day of Operator Distribution mWmW Water, Water, if Required, Peak Flow, Peak Flow, (Place: Plant in Water Peak Flow During Peak the Applicable `™ć _] mg-min/L sec/cm2 sec/cm2 System, mg/L minutes mg-min/L Flow, mg/L Month "('X") Operation Produced, gal Rate, god 1.2 2.2 Х 24 hrs 53,000 1.1 45,000 1.8 X 24 hrs 1.2 71,000 1.8 24 hrs 72,000 24 hrs 1.2 72,000 1.9 Х 24 hrs Flushed 1.2 162,000 2.1 X 24 hrs 1.4 Flushed 2.3 X 24 hrs 286,000 1.4 161,000 2.3 24 hrs Х 1.4 X 24 hrs 116,000 1.8 1.3 106,000 1.7 X 24 hrs 1.3 2.1 24 hrs 140,000 138,000 24 hrs 1.2 1.9 X 24 hrs 138,000 1.3 x 24 hrs 67,000 2.1 1.3 1.9 94,000 X 24 hrs 1.3 98,000 1.8 24 hrs Х 1.2 1.9 X 24 hrs 152,000 1.3 1.9 110,000 24 hrs 24 hrs 108,000 0.7 1.4 108,000 24 hrs X 0.7 133,000 1.3 24 hrs 1.1 2.3 51,000 X 24 hrs 1.4 2.2 118,000 24 hrs X 1.2 1.9 56,000 24 hrs 1.3 52,000 1.8 24 hrs 47,000 24 hrs 1.2 47,000 1.7 24 hrs 1.2 1.8 22,000 Х 24 hrs 1.3 1.7 31,000 X 24 hrs 1.2 1.7 24,000 24 hrs

1.4

43,000

2,921,000 94,226 286,000

24 hrs

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



DEP Form 62-555.900(3)Alternate

See page 4 for instruction	<del></del>						
<ol> <li>General Information</li> </ol>	for the Month/Year of:	April-06					
A. Public Water Syste	m (PWS) Information				<del></del>	·· <del>···································</del>	
PWS Name:	Sebring Lakes				PWS Identifi	ication Number:	5284137
PWS Type:	X Community	Non-Transient Non-Com	munity	Transie	nt Non-Commun		Consecutive
	nnections at End of Month:	55		Total Por	pulation Served	at End of Month:	127
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean			Contact I	Person's Title:	Field Coordinator	
Contact Person's Mail				City:	Sarasota	State: FL	Zip Code: 34240
Contact Person's Tele				Contact I	Person Person's I	ax Number:	941/907-7401
Contact Person's E-M		@aquaamerica.com					
B. Water Treatment P	lant Information						
Plant Name:	Sebring Lakes				Plant Teleph	one Number:	941/907-7400
Plant Address:	5313 Knight Ave			City:	Sebring	State: FL	Zip Code: 33875
Type of Water Treate			irchased Finished Wa	ter			
	Day Operating Capacity of Plant, gall		280,000	<del></del>		·	
Plant Category (per s	ubsection 62-699.310(4), F.A.C.):	C-I		Plant Cla	iss (per subsection	n 62-699.310(4), F.A	A.C.): V
Licensed/Uperators	Name Name			Fr. Eice		Da	
MANAGER CONCESSOR	Robert Pay	/ег	c		12040	<u> </u>	3 Days per week
						ļ <u>.</u>	
			<u></u>			ļ	
		<del></del>	ļ <u>.</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		····	<u> </u>			<u> </u>	
A design that the second second	<u> </u>		ļ <u>.</u>	<del></del>			
4.0						<u> </u>	
			<del> </del>		<del></del>	<u> </u>	
	<u> </u>		<u> </u>	<u> </u>	···	<u> </u>	<u>-</u>
II. Certification by Le	ad/Chief Operator						
I, the undersigned water	er treatment plant operator license	d in Florida, am the lead	l/chief operator of t	he water t	reatment plant	identified in Part I	of this report. I certify that the
information provided i	n this report is true and accurate to	o the best of my knowle	dge. I certify that a	ll drinking	g water treatme	nt chemicals used a	at thisplant conform to NSF
International Standard	60 or other applicable standards r	eferenced in subsection	62-555.320(3), F.A	.C. I also	certify that the	e following addition	nal operations records for this
plant were prepared ea	ch day that a licensed operator sta	ffed or visited this plant	during the month i	ndicated a	above: (1) reco	rds of amounts of c	hemicals used and chamical food
rates: and (2) if applica	able, appropriate treatment proces	s nerformance records	Futhermore Lagre	a to provid	de these additio	mal operations reco	and to the DWC over a set
						mai operations reco	ords to the PW5 owner so the
r w 3 owner can retain	them, together with copies of this	report, at a convenient	iocation for at least	ten years.	•		
		D + L D				C120.40	
0: 10:		Robert Paver	····			C12040	
Signature and Date		Printed or Typed Nam	ie			License Number	

PWS Id	S Identification Number: 5284137 Plant Name: Sebring Lakes													
III. Dail	H. Daily Data for the Month/Year of: April-06													
Means of	f Achie	ving Four-L	og Virus Inacti	viation/Remo	oval: *		Free C	hlorine		Chlorine I	Dioxide		zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	):	_							
				n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxid
W. 13	1000	1250		RESS HURS	CT Calculations	or Jave Dosestoel	emonstrate i	our-Log	Virus Inactiv	ation, if Appl	icable		KRIMEN	amines)   Chlorine Dioxid
1				7.78	See a Charles	CT Calcu	ations /	Q. J	F THE YEAR	14 1 Table 1	. UV I	)ose		
	Days Plant					and the art Land	N owest CT	<u> </u>	MASSING A				Lowest	Emergency of Abnormal Operating
	Staffed		non.		Lowest Residual	Disinfectant	Provided.	,					Residual	
	or		erster unit de las	stalica	Disinfectant	Contact Time	Before or	N8.		3	y		Disinfectant "	
	Visited.		er i granda	S - 1	Concentration	(T) at C	at Eirst			الموامل معيدة إلى الما	Lowest	Minimum	Concentration	
7.1	by ?	3	Net Quanitý		(C) Before or at	Measurement	Customer		a fill fill the	Minimum		UV Dose	at Remote	Emergency of Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	, pH of	ст	UV Dose,	Required,	Point in	Conditions: Repair or Maintenance Work that Involves Taking Water System Components
the.	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.				Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	
Month	- X')	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	V.A.C.	Applicable	, mg-minvit.	Sec/cm2	. Seccitiz	1.3	, car out of operation
	X	24 hrs	42,000		1.9		<del> </del>				<del> </del>			
7		24 hrs	47,000				<del> </del>						1.1	
	X	24 hrs	47,000 241,000	<del>}</del>	2.1		<del> </del>			<del></del>			1.3	Flushing
7.2.13	X	24 hrs	192,000	<del> </del> -	1.9		-			<del> </del> -	<del> </del>		1.3	
10 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	$\frac{x}{x}$	24 hrs	87,000	<del> </del>	2.1		<del> </del>	<del> </del>					1.3	
1.000	X	24 hrs	99,000	<del> </del>	2.2		<del> </del>	-					1.2	
1000	X	24 hrs 24 hrs	92,000		2		<del>                                     </del>	<del>                                     </del>	<del></del>		<del> </del>	1	0.9	
	_^_	24 hrs	124,000	<del> </del>			<del> </del>	†·				1		
	x	24 hrs	124,000	·	2.2		1						1.2	
	X	24 hrs	144,000		2.3								1.2	
	X	24 hrs	127,000	<del> </del>	2.1								1.2	
	X	24 hrs	72,000		1.9								1.3	
200000	X	24 hrs	87,000		2								1.2	
14	X	24 hrs	169,000		1.9				<u> </u>		<u> </u>	ļ	1.2	ļ
		24 hrs	130,000		<u> </u>		1	<u> </u>			<del> </del>	<del> </del>	<del> </del>	<u> </u>
<b>新新</b>	X	24 hrs	130,000		1.3			ļ	ļ <u>.</u>		<del> </del>	<del> </del>	0.7	
	Х	24 hrs	186,000	1	1.8	ļ <u>.</u>	<del></del>		<del> </del>		<del> </del>	<del> </del>	0.9	
	X	24 hrs	82,000	<del></del>	1.6	<b>_</b>	<del> </del>	·}		<del> </del>		<del> </del>	1.5	<del>                                     </del>
1,0	Х	24 hrs	153,000	·	2.2		<del> </del>	+	1	<del> </del>	1	<del> </del>	1.4	
	X	- 24 hrs	158,000	· · · · · · · · · · · · · · · · · · ·	2.3	<u> </u>			<del> </del>			<del></del>	1.3	
h 1 1 2	Х	24 hrs	151,000	<del> </del>	2.1	<del> </del>	<del> </del>	+				<del> </del>	1-1	
		24 hrs	139,000		13	<del> </del>		+	<del> </del>	<del> </del>	+	<del> </del>	1.2	1
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	Х	24 hrs	211,000		1.2	<del> </del>	+	+	<del> </del>	1	<del>                                     </del>	<del> </del>	1	
4. 4.	X	24 hrs	139,000 167,000	<del> </del>	1.9	<del> </del>		+	+		<del> </del> -	<del> </del>	1.1 .	
	X	24 hrs	100,000	<del> </del>	1.5	<del> </del>	<del></del>	<del> </del>	+	<del>                                     </del>	<del> </del>	<del> </del>	1.1	
	X	24 hrs	206,000	<del>-\</del>	1.4	<del> </del>	+	4	<del> </del>	<b></b>	1	1	1.2	
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	X	24 hrs	110,000	+	<del> </del>	<del>                                     </del>	1	+	T			T		
		24 105	3,901,000		<u> </u>			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						
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Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555,900(3)Attemate

#### MONTHLY OPERATION REPORT FOR PWSs TK. /ING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions 1. General Information for the Month/Year of: May-06 A. Public Water System (PWS) Information PWS Name: Sebring Lakes PWS Identification Number: 5284137 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 55 Total Population Served at End of Month: 127 PWS Owner: Aqua Utilities Florida Contact Person: Bill Dean Contact Person's Title: Field Coordinator Contact Person's Mailing Address: 6960 Professional Parkway E. Suit Zip Code: 34240 City: Sarasota State: FL Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: wadean@aquaamerica.com B. Water Treatment Plant Information Plant Name: Sebring Lakes Plant Telephone Number: 941/907-7400 Plant Address: 5313 Knight Ave City: Sebring State: FL Zip Code: 33875 Type of Water Treated by Plant: X 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.): Plant Class (per subsection 62-699.310(4), F.A.C.) License Number Dayls // Shill(9) Worked Pame Name Assistant Augustines Glass The section of Continuous Robert Paver 12040 3 Days per week Allige Or of motion ! II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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. Robert Paver C12040 Signature and Date Printed or Typed Name License Number

WS Identification Number: 5284137 Plant Name: Sebring Lakes															
			th/Year of:		May-06									<del>_</del>	
/cans	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval: *		Free	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
		et Radiation			Other (Describe	e): ⁻			-			_	<del></del>		
уре о	f Disinfe	ctant Resid	ual Maintained	n Distributio	n System:	· <del>5</del>			Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines)	Chlorine Dio
	W 42 1	99.48 7 F 12.8	Manager 1	-27, "500 000	CI Calculations	OCHIV DOG 10	lemonstrate:	Pour-I-de	Vinie Inactin	ation of App	icable* Sex	- WARE CO	M. Maria Series		CHOINE DI
	Days		Backerson C. Province	- 25	-≇CI Calculations	CT Calci	ations	COM, LOS	SALC VE, VE	S SERVICE CO	V. A.CUVI	loce Title			
	Plant					4. 奥龙斯	Lowest CT					113			
	Staffed	Pan v			Lowest Residual	Disinfection	Provided			3. W. C.		***	n± Lowest		31.34
	or				Disinfectant :	24 Contact Time	Before or		93.5	3734	30 kg 3	- 2	Lowest  Residual  Disinfectant  Concentration	San San San	
	Visited -	Sec.		<b>.</b>	Concentration	Te (T) at C	at First	5	are in the state of		Lowest	Minimum	Soncentration	A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	
	by		Net Quanity	N 34 4	(C) Before or at	-Measurement	Customer	Temp	(R 4,,	*Minimum	Operating	UV Dose	Tat Remote	Emergency or Abn	ormal Operating
	Operator	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	of Finished	1 14	First Customer	Point During	During	of	pH of	ст	UV Dose.	Recuired	Point in	Conditions, Repair or M	
the	(Place	· Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution *	Involves Taking Water	System Componer
1onth	("X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L *	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System mg/L	Out of Or	eration
100	X	24 hrs	116,000	ļ	1.4		<u></u>	L					1.1	Automatic	
7	X	24 hrs	139,000		1.2	<b> </b>		<b> </b>		<u> </u>	ļ		0.9	Automatic and M	
	X	24 hrs	176,000	<del> </del>	3.2			<u> </u>					1.6	Automatic and M	
	- <del>2</del>	24 hrs 24 hrs	107,000		2.8								1.4	Automatic	
33,33	- Â		83,000	ļ	2.6			<u> </u>					1.4	Automatic	
TAPE -	_^_	24 hrs 24 hrs	129,000 127,000	<b></b>	1.9	ļ ————————————————————————————————————		<del> </del>		ļ	ļ		1.1	Automatic	
	X	24 hrs	127,000	<del> </del>	77		<del></del>			<del></del>	<u> </u>			Automatic	
	x	24 hrs	97,000	<del> </del>	2.7		,						1.3	Automatic	
÷.	$\hat{\mathbf{x}}$	24 hrs	41,000	<del> </del>	2.2	ļ	<del></del>	<del> </del>		<u> </u>			1.9	Automatic	
1681	X	24 hrs	90,000	<del> </del>	2.2	<del></del>		<del> </del>	<del></del>		ļ <del></del>		1.5	Automatic	
	X	24 hrs	58,000	<del> </del>	1.6			<del> </del>		<del></del>			1.1	Automatic Automatic	
	X	24 hrs	61,000	<del></del>	2	<del> </del> -	·			<u> </u>			0.9	Automatic	
7 -		24 hrs	89,000	<del> </del>		<del>                                     </del>		<del> </del> -		<del></del>			0.9	Automatic	
	Х	24 hrs	89,000		1.5	<del></del>		<del>                                     </del>					1.1	Automatic	
	Х	24 hrs	96,000	<del> </del>	1.6			<u> </u>					1.2	Automatic	
	Х	24 hrs	40,000		1.5	<del> </del>							1.1	Automatic	
	Х	24 hrs	53,000		1.8								1.1	Automatic	
	X	24 hrs	60,000		1.7						T		1	Automatic	
11		.24 hrs	124,000											Automatic	
	Х	24 hrs	124,000		1,3					,			0.8	Automatic	
	X	24 hrs	124,000		1.5			L _					0.9	Automatic	
	X	24 hrs	79,000		1.4								0.7	Automatic	Flushing
	Х	24 hrs	63,000		1.9								1	Automatic	Flushing
	X	24 hrs	66,000		1.8								1.2	Automatic	
	Х	24 hrs	60,000		1.8								1.3	Automatic	
<i>:23</i>	X	24 hrs	36,000		1.7								1.2	Automatic	Flushing
		24 hrs	59,000											Automatic	
	Х	24 hrs	59,000		1.8								1.2	Automatic	
	X	24 hrs	74,000		1.7								1.7	Automatic	
5.6	X	24 hrs	68,000		1.8	L							1.1	Automatic	
			2,714,000	]											
X 2 1 . 6".		200	87,548	1											

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

1. General Information			June-06					<del></del>	
A. Public Water Syste	m (PWS) Inform	ation				· · · · · · · · · · · · · · · · · · ·			
PWS Name:	Sebring Lakes					PWS Identi	fication Number:	5284137	
PWS Type:	X Community		Non-Transient Non-Con	nmunity	Transie	nt Non-Commu	nity 🔲	Consecutive	
Number of Service Co	onnections at End	of Month:	55		Total Po	pulation Served	at End of Month:	127	
PWS Owner:	Aqua Utilities F	lorida							
Contact Person:	Bill Dean	···				Person's Title:	Field Coordinator		
Contact Person's Mail		960 Professional F			City:	Sarasota	State: FL	Zip Code:	
Contact Person's Tele		941/907			Contact 1	Person Person's	Fax Number:	941/907-74	101
Contact Person's E-M		wadear	@aquaamerica.com	· · · · · · · · · · · · · · · · · · ·			···	<del> </del>	
B. Water Treatment P									
Plant Name:	Sebring Lakes					Plant Telepl	none Number:	941/907-74	100
Plant Address:	5313 Knight Av				City:	Sebring	State: FL	Zip Code:	33875
Type of Water Treate		X Raw Ground		urchased Finished W	ater				
Permitted Maximum				280,000					
Plant Category (per s	ubsection 62-699.3	310(4), F.A.C.):	C-I	No Destruction - The Printers of Section - American	Plant Cla	iss (per subsecti	on 62-699.310(4), F.A	\.C.) V	
			<b>《沙林》</b> 为于沙林中的	* License Class	See Street	nse:Number 2 3			
		Robert Pa	ver	C		12040	<u> </u>	3 Days per weel	ζ
Qual degripos aux						· ·			
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edental and a second	<b>2</b>		<del> </del>	<del> </del>			<del></del>		
and Maria Control of the Control	§			<u> </u>		<del></del>	<u> </u>		
and the second	<b>3</b>						<del>                                     </del>		
							<del>                                     </del>		
refrance and the			<del> </del>				<u> </u>	<del></del>	`
						<del></del>		· <del>-</del>	
II. Certification by Le	ad/Chief Operato	or							
			12-19-3-3-3-1	14.1 * 6					•
			ed in Florida, am the lea						
			o the best of my knowle						
			referenced in subsection						
plant were prepared ea	ch day that a lice	nsed operator sta	affed or visited this plan	t during the month	indicated:	above: (1) reco	ords of amounts of c	hemicals used	and chemical feed
			s performance records.						
			report, at a convenient						- o which do alo
			· L - v.a.		j vano	•			
			Robert Paver				C12040		
Signature and Date		· · · · · · · · · · · · · · · · · · ·	Printed or Typed Nar	71A		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	License Number	<del></del>	
Signature and Date			Frinten of Typen Nat	iic.			License inumber		

PWSI	ientifica	tion Numbe	er:	5284137		Plant Name:	Sebring L	akes						
III. Dai	ly Data	for the Mon	th/Year of:		June-06									
Means	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval· *		Free (	Chlorin		Chlorine I	Diovide	7777	Dzone	Combined Chlorine (Chloramines)
	Jlt <del>r</del> aviol	et Radiation	1	البا	Other (Describe	e).		Ciliothi	اللا	Cinornic E	NONIGO	⊔,	72011E	Combined Chlorine (Chlorathines)
			ual Maintained i	n Distribution	on System:	c)			Free Chl				1-1	
13 CZ 53.			12 5 7 W	It Distribute	CP Calculations	a santan	ALIBERT DIVERS	All Tray was b			M. Serial Laborator	moined C	hlorine (Chlor	
	Days	<b>*</b> ***********************************	2020	A SA	C Calculations	OF CALCAL	Jemonstrate		Virus Inactiv		icable***UV I		#1 <b>5</b> 2.75	
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3.4	or 🤄				Disinfectant	- Contact Time	Before or			440		THE STATE OF STATE OF	with the common the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to	
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	€ by		Net Quanity		(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose	Required	Point in	Conditions, Repair or Maintenance Work that
the 🛴	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow	Water,	Water, if	Required,	mW-	mW .	Distribution	Involves Taking Water System Components
Month	X )	Operation :	Produced, gal	Rate gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	45,000		1.8								1.1	Automatic Flushing
	X	24 hrs	34,000		1.8								1.2	Automatic Flushing
1. 1. Lung	х	24 hrs	46,000		1.5			<u> </u>	<u> </u>				1	Automatic Flushing
		24 hrs	49,000											Automatic Flushing
	X	24 hrs	49,000		1.7		<u> </u>	<b>.</b>					1.1	Manual and Automatic Flushing
7 m 32 m	X	24 hrs	93,000		1.6			ļ					1	Automatic Flushing
	X	24 hrs	41,000		1.7			ļ					1.2	Automatic Flushing
	X	24 hrs	97,000	······	1.3	<u> </u>		<b> </b>					0.8	Automatic Flushing
	X	24 hrs 24 hrs	50,000		1.2			ļ				ļ	0,7	Automatic Flushing
3.0 (1) (1) 3.0 (1) (1) (1)	_^_	24 hrs	42,000 29,000		1.8			ļ <u> </u>					1,1	Automatic Flushing
	Х	24 hrs	29,000	<u> </u>	1.0	<b>-</b>		<del> </del>						Automatic Flushing
1. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	x	24 hrs	29,000		1.8	<del></del>	<del> </del>	ļ	<del>                                     </del>				1.1	Automatic Flushing
1.5	X	24 hrs	19,000		1.6	<del></del>		<del> </del> -	<del></del>				1.7	Automatic Flushing
315.23	X	24 hrs	48,000	<del></del>	1.7		<del> </del>	<del> </del> -	<del> </del>	<b>_</b>		ļ	1.1	Automatic Flushing
960	X	24 hrs	33,000		1.9	<del></del>	<del> </del>	<del>{</del> -	<del> </del>		<del> </del>	<u> </u>	1.1	Automatic Flushing
17.	X	24 hrs	48,000	} <del></del>	1.8	<del> </del>	<del></del>	<del>├</del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.1	Automatic Flushing
	- 71	24 hrs	38,000		1.0	<del></del>	<del> </del>	<del> </del>	<del></del>			<del> </del> -	1.1	Automatic Flushing
	Х	24 hrs	38,000		1.8	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>	<del> </del>	····	<del> </del>	1	Automatic Flushing Automatic Flushing
110	X	24 hrs	58,000	<u> </u>	1.8	<del> </del>		<del>                                     </del>	<b>-</b>	<del></del>	<del></del>	<del> </del>	1.1	Automatic Flushing  Automatic Flushing
	X	24 hrs	68,900		1.9.		<del>                                     </del>	<del>                                     </del>	<del> </del>		<del></del>		1.1	Automatic Flushing  Automatic Flushing
	Х	24 hrs	72,000		1.8		1	<del>}</del>	<del>                                     </del>		<del></del>	<del>                                     </del>	1	Automatic Flushing  Automatic Flushing
	X	24 hrs	88,000	· · · · · · · · · · · · · · · · · · ·	1.8		<del> </del>	<del> </del> -					1	Automatic Flushing
2.20	Х	24 hrs	180,000		1.7	<u> </u>		<del>                                     </del>			<del></del>		1.1	Automatic Flushing
机泵		24 hrs	39,000	<del></del>	<u> </u>		<del> </del>	<del>                                     </del>	<u> </u>		<del></del> -			Automatic Flushing
	Х	24 hrs	39,000		1,4	<del> </del>	<del></del>	<del> </del>			· · · · ·	<b></b> -	0,8	Automatic Flushing
	Х	24 hrs	26,000	<del></del>	1.5	<del>                                     </del>		<del>                                     </del>	<del> </del>	<u> </u>		\	0.8	Automatic Flushing
	X	24 hrs	36,000		1.6			<del>                                     </del>	† <del></del>			<b></b>	0.7	Automatic Flushing
	X	24 hrs	140,000		1.4		<del> </del>	<del> </del>				<b> </b>	0.7	Automatic Flushing
ن ل	X	24 hrs	160,000	<del></del>	1.6	1	<del> </del>	<del>                                     </del>	<del></del>			<del> </del>	0.9	Automatic Flushing
		24 hrs				<del>                                     </del>	1	<del>                                     </del>						Agromatic Lushing
			1,763,000			·	<del></del>	٠	<del></del>		<u> </u>	·		
	And the second		58 767	1										

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



See page 4 for instructions

See page 4 for instruction								
	for the Month/Year of:	July-06		<del></del>	·	<del></del>		
A. Public Water Syste	m (PWS) Information			· · · · · · · · · · · · · · · · · · ·				
PWS Name:	Sebring Lakes			~	PWS Identif	ication Numbe	г: 5284137	<u>, , , , , , , , , , , , , , , , , , , </u>
PWS Type:	Community	Non-Transient Non-Com	nmunity	Transi	ent Non-Commun		Consecutive	
Number of Service Co	onnections at End of Month:	55	·		pulation Served			
PWS Owner:	Aqua Utilities Florida							P
Contact Person:	Bill Dean			Contact	Person's Title:	Field Coordin	nator	
Contact Person's Mail	ing Address: 6960 Profess	sional Parkway E. Suit		City:	Sarasota		FL Zip Code:	34240
Contact Person's Tele		41/907-7400		Contact	Person Person's	Fax Number:	941/907-7	401
Contact Person's E-M		vadean@aquaamerica.com						
B. Water Treatment P	lant Information							
Plant Name:	Sebring Lakes				Plant Teleph	one Number:	941/907-7-	400
Plant Address:	5313 Knight Ave			City;	Sebring	State: I	FL Zip Code:	33875
Type of Water Treate		Ground Water Pu	urchased Finished Wa	ter				
Permitted Maximum	Day Operating Capacity of Pl	ant, gallons per day:	280,000		····			
Plant Category (per si	ubsection 62-699.310(4), F.A	.C.);	o kon vije. Disavelara i si - i star me i si	Plant Cl	ass (per subsection			
Spare to the companion of the	- May	Name	License Class	Lic	ense Number	180	Day(s)/Shift(s)(Wo	ikeds - to the
Land Chine Concernion		bert Paver	C		12040		3 Days per week	κ
Other Logicus	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
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<ul> <li>Victoria de la la la la la la la la la la la la la</li></ul>	ANI		<u> </u>			<u> </u>		
II. Certification by Le	ad/Chief Operator							
		Linear Alice Pile III and Alice	1/1:6					_
i, the undersigned water	r treatment plant operator	licensed in Florida, am the lead	d/cnief operator of	ine water	treatment plant	identified in l	Part I of this report.	I certify that the
information provided i	n this report is true and acc	urate to the best of my knowled	dge. I certify that a	ill drinkin	ig water treatme	ent chemicals	used at thisplant con	form to NSF
International Standard	60 or other applicable stan	dards referenced in subsection	62-555.320(3), F.A	A.C. I als	o certify that th	e following a	dditional operations	records for this
plant were prepared ea	ch day that a licensed oper	ator staffed or visited this plant	t during the month	indicated	above: (1) reco	rds of amount	ts of chemicals used	and chemical feed
rates; and (2) if applica	able, appropriate treatment	process performance records.	Futhermore, I agre	e to provi	ide these additio	onal operation	s 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	S.	•		
		• "		•				
<del></del>		Robert Paver				C12040		
Signature and Date		Printed or Typed Nam	ne			License Num	ber	

Page 1

DEP Form 62-555.900(3)Alternate

PWS Id	lentifica	ation Numb	er;	5284137		Plant Name:	Sebring L	akes						
III. Dai	ly Data	for the Mo	nth/Year of:		July-06						·····	<del></del>		
			Log Virus Inacti	viation/Rem	oval: *	<del></del>	Free	Chiorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Πι	Iltravio.	let Radiatio	n		Other (Describe	a)·	٠٠		` Ш	Cinorino 1	Zioxido	<u></u> .	32011C	Comothed Cinothic (Cinotalines)
Type of	Disinf	ectant Resid	Ival Maintained	n Dietributi	on System:		<del></del>		Free Chl	orina		hi-ad C	hlorine (Chlor	ramines) Chlorine Dioxi
100000	. 2.00		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Market Constitution	on system.	The state of the state of	Sign - State of	- 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A	Tree Cili	orme	(1) C(	momed C	nionne (Cnio	ramines) Chiorine Dioxi
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74.7	Staffed				J. Owner Paridual.		Lowest C I			) [6.	指数 一 1947	( · · · · · · · · · · · · · · · · · · ·	Lowest	
	OF			1	Disinfectant	Contact Time	Before or	9 7 m			3		Disinfectant	
	Visited				Concentration	(T) at C	at First	- 4	E - 17 & 3	Sec.	Lowest	Minimum	Concentration	
1	bý		Net Quarity	ŀ	(C) Before or at	Measurement	Customer			Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operato	r Hours	of Finished		First Customer	Point During	During	of	pH of	Сī	UV Dose.	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak-Flow	Peak Flow,	Water.	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	*X**)	Operation	Produced gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L		Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
	X	24 hrs	197,000		1.5		T						0.9	Flushing
		24 hrs	122,000				1			1				Flushing
	X	24 hrs	122,000		1.4								0.9	Flushing
	X	24 hrs	182,000		1.7								ļ!	Flushing
2.2	X	24 hrs	141,000		1.6								1	Flushing
	X	24 hrs	114,000		1.4								0.7	Flushing
	X	24 hrs	59,000		1.5			I				L	0.8	Flushing
	<u> x</u>	24 hrs	112,000		4.8								3.9	Flushing
		24 hrs	105,000											Flushing
	X	24 hrs	105,000		3.2			<u> </u>					1.9	Flushing
100	X	24 hrs	112,000	ļ	1.8			Щ.					1.2	Flushing
	X	24 hrs	133,000	ļ	1.6						<u> </u>		1.0	Flushing
	X	24 hrs	113,000		2.8			<b></b>	Ļ	<b></b>	<u></u>		1.6	Flushing
	X	24 hrs	126,000		1.8	ļ				ļ			1.3	Flushing
	37	24 hrs	136,000				ļ		<del> </del>	<del> </del>				Flushing
1 (A) ( ) ( ) ( ) ( )	X	24 hrs	156,000		4.4				ļ	<del> </del>	ļ	<b>!</b> -	2.7	Flushing
	X	24 hrs 24 hrs	126,000		2.4			-		<del> </del>			1.6	Flushing
(86) (4) (6)	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	24 hrs	127,000	<del></del>	2.2			<del> </del>		<u> </u>		ļ	1.3	Flushing
	$\frac{\hat{x}}{x}$	24 hrs	36,000		1.8			<del>                                     </del>	<del> </del>	<del> </del>		<del> </del> -	0.9	Flushing
	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	24 hrs	36,000	<del></del>	1.8	<b></b>	<del>}</del> _	-	<u> </u>	<del> </del>		<del> </del>	1	Flushing
	X	24 hrs	35,000		2.6	<u> </u>	<u> </u>		·	<u> </u>	<u> </u>		0.9	Flushing
i de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de l	_ ^	24 hrs	25,000	<del></del>	2.0		<del></del>	ļ <u>.</u>	<del> </del>		ļ.——	<del> </del>	1.3	Flushing
المعادية المكتابا	X	24 hrs	25,000		1.5		<u> </u>	<del> </del> -	<b></b>	<del> </del>	<b>}</b>	<del>}</del>		Flushing
6: 1	X	24 hrs	31,000		2.2		<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	0.7	Flushing
Lude	- <u>^</u>	24 hrs	41,000	<del> </del> -	1.6		<del></del>	<b></b>		<del>                                     </del>			0.9	Flushing
	x	24 hrs	43,000	<del> </del>	1.5		<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	0.9	Flushing
	_^X	24 hrs	115,000		2.4	-	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.8	Flushing
N. 61. 7.57 3	X	24 hrs	64,000	<del> </del>	3.1			┼	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.3	Flushing
17 TO 10		24 hrs	89,000	<del> </del>	J. 1	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1./	Flushing
	X	24 hrs	89,000	<del> </del>	2.4	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	ļ	<del> </del>	<del></del>	Flushing
	THE COM	24 mrs	3,017,000	<del></del>	2.4	<u> </u>	<u> </u>	4		J	L	1	1.3	Flushing
\$ 100 miles	27.1		07 722	1										

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

	for the Month/Year of:	August-06						
A. Public Water Syste	m (PWS) Information							
PWS Name:	Sebring Lakes				PWS Identif	ication Number:	5284137	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient	Non-Commu	nity	Consecutive	
	onnections at End of Month:	55		Total Popu	lation Served	at End of Month:	127_	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Bill Dean			Contact Per		Field Coordinator		
Contact Person's Mail		nal Parkway E. Suit		City:	Sarasota	State: FL		34240
Contact Person's Tele		/907-7400		Contact Per	rson Person's	Fax Number:	941/907-74	01
Contact Person's E-M		dean@aquaamerica.com		<u> </u>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment P	lant Information							
Plant Name:	Sebring Lakes				Plant Teleph		941/907-74	00
Plant Address:	5313 Knight Ave			City:	Sebring	State: FL	Zip Code:	33875
Type of Water Treate			rchased Finished Wat	er				
	Day Operating Capacity of Plant		280,000	<del>,</del>				
Plant Category (per s	ubsection 62-699.310(4), F.A.C.	): C-I				on 62-699.310(4), F.		
	a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	ame Market and the second	License Class	Licens	e Number	PRESIDENT	iy(s)/Shift(s) Wor	ked ***
Callengen (Opening) Cincinnen imas	Robe	rt Paver	С	<u>                                      </u>	2040		3 Days per week	
Place and make the								
			}					
			_					
	<u></u>							
	<u> </u>							
			<u></u>					
*****	1/01/ 50							
II. Certification by Le	ad/Chief Operator							
I, the undersigned water	er treatment plant operator lic	ensed in Florida, am the lead	L'chief operator of the	ne water tre	atment plant	identified in Part I	of this report. I	certify that the
	in this report is true and accur							
	60 or other applicable standa							
	ich day that a licensed operate							
	able, appropriate treatment pr				these addition	onal operations reco	ords to the PWS	owner so the
PWS owner can retain	them, together with copies o	f this report, at a convenient	location for at least	ten years.				
		Robert Paver			<b>-</b>	C12040		
Signature and Date		Printed or Typed Nan	ne			License Number		

PWS I	lentifica	tion Numbe	r:	5284137		Plant Name:	Sebring L	akes						
III Dai	ly: Data	for the Mon	th/Vangaste		Amount Of									
					August-06	·		OL1 - :		CI : -	N	7 - 7 - 2		O II IOI VOI
			og Virus Inacti	viation/Rem			L Free	Chlorine	<u></u>	Chlorine I	Jioxide		zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):		· · · · · · · · · · · · · · · · · · ·						
Type o	I Disinte	ectant Residu	ual Maintained i	in Distributio	on System:			Fre	e Chlo	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxic
	100			海南西罗巴尔马	CI/Calculations	or UV Dose, to	Demonstrate!	Four-Log Virus	Inactivi	ition if Appl	icable*			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	Days			mat. S. A.		CT Calcu	liations,	Barry A. C. Tarres	~50 · · ·		· · · · · · · · · · · · · · · · · · ·	ose		
* * 5	Plant *						Lowest CT				39.427.4		Lowest	
ng nga mat	Staffed.	2 - 4 · 4			Lowest Residual	Disinfectant	Provided	au Va					Residual	And a second
	Visited	A. Marine			Disinfectant Concentration	Contact Time: (T) at C	Before or				Lowest	Name and	Disinfectant Concentration	A COLUMN TO THE REAL PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	ÜV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	<u>'</u>	First Customer	Point During	During	1.0	d of	CT	UV Dose,	Required	Point in	Conditions Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		ter, if	Required,	mW-	· mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate gpd	Flow, mg/L	minutes	mg-min/L	C App	icable	mg-min/L	sec/em2	sec/cm2	System mg/L	©ut-of Operation
经通道	Х	24 hrs	317,000		2.2								1.1	Manually and Automatically Flushed
	X	24 hrs	72,000		1.8								1.2	
	X	24 hrs	60,000		1.7								1.1	Automatically Flushed
- 1 in 60	X	24 hrs	60,000		1.7		<u> </u>						11	
	Х	24 hrs	90,000		1.8		ļ <u>.</u>						0.9	Automatically Flushed
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		24 hrs	42,000	<u> </u>	<b></b> _		ļ	<del>  </del>						
	Х	24 hrs	42,000	<del> </del>	1.5		<del> </del>	<del>                                     </del>			<u> </u>		0.7	Automatically Flushed
Part and	X	24 hrs 24 hrs	40,000 32,000	<del> </del>	1.7		<del> </del>	<del>}</del>					0.9 0.7	A
- 4	x	24 hrs	40,000	<del> </del>	2.4		<del>                                     </del>	<del> </del>			<del></del>		1.3	Automatically Flushed
E.4±524 to E.2740 €	x	24 hrs	41,000	<del>                                     </del>	2.1	<del></del>	<del> </del>	<del>  </del>					1.2	Automatically Flushed
es note	X	24 hrs	116,000	<del>                                     </del>	2.4		<u> </u>						1.4	Administrative Plustied
	<del>} ``</del>	24 hrs	55,000			<del></del>	<del>                                     </del>	1 -   -						Automatically Flushed
(5) (5) (6)	Х	24 hrs	55,000	1	2.2		1						1.3	
等份等	X	24 hrs	93,000		1.8								1.2	Automatically Flushed
Project of	X	24 hrs	61,000		1.4					_			0.9	
	X	24 hrs	56,000		1.5		1						]	Automatically Flushed
80	Χ	24 hrs	42,000	<u> </u>	1.3								0.7	
新角色	Х	24 hrs	145,000		1.3			1					0.5	Automatically Flushed
7-24		24 hrs	39,000	ļ	<u> </u>		ļ	<del> </del>						
	X	24 hrs	39,000	ļ	1.2	ļ	<del>  '                                   </del>	<del>  </del>			<u> </u>		0.5	Automatically Flushed
10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	<u> </u>	24 hrs	54,000	<del></del>	1.3	<b></b>	<del> </del>	<del>                                     </del>			ļ		0.6	
	X	24 hrs	84,000 114,000	<del> </del>	2.7	ļ	<del> </del>	<del>  </del>			<u> </u>		0.4	Automatically Flushed
	X	24 hrs 24 hrs	80,000	ļ	1.7	<del> </del>	<del> </del>	<del>  </del>			<del> </del>		1.3	Automotivally Fig. 7
,	<del>- 2</del> -	24 hrs	145,000	<del> </del>	2.7	-	<del> </del>	1			<del> </del>	<del> </del>	1,3	Automatically Flushed
	<del>- ^-</del>	24 hrs	112,000	<del> </del>	<del></del>	t	<del> </del>	<del>  </del>		·	ļ		1.3	Automatically Flushed
	Х	24 hrs	118,000	<del>                                     </del>	1.4	<del> </del>	<del> </del>	<del>                                     </del>			<del>                                     </del>		0.7	Adiomatically riushed
केल स्ट्राइ <b>र</b>	x	24 hrs	123,000	† <del></del>	1.5		<del>                                     </del>	<del>  </del>			<u> </u>		0.8	Automatically Flushed
F it	X	24 hrs	107,000	1	1,3	1	1	T		<del></del>			0.7	· tusticu
	X	24 hrs	78,000		2.8	1	1			· · · · · · · · · · · · · · · · · · ·			1.3	Automatically Flushed
Citation .			2,552,000	T	·		<del></del> -	<del></del>		<del></del>	<del></del>			1 105060
Providence of the	200	the second second second	<del></del>	<b>-</b> 1										

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



#### WATER

See page 4 for instructions

page 4 for matthetions											
1. General Information for the Month/Year of: September-06											
A. Public Water System (PWS) Information											
PWS Name: Sebring Lakes	PWS Identifi	cation Number:	5284137								
PWS Type: X Community Non-Transient Non-Community	Transient Non-Commun	ity	Consecutive								
Number of Service Connections at End of Month: 55	Total Population Served		127								
PWS Owner: Aqua Utilities Florida											
Contact Person: Bill Dean	Contact Person's Title:	Field Coordinator									
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit	City: Sarasota	State: FL	Zip Code: 34240								
Contact Person's Telephone Number: 941/907-7400	Contact Person Person's I	ax Number:	941/907-7401								
Contact Person's E-Mail Address: wadean@aquaamerica.com											
B. Water Treatment Plant Information											
Plant Name: Sebring Lakes	Plant Teleph	one Number:	941/907-7400								
Plant Address: 5313 Knight Ave	City: Sebring	State: FL	Zip Code: 33875								
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Wa	iter		,								
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	n 62-699.310(4), F.A.	C.): V								
Meensed Operators Class Class	License Number	Day	(s)/Sfirit(s)-Worked?								
Robert Paver C	12040	3	Days per week								
II. Certification by Lead/Chief Operator											
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of	the water treatment plant	identified in Part I o	of this report. I certify that the								
information provided in this report is true and accurate to the best of my knowledge. I certify that a	all drinking water treatme	nt chemicals used at	this plant conform to NCE								
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F. A.											
plant were prepared each day that a licensed operator staffed or visited this plant during the month											
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agre	e to provide these additic	nal operations recor	ds 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.										
	#										
Robert Paver		C12040									
Signature and Date Printed or Typed Name		License Number									
-											

PWS Id	lentifica	tion Numbe	r:	5284137		Plant Name:	Sebring La	kes						
III. Dai	ly Data	for the Mon	th/Year of:		September-06									
Means	of Achie	ving Four-l	Log Virus Inacti	viation/Rem	oval: *		Free C	hlorine	e	Chlorine D	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Iltraviol	et Radiation	ו		Other (Describe	e):								
Type of	Disinfe	ctant Resid	ual Maintained i	in Distribution	n System:	· /	<del></del>	1	Free Chl	orine	Cc	mhined C	hlorine (Chlor	ramines) Chlorine Dioxi
130 540	20.6	<b>30 3 14 1</b>	Contract of the second	19 X 1705 164 14	SGE Calculations	SOFT IV DOSE VOT	Demonstrate F	our-For						
* / * *	Dave	特殊的意		a server example	and the second	C Calcu	ations	Sales Sales	Virusinactiv	14 C 18 18 18	24 A. UVI	Dose Same	<b>35</b> 135 1135 1355	7
V1080	Planta			9.25		<b>家</b> 2 1 2 2 2 2	LowestiCT	W.	2. 4.46. Z	7. 18 : B	<b>等</b> 等。15.15	1111	Lowest	
	Staffed	Marcook, Trans	Military is a second of the second		Lowest Residual	Disinfectant 5	Provided	*				去一个事意	Residual	
	9.			3	Disinfectant 🗲	Contact Tune	Before or			1000			Disinfectant	数据的数据2000 (2000 )
	Visited				Concentration	(Ti)at C	at First	ries.			Lowest	Minimum	Concentration	
Y	· by	1.	Net Quanity		(C) Before or at-	Measurement -	Customer	Temp.	1,1 (45.74-8)	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of		Hours	of Finished		First Customer	Point During	During	ot	pH of	CI	UV Dose	Required	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	*X*)	Operation	Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C.	Applicable	mg-min/L	sec/cm2	sec/cm2-	System, mg/L	
	X	24 hrs	94,400		1.5								0.9	Flushing
	X	24 hrs	119,300		1.8							ļ	0.9	
	x	24 hrs 24 hrs	85,950 89,950	<del> </del>				<u> </u>	<del> </del> _				0.8	Flushing
reining.	X	24 hrs	112,400	<del> </del>	1.6				<u> </u>				0.8	Flushing
1	$\frac{\lambda}{x}$	24 hrs	256,200		2.2				<u> </u>				1.2	Flustring
i T	$\frac{x}{x}$	24 hrs	99,000		2.4				<del> </del>				1.3	Flushing
	X	24 hrs	60,700		2.4						·	<del>}</del>	1.4	Taxaa S
	X	24 hrs	61,700	<u> </u>	2.5								1.3	Flushing
		24 hrs	223,800											
	X	24 hrs	223,800		1.3								0.5	Flushing
	X	24 hrs	80,200		2.1								1.1	
	X	24 hrs	63,800		1.8								0.9	Flushing
	X	24 hrs	86,000	ļ <u> </u>	1.3			<u> </u>	<u> </u>				0.8	
THE SHEET	X	24 hrs	91,600		1.8				<u> </u>	ļ			0.9	Flushing
	X	24 hrs	71,700		2			ļ	ļ				0.8	Flushing
	X	24 hrs 24 hrs	29,350 29,350	ļ	1.2		<del> </del>					ļ	0.5	
	X	24 hrs	56,300	<del> </del>	1.8		<del> </del>		<del> </del>			<del> </del>	0.8	Flushing
	X	24 hrs	34,700		1.3	\	<del>}</del> -	<del>}</del> -			<del></del>	<del> </del>	0.8	Flushing
	X.	24 hrs	32,800	<del></del>	1.4	<del> </del>		<del></del>		<del>                                     </del>	<del></del>		1	1 tushing
	X	24 hrs	21,300	<del> </del>	2.3				<del>                                     </del>	<del> </del>			1.7	Flushing
7	X	24 hrs	58,900	<del> </del>	2.5	<del> </del>	<del> </del>	<del>                                     </del>	-	<del>                                     </del>			1.3	t tostang
		24 hrs	51,400	<del></del>										Flushing
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Х	24 hrs	51,400	(	2.1			-				<u> </u>	1.2	
24.0	Х	24 hrs	84,600	<u> </u>	1.7							<u> </u>	1	Flushing
(1246) (27)	Х	24 hrs	21,300		1.5								0.9	
	Х	24 hrs	110,700		1.7								1	Flushing
(0, -10)	Х	24 hrs	53,900		1.4								0.9	
1.30	X	24 hrs	136,600		1.3								0.6	Flushing
		24 hrs	<u> </u>		1	<u> </u>	1			<u> </u>	1			
		Section 1	2,593,100	1										
1.X37 - 7.55		2,170	86 437	1										

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



See page 4 for instructions

i. General Information	for the Month/Year of:	October-06					·		<del> </del>	
A. Public Water Syste		October-00					<del></del>	<del></del>	<del> </del>	
PWS Name:					<del> </del>	1				
PWS Type:	Sebring Lakes					<del></del>	fication Number		4137	
	X Community	Non-Transient Non-Comr	nunity	<u> </u>		Non-Commu		Consecu		
PWS Owner:	nnections at End of Month:	55			i otal Popu	lation Served	at End of Mont	h: 127		
Contact Person:	Aqua Utilities Florida Bill Dean	····			Cambaak Da		Pista G. satt		<del></del>	
Contact Person's Mail		I Dayleyay E. Cuit	<del></del>		City:	rson's Title: Sarasota	Field Coordin		G-1	24540
Contact Person's Teler	hone Number: 041/0/	7-7400				rson Person's			Code: :	34240
Contact Person's E-Ma	sil Address: wade:	an@aquaamerica.com		`	Contract I e	ison reisons	rax Number.	941	1907-740	1
B. Water Treatment Pl								<del></del>		<del></del>
Plant Name:	Sebring Lakes					Plant Telepi	ione Number:	941	/907-740	0
Plant Address:	5313 Knight Ave			[(	City:	Sebring			Code:	
Type of Water Treater	d by Plant: X Raw Groun	nd Water Pur	chased Finished	Water			<del>- •</del>			
Permitted Maximum	Day Operating Capacity of Plant, a	gallons per day:	280,000							······································
Plant Category (per su	absection 62-699.310(4), F.A.C.):	C-I		I	Plant Class	(per subsecti	on 62-699.310(-	4), F.A.C.):	V	
	Nan	ie	* Eicense Clas	SS	Licen	se Number 🔑		Day(s)/Shift	(s) Work	edau a Art Syn Are
Selfand Cida (Organitur)	Robert 1	Paver	C		1	2040		3 Days p	er week	
(2001) and (1000) Objection (1000) (Objection (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and (1) and										
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Marcan - Carlo				┉┼			<del></del>	<del></del>		
Marie Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Car	<u> </u>		L	1						
II. Certification by Lea	ad/Chief Operator									
	r treatment plant operator licen	and in Florida am the lead	/shief amorator	of the	atar tu	otmont plan	idonei Endin I	Dank I afektion		
i, the undersigned water	treatment plant operator need	sed in Florida, all the lead	chiel operator	or me	water ut	ainient piani	identified in i	art tor this re	eport. 1 (	certify that the
information provided if	n this report is true and accurate	e to the best of my knowled	ige. I centry in	atan	arınkıng	water treatm	ent chemicals	used at thispla	nt conto	rm to NSF
International Standard	60 or other applicable standard	s referenced in subsection (	62-555.320(3),	F.A.(	ال. l also	certify that th	e following ac	iditional opera	ations rec	cords for this
plant were prepared ea	ch day that a licensed operator	staffed or visited this plant	during the mon	ith inc	dicated at	ove: (1) reco	ords of amount	s of chemical:	s used an	d chemical feed
rates; and (2) if applica	ible, appropriate treatment proc	ess performance records. 1	Futhermore, I a	gree t	o provide	these additi-	onal operation	s records to th	e PWS c	wner so the
PWS owner can retain	them, together with copies of the	his report, at a convenient l	ocation for at le	east te	n years.					
		Dahart Payar					C12040			
Cianatura and Date		Robert Paver		• • • •		<del></del>	C12040			
Signature and Date		Printed or Typed Name	c				License Num	per		

Page !

PWS I	Identification Number: 5284137 Plant Name: Sebring Lakes													
III. Dai	v Data I	or the Mont	h/Year of		October-06				· · · · · · · · · · · · · · · · · · ·					
			og Virus Inactiv	riotion/Dem			Free (	Chlorine		Chlorine I	Dioxide		zone	Combined Chlorine (Chloramines)
		et Radiation		lacion Kenn	Other (Describe	۸.		,,,,,,,,,,,,,		O 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۰ نــا		
				721-1-11-11		·).			Free Chl	orine	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxic
Type o	Disinte	ctant Residu	al Maintained in	n Distributio	on System:	A CONTRACTOR AND AND AND AND AND AND AND AND AND AND	Carrier Carrier	A CONTRACTOR	rice Cin	or inc	C0	momed C	5 12 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	( )
		<b>A</b>	en a 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 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 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 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 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 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 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 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 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 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 d	STREET STREET	CT Calculations	ON U.V. DOSC, TO-S	lations:	Om-To8.	Vitusinactiv	acout it sepp	ALTIVA	lose .	9.11	amines) Chiotine Dioxic
	Days			- 35	10 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Createu	Lowest CT	Will sail	100 mm	The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	3.5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Lowest	
	Plant						Lowest City	* ?: <u>*</u>		19 19 A	***		Residual	
20. 70.3	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Before or	10.00		4.0			Disinfectant	
	or Visited				Concentration	(T) at C	at First	7.2		Secretary 1	Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Tempa		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	· CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	Water,	Water, if	Required,	mW-	,mW	Distribution	Involves Taking Water System Components
Month	•X.)	Operation	Produced, gal	Rate, god	Flow, mg/L	minutes	mg-min/L	r c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
200		24 hrs	91,500											
SAME	X	24 hrs	91,500		1.5								0.7	Flushing
le la constant	Х	24 hrs	109,400		1.8								0.8	
W. 7.55	X	24 hrs	355,500		1.7								0.9	Flushing
and the sale	X	24 hrs	345,600		1.8								0.9	
	X	24 hrs	77,900		3.2						ļ	ļ	1.5	Flushing
	X	24 hrs	116,400		4.4							L	2.1	Final in the second
(6) (6)		24 hrs	53,550					-			<del></del>	<del> </del>		Flushing
	Х	24 hrs	53,550		3.5	ļ <u>-</u>	ļ			ļ	ļ		2	Plink
52,822	Х	24 hrs	94,400		1.7		ļ			<del> </del>	<del> </del>		1.3	Flushing
The Little	Х	24 hrs	29,300		1.5		-	<del> </del> -	<del></del>	<del> </del>	·	<del> </del>	0.9	Flushing
10 15	Х	24 hrs	28,700		1.6			<del> </del>		<del> </del>	<del> </del>		0.8	r tusting
2000	Х	24 hrs	18,000		1.5	<del></del>	<del> </del>	<del> </del>	ļ	-	<del> </del>	<del>                                     </del>	0.8	Flushing
0.00	X	24 hrs	52,600	<del></del>	1.0	<del> </del>	<del></del>	+	<del></del>		<del> </del>	<del></del>	V.V.	
	<del></del>	24 hrs	22,750		1.3	ļ	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.7	Flushing
	X	24 hrs	22,750 38,000		1.1	<del> </del>	<del> </del>			<del> </del>	1	1	0.6	
<b>開発といる。</b> 関連を中でする	X	24 hrs	29,200		1.6	<del>                                     </del>	<del> </del>	<del> </del>			1	1	0.9	Flushing
57,57	X	24 hrs 24 hrs	86,300		2.1	<del>                                     </del>	<del> </del>	1		t	<del>                                     </del>	<del> </del>	1.2	
0.34		24 hrs	75,600		1.5	<del> </del>	1	<del>                                     </del>	T	<del> </del>	T	<del>                                     </del>	1	Flushing
EVOZALI EVOZALN	- <del>^</del>	24 ft/s	36,000	<del> </del>	1.7	<del></del>		<del> </del>	T	<del>                                     </del>		·	0.7	
	<del>  ^</del>	24 hrs	57,600		†	<del> </del>	Ţ	1		1	T			Flushing
	X	24 hrs	57,600	\	1.3	1	1	1					0.5	
		24 hrs	40,900		1.8	1	1	1			]		0.9	Flushing
5000	X	24 hrs	20,100	<del></del>	1.4	1		1					0.7	
	$\frac{\hat{x}}{\hat{x}}$	24 hrs	39,000	<del> </del>	1.3								0.6	Flushing
		24 hrs	20,700		1.3								0.6	
		24 hrs	23,800		1.3								0.4	Flushing
0.429		24 hrs	17,000											
1000	X	24 hrs	17,000		1.4							<u> </u>	0.5	Flushing
		24 hrs	19,500		1.3							<u> </u>	0.5	
			2,141,700											
		140	69,087	7										

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



### MONTHLY OPERATION REPORT FOR PWSs TI

## TING RAW GROUND WATER OR PURCHASED FINISHEL WATER

See page 4 for instructions

DEP Form 62-555.900(3)Allemate

I. General Information for the M			<del></del>		
A. Public Water System (PWS)	Information			<del></del>	
PWS Name: Sebring			PWS Ide	ntification Number:	5284137
PWS Type: X Com	munity Non-Transient Non-Com	munity	Transient Non-Com		Consecutive
Number of Service Connections	at End of Month: 55		Total Population Serv		127
	ilities Florida				
Contact Person: Bill Dear			Contact Person's Title	: Field Coordinator	
Contact Person's Mailing Addres			City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telephone Num		<del></del>	Contact Person Person	1's Fax Number:	941/907-7401
Contact Person's E-Mail Address				·	
B. Water Treatment Plant Inform		<del></del>		<del>/</del>	
Plant Name: Sebring				ephone Number:	941/907-7400
Plant Address: 5313 Km		<del></del>	City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated by Plant:	X Raw Ground Water Puting Capacity of Plant, gallons per day:	rchased Finished Wat	ter	<del></del>	
Plant Category (per subsection 6	2-699.310(4), F.A.C.): C-1	280,000	In) ()(	-t'. (0 (00 710(4) E t	
Since Selvo peranonse a	Name 12-099-310(4), F.A.C.).	Wicicense Class		ction 62-699.310(4), F.A	.C.): V //si/Shih(shwoiked: ************************************
Constanting (	Robert Paver	C			
AVERAGE AND AND AND AND AND AND AND AND AND AND	Robert Faver	<u> </u>	12040		3 Days per week
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		<del> </del>			
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Salt .					
		<u> </u>			
II. Certification by Lead/Chief C	Ingentar				
	<del></del>				
I, the undersigned water treatment	nt plant operator licensed in Florida, am the lead	t/chief operator of th	he water treatment pl	ant identified in Part I o	of this report. I certify that the
information provided in this repo	ort is true and accurate to the best of my knowled	dge. I certify that al	ll drinking water trea	ment chemicals used a	t thisplant conform to NSF
International Standard 60 or other	er applicable standards referenced in subsection	62-555.320(3), F.A	.C. I also certify that	the following addition	al operations records for this
plant were prepared each day that	t a licensed operator staffed or visited this plant	t during the month it	ndicated above; (1) re	ecords of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicable, appre	opriate treatment process performance records.	Futhermore, I agree	to provide these add	itional operations reco	rds to the PWS owner so the
PWS owner can retain them, tog	ether with copies of this report, at a convenient	location for at least	ten vears		ras to aid 1 ars owner 50 the
			· · · · · · · · · · · · · · · · · · ·		
		•			
	Robert Paver			C12040	
Signature and Date	Printed or Typed Nam	ne		License Number	

PWS I	dentifica	ation Numbe	er:	5284137		Plant Name:	Sebring L	akes						
		for the Mon			November-06			<del></del>						
			Log Virus Inacti	iviation/Rem	oval: *		Free (	Chlorin	e	Chlorine L	Dioxide		Ozone	Combined Chlorine (Chloramines)
		let Radiation		🗀	Other (Describe	e):			<u></u>					· · · · · · · · · · · · · · · · · · ·
Type o	f Disinf	ectant Resid	val Maintained	in Distribution	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxi
TO CHARLE	2 HAVE	But Hall	をはこのところを は の は の は の に の に の に に に に に に に に に に に に に		Lowest Residual Disinfectant Concentration (C) Before or at	or UV Dose to	Demonstrates	Four Log	Virus tractiv	ation if Appl	icable 1/2	The state of	5 5 7 37 40	
X 22.77	Davs	<b>3</b>			· 中心 · 中央 · 中央 · 中	GI/Calch	lations: 45 1	effective.		erre 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 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 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 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 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 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 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 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 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 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 d	THE PARTY	Dose		
17.7	Plant	<b>1</b> 4.			4	444	prowest CI	district 1		edile your		777	Lowest	
	Staffed				Lowest Residual	Dismrectant	Provided	**** ± 5					Residual	
1	Çor 💸				Disinfectant	Disinfectant Contact Times (T) at C Measurement Point During Peak Flow	Before or						Disinfectant.	
Day of	Visited		jac.		Concentration	· N'(T) at C	a HatiEirst	ger etter er d		13 10 10 20	Lowest .	Minimum	Concentration	
	by.		Net Quanity		(C) Before or at	Measurement	Customer	Temp	The second second	Minimum	Operating	UV Dose	at Remote:	Emergency or Abnormal Operating
Day of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		de et e	Table Customer	The transfer of the Party		, ,,	1 2.10.	, ,	0 - 2000		2 0 0 0	Conditions, Repair of Maintenance Work that
Month	1.0	Operation	Water Produced, gal	Peak Flow	During Peak Flow, mg/L	Peak Flow, *** minutes	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Water,	Water, if Applicable	Required,	mW- sec/cm2	mW sec/cm2	Distribution	Involves Faking Water System Components
	X	24 hrs	30,000	Rate, gpd	1.2	a striumes25	1. suR-mont		Applicable,	ing-nuive.	Secrenz	sec cirz :	System, mg/L	Out of Operation Flushing
	×	24 hrs	26,900	<del>}</del>	1.4		<del> </del>	<del> </del>				<del> </del>	0.5	Flushing
7	X	24 hrs	27,500	<del> </del>	1.9	<del> </del>	<del> </del>	<del>                                      </del>	<del> </del>				0.6	Flushing
		24 hrs	27,500	<u> </u>	<u> </u>		1		<del>                                     </del>			<del> </del>	5.0	Flushing
		24 hrs	41,800		<del></del>			<del>                                     </del>						Flushing
	X	24 hrs	41,800		1.5							<del>                                     </del>	0,5	Flushing
	Х	24 hrs	71,100		1.5								0.5	Flushing
	X	24 hrs	20,200		1,2								0.5	Flushing
	X	24 hrs	48,100		1.7								0.4	Flushing
1. 1.	X	24 hrs	63,400		2								0.6	Flushing
	X	24 hrs	27,600	<u> </u>	1.7	<b></b>	ļ <u> </u>		<u> </u>			<b></b> _	0.8	Flushing
4	<del></del>	24 hrs	24,000	-		<del>                                     </del>	<u> </u>	<del>1</del>	<b>}</b>			<del> </del>		Flushing
	X	24 hrs 24 hrs	24,000 75,000	ļ	1.4	<del> </del>		<b>├</b> ──	<b></b>	<u> </u>		ļ	0.6	Flushing
	<del>^</del>	24 hrs	53,100	<del> </del>	2	<del> </del>	<del> </del>	<del> </del>	<del> </del>			<del> </del>	0.5	Flushing
	x	24 hrs	13,600	<del>                                     </del>	1.8	<del> </del>	<del> </del>	┼		<del> </del>	<del> </del>	<del> </del>	0.6	Flushing
	$\frac{\hat{x}}{x}$	24 hrs	12,500	<del> </del>	1.5	<del> </del>	<u> </u>	<del> </del>	<del> </del> -			<del> </del>	0.4	Flushing Flushing
	X	24 hrs	9,000	<del> </del>	1.7	<u> </u>		<del>}</del> -	<del></del>	1	·	<del> </del>	0.6	Flushing
	<del></del>	24 hrs	21,350	<del>                                     </del>			<del>  _</del>	<del> </del>	<del>                                     </del>			<del> </del>	- 0.0	Flushing
	Х	24 hrs	21,350	<del> </del>	1.9	† <del></del>	<u> </u>	1	<del> </del>	<u> </u>			0.9	Flushing
	X	-24 hrs	41,100	<del>                                     </del>	1.8	<del> </del>		1	· ·	<u> </u>		<del>                                     </del>	1	Flushing
	Х	24 hrs	61,100		2.3		<b> </b>						1.1	Flushing
	X	24 hrs	50,800		1,9								0.9	Flushing
	X	24 hrs	51,300		2.2			Ι					0.9	Flushing
	X	24 hrs	101,400		1.7								0.7	Flushing
	1	24 hrs	49,500	<del></del>	<u> </u>		ļ	1		L				Flushing
	X	24 hrs	49,500	<b></b>	2	ļ	<u> </u>	<u> </u>		ļ		<u> </u>	0.5	Flushing
	X	24 hrs	29,000	<del> </del>	1.9		ļ		ļ	<u> </u>	<u> </u>	ļ	0.6	Flushing
	X	24 hrs	40,900	<del> </del>	1.9	ļ	ļ <u>.</u>	<b></b>	<del></del>			ļ	0.7	Flushing
	X	24 hrs	21,700	ļ	1.5		<del></del>	<del> </del>	<u> </u>		ļ	ļ	0.6	Flushing
		24 hrs	1 176 100	<del> </del>	l	<u> </u>	<u> </u>	<del></del>	L	<u> </u>	L	<u> </u>		Flushing
73.7		2.20.00.00.5	1,176,100	4										_

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



### WATER

See page 4 for instructions

1. General Information			December-06			<del></del>	······································		<del></del>		
A. Public Water Syste	m (PWS) Informati	on								<del></del>	<del></del>
PWS Name:	Sebring Lakes			<del></del>	·		PWS Identi	fication Num	ber:	5284137	
PWS Type:	X Community		Non-Transient Non-Com	munity		Transie	nt Non-Commu			Consecutive	
Number of Service Co	nnections at End of N	lonth:	55				ulation Served			127	
PWS Owner:	Aqua Utilities Flori	da									
Contact Person:	Bill Dean					Contact I	Person's Title:	Field Coor	dinator	· · · · · · · · · · · · · · · · · · ·	
Contact Person's Mail		Professional Pa				City:	Sarasota	State:	FL	Zip Code:	34240
Contact Person's Teler		941/907-				Contact I	Person Person's	Fax Number:		941/907-74	01
Contact Person's E-Ma		wadean(	@aguaamerica.com								
B. Water Treatment P											
Plant Name:	Sebring Lakes		···				Plant Telepi	none Number	:	941/907-74	00
Plant Address:	5313 Knight Ave	<del></del>		· · · · · · · · · · · · · · · · · · ·		City:	Sebring	State:	FL	Zip Code:	33875
Type of Water Treater		Raw Ground		rchased Finishe	d Wat	er					
Permitted Maximum	Day Operating Capac	ity of Plant, gall		280,000					,		
Plant Category (per su	absection 62-699.310	(4), F.A.C.):	C-I		· S. C. Page pare	Plant Cla	ss (per subs <b>e</b> cti	on 62-699.31	0(4), F.A.	.C.): V	
Constitution of Constitution					IASS	Lice					cegl: *************
		Robert Pav	er	<u> </u>			12040	<del>- </del>		B Days per week	
Citted Constitution			<del></del>	<del> </del>		<del> </del>					
Office manners						<del> </del>		<del></del>			
	<u></u>	<del></del>		<del>                                     </del>		<del> </del>		+	<del></del>	<del></del>	
				<del>                                     </del>		<del> </del>		<del></del> -			
		<del></del>	<del></del>	<del>                                     </del>		<del> </del>	<del></del>	<del></del>	<del></del>	·	
		<del></del>	<del></del>			<u> </u>		<del> </del>			
			<del></del>			<u> </u>	·	1			
								T			
	Var. Ca										
II. Certification by Lea	ad/Chief Operator										
I, the undersigned water	r treatment plant or	erator licensed	d in Florida, am the lead	Vchief operato	or of th	ie water t	reatment plant	identified i	n Part I o	f this report   I	certify that the
information provided in	n this report is true	and accurate to	the best of my knowle	dge. I certify	that al	l drinking	water treatme	ent chemical	ls used at	thichlant conf	orm to NCE
International Standard	60 or other applical	ole standards re	eferenced in subsection	62-555 320/3	) F A		certify that th	e following	addition	al appraise com	onth to NSF
plant were prepared ea-	ch day that a license	ed onerator sta	ffed or visited this plan	during the m	onth ir	dicated a	bove: (1) rec	rds of smo	addition	ai operations re	colds for this
rates; and (2) if applica	hle annronriate tre	atment process	nerformance records	Futhermore I	20700	to provide	loove. (1) rect	onus or arrior	mics of ch	emicals used a	no chemical feed
DWC ourser con retain	them tagether with	coniec of this	report, at a convenient	lasstion for a	longt	to provid	ie tilese additi	onai operani	ous recor	as to the PWS	owner so the
. 77 5 Owlier can retain	aioni, togeniei with	cobies or mis	report, at a convenient	iocation for at	reast :	en years.					
			Robert Paver					C12040			
Signature and Date	<del></del>	<del></del>	Printed or Typed Nam	ne			<del></del>	License Nu	mber	<del></del>	
- Greens with a min								PICCIPC IAI	unoci		

PWS Id	entificati	ion Number	:	5284137		Plant Name:	Sebring La	kes							
10. 0	Doing C	in all and Ad	1-/V C		Describer 06					· · · · · · · · · · · · · · · · · · ·			<u>.                                    </u>		
		or the Mont			December-06		E-co C	Chlorine		Chlorine D	Viovide		zone	Combined Chlorine (Chlor	amines)
			og Virus Inactiv	viation/Remo				morme	لسا	Cittorine	NOXIGO	ا ليسيا	201,0	Comonica Cincina (Cincina	
		t Radiation			Other (Describe	);			F CLI			mbined C	hlorine (Chlor	mines) Chlo	rine Dioxic
		ctant Residu	al Maintained i	n Distributio	n System:	ena en la maria de la compa	C Sept Service Service	2	Free Chl	2	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Horne (Chor	innies)	T-17-74-74-75
T. 18			不作為多不可	AUCS	CPCalculations	or U.V. Dose, to	demonstrate l	our-kog	Virus Inactiv	ation, if Appl	icable* 1.324			A THE CONTRACT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	
9.	Days												Lowest		
	Plani				Lowest Residual		Lowest CT			- Town	2002		Lowest Residual Displectant Concentration at Remote Point in Distribution		10 0 F 10 W
2244	Staffed				Lowest Residual	-Disinfectant	Provided Before or					3 3	The section		1. 200
	or.		S 4		Districtant Concentration	Contact Time	at First				OWEST	Mirumum	Concentration		
	Visited by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Mimmum	Operating	'UV Dose	at Remote	Emergency or Abnormal O	perating
Day of	Operator	Hours	of Finished	-	First Qustomera	Point During	During	of	pH of	CT :	UV Dose,	Required,	Point in	Conditions: Repair or Maintenar	ce Work that
the	(Place	Plant in	Water	Peak Flow	First Gustomer* During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System	Components.
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow mg/L	minutes	mg-min/L	C	Applicable	mg-min/l=	sec/cm2	sec/cm2	System, mg/L	Out of Operation	<b>张建筑公式性</b>
1	X	24 hrs	21,000		2.6			I					1.5		
	X	24 hrs	25,200		2.1							<u> </u>	0.8		
E BAS		24 hrs	22,000							ļ		<b> </b>		<u></u>	
	X	24 hrs	22,000		1			<u> </u>		ļ			0.5		
TO THE REAL PROPERTY.	Х	24 hrs	85,400		2.4			<u> </u>	<u> </u>	<b> </b>	<del> </del>	<del></del>	0.6		
100	X	24 hrs	48,600		1.2			ļ	<del> </del>	<del> </del>		ļ	0.6		
<b>F. 12</b>	X	24 hrs	64,900		1.8			<del> </del>	<u> </u>	<del> </del>		<del> </del>	1		
	X	24 hrs	17,900		3.3	ļ	<del> </del>	<del> </del>	<u> </u>		<del></del>	<del> </del>	0.9		
	Х	24 hrs	23,700		2.1		ļ	<del> </del>	<del> </del>	<del> </del> -		<del> </del>	0.9		
		24 hrs	26,350	ļ	ļ.—.——	ļ. ————	<del> </del>	<del> </del> -	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.4		
	X	24 hrs	26,350		1.1		<del> </del>	<del> </del>	<del></del>	<del> </del>		<del>                                     </del>	0.6		
THE STREET	X	24 hrs	26,600 7,500	<del> </del>	2.1		<del> </del>	<del> </del>	<del>                                      </del>		<del> </del>	<del>                                     </del>	0.7		
	X	24 hrs 24 hrs	21,100		1.8	<del></del>	<del> </del>	<del> </del>				1	0.7		
	x	24 hrs	22,700	<del> </del>	3.8			1	1				1.1		
	$\hat{\mathbf{x}}$	24 hrs	10,900	1	2.5			1					0.9		
		24 hrs	151,650	<del></del>											
- Automotive Committee	X	24 hrs	151,650	T	2.3								1		
1	X	24 hrs	28,400		1.9							<u> </u>	0.7	<u></u>	
	X	24 hrs	16,400		1.7							L	0.7		
9, 91, 15	Х	24 hrs	27,200		2.1					<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.8		
4 22 G	Х	24 hrs	18,800		1.9		ļ		ļ	ļ	<u> </u>	<del></del>	0.9		
经数据	Х	24 hrs	65,800		2.3		<del> </del>	<del></del>	<del> </del>	<u> </u>	<b></b>	<del> </del>	1.1	<del> </del>	
學學學		24 hrs	124,700				ļ	-	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.0	<u> </u>	
<b>*******</b>	Х	24 hrs	124,700		2.5	ļ	ļ	<del> </del>	<del> </del>	<del></del>	- <del></del>	<del> </del>	0.8	<del></del>	
	X	24 hrs	13,400	-	1.8		<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.7		
A PAR	X	24 hrs	13,100	<del> </del>	1.7	<del>                                     </del>	<del></del>		<del> </del>	<del></del>	<del>                                     </del>	<del> </del>	1.8		
4.4	X	24 hrs	15,700	<del></del>	3.5	<del></del>	<del> </del>	+	<del> </del>	+	+	<del> </del>	1.9	<del> </del>	
	X	24 hrs	15,900	<del></del>	4.7	<del> </del>	<del> </del>	+	<del> </del>	+	<del> </del>	<del> </del>	0.9	<del> </del>	
2.01=	X	24 hrs	15,900	<del></del>	3.1	<del> </del>	<del></del>	+	<del></del>	<del>-}</del> -	<del> </del>	+	<del>                                     </del>	<del> </del>	
		24 hrs	17,500	<del> </del>				<u> </u>	<del></del>	<del></del>				<u> </u>	
				4											
Acres 6	A CARL LAND AND	<b>医</b>	ST 41,000	ı											

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

Dec 21 07 03:37p AUF - Fruitville					Ş	41378	3554		. p.1	2
DRINKING WATER BACTERIOLOG AND LABORATORY REPO	ICAL SAMPLE O	COLLEC	CTION	\[\bar{\c}{\c}	Delivere	d by:	a	B.	Caro	<u>न्युष्र</u>
SHORT ENVIRONMENTAL LABO 10405 U.S. HWY 27 · SEBRII PH: 1-863-655-4022 · FAX: HRS # E85 Report Number: 9553 sub Analysis Requested: (please check all first app Standard Colliform Test HPC Other:	NG, FL 33876-95 : 1-863-655-5820 i458 -Cantract Lab ID:	502	·	Sa Di	nalysis Da s <b>mple</b> Ac mole Pres sinfectant (	ale & Tin Coptano Svalion Check	ie Criteri Don to	2. (2. (2. (2. (2. (2. (2. (2. (2. (2. (	*	14.0.
System Name: Sebring La	Kes				PWS	F		8 r		3 5
System Address:					City:	طيد	Cir	2		
System or Owner's Phone #: 1-800- Collector: Danny Holy	<u> </u>	532	-	ax#:						
Type of Supply: (check only one)	YYS		<u> </u>	ollector's	Phone #	40	5-k	PH		
					٠	-		•		
Private Well Swimmin	munity Water System ig Pool	ΠB	ottlad V	later .	zommunit				Red Use S	
Reason for Sampling: (check only one)	Routine Compliance	Rep	est	Replace	ment [	Main C	learance		er	C 085
Sample Collection Date: 12-6-4	2 7			, ,		,			i Gutasă	Giner
Control of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	Cara page		6 4 0 M		1241				A ROBERT S	
		i	l	l	, F.E.	Total C	nA michio	lysis Med	cq:	MHO
Sample   Sample Point   Number   (Location or Specific Ac	idress)	Collection	Samp	Disinfect Res'd	рн 🎇	Fecalo	r E. coli Ar	alysis Met	hød:	nue
		1	1	(mg/L)		Non Coliform	Total Coliform	Fecal or E. coll	Data Ouglifier ²	Lab Sample
1 117011 1		0730	0	X		<b> </b>	1			Number
· Carl	<del></del>	0 130	AL-	$\langle \cdot \rangle$	上鹽	ļ	1+			3000
2 well 2		0310	B	X	]7.7层		A			Ross
3 15306 Over	Ave	0700	0	1.3	8.5		A	,		
4 4904 Cond C		<del> </del>	<u> </u>	† • · · · · · · · · · · · · · · · · · ·			1			100°
TITE Grana	omourse	0 (45	U	0.8	8.0	-	H			300
					3					
•										Ğ
		 	L		21		· ·			, L
Average of disinfectant residuals for routine an community and nontransient noncommunity systems a 4,900. Do not include raw or plant samples in the aver	MONTH DOWN ESTIMATE TO A	omplate for and includ	ing	1.05	All lests :	Defined in are perfor	Ficrida Adr	ninistrative i	Code Rule 62 ith NELAC s	tendards,
Disinfectant Residual Analysis Method: MOPO Person performing analysis la:	Colorinatric DOther	":		Date PV	S notified (					
Supervised by a cert operator (#	☐Employed ) ☐Employed			Date Ste	le notified i	by kata od p	asiliye res	نائع: <u></u>		
				Signatur	'e:	<u>(</u> الر	why	th		
Name and Malling Address of Person	on to Receive Re	port		:			10	AMER	ace	
Aqua Utilities	•		10	Satisfac	tory				P/DOH US	FONEY
8374 Market S	street #1	414		Incomp	ete Coll	ection ir	oformatic	חכ	, 100H N	- UIVL 1
8374 Market 5 Bradenton, Flori	da 34a	ίος	2	Replace	Semple: ement Sa	s Requir amples	red Require	d		
		- •	Da							
					Reviewing					

*DEP Sample Type Codes: D = Distribution (Routine Compliance): C = Repeat or Check; R = Rew; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM32228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM923B; HPC = SM92158
Results: A = collorns are absent; P = collorns are present; C = confluent growth; TNTC = too numerous to count

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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 & ECMUG; MAXOMRUG = SM9223B; HPC = SM9215B

Results: A = collidates are absent; P = collidates are precedit; C = confluent growth; TNTC = too numerous to count

M3.560.730 Reporting Former - Effective 01/86 Revised on

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER COMME			A A reporting	Format
PUBLIC WATER SYSTEM INFORM	ATION ( to be completed )	by sampler - Pleas	itypa or print legibly)	
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Gy Sebring	States	Florida 27P	Code	
Phone: 877-587-2	782 Fact	863-655		
-Mail Addres		202-000	255 6	<b>!</b>
SAMPLE INFORMATION (to be compl	icted by sampler)			
Sample Number:	•			1
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Entry Point (to Distribution)	Confirmantion of M		F-1-1	
Plant Tap (not for compliance with 62-55	50.) Composite Multiple		Violation Resolu	tion
Raw (at well incure)	Clearance (permittir	<b>18</b> )		livalidated Sample)
Max. Residence Time Ave. Residence Time	Other:	DEP MA	P V	minimizat Saubie)
Near First Contumer	Sampling Procedure Use	ed or other Consumer	-Grah	
			-2190	
*See 62-550.500(6) for requirements and restri NOTE: Sae 62-350,512(3) for additional require MCL exceedances.	Clines.	100		<del></del>
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Sampler's Phone #: 541 650	53033			
Sampler's E-Mail Address:		Sampler's Fax	86365	5 255 C
CERTIFICATION (to be completed b	y sampler)			
- Robott (Fe	DER	·	-0±	
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porting Format 62-550,739		<del></del>	par 2	320)
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10405 U.S. HWY 27 • SEBRING, FL 33876-9	502		- [					B₩			
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Average of disinfectant residuals for routine and repeat samples. (Community and nontransient noncommunity systems serving populations up to	Complete for a and lacked	in /1	11/1	/ 1	Defined in Flori	da Administrati	ve Code Rule 6	2-160, Table 1			
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Disinfectant Residual Analysis Method: SIDPD Colorimetric Oth		<del></del>									
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☐A certified operator (# 1)0(0)	d by a certifi	ediab 🛭	Date State	notified b	by tab of positi	ve results:					
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		Lab S	ignature	<b>)</b> : _	$\sum_{i}$	M	#				
Name and Mailing Address of Person to Receive Re	port	Title:					Alenale				
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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

82,550.730 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format - Effective 01/05 Reporting Format

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### SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

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#### DRINKING WATER

#### SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

CLIENT NAME:

PRINT SAMPLER'S NAME

DWCOC1.XLS 04/04/2006

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LABORATORY ANALYSES

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YES

NO

10405 US 27 S SEBRING, FL 33876 (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820 CLIENT NAMEL CPLEASE PRINT 1844 WIL SAMPLERS SIGNATUR #386 LOCATION DILITE FIELD ID# SAMP SAMPLE ID DATE TIME # OF TYPE WELL 4349 SEBRING LABORATORY ID# CONT 7-25-07 DW

SHURT ENVIRONMENTAL LABORATORIES

COMMENTS:

Some containers may be pre-reserved.

please read all container labels for Caution Notices.

SAMPLES ICED TO 4C NUTRIENT CONTAINERS PRESERVED HISO4

METALS CONTAINERS PRESERVED HNOJ

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CHAIN OF CUSTODY AND TRANSMITTAL FORM

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Dec 15 06 04:16p

Sebring Lakes

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(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876 SHORT

Environmental Laboratories, Inc.



#### Report Cover Page

Aqua Utilities Florida.

Client: Address: Inc.

.

6960 Professional pkwy E

Report #:

2006120114

Date:

December 10, 2006

City, St, Zip:

Sarasota, Fl 34240

Project:

Sebring Lakes

Attention:

Bill Dean

Sample #s:

275477

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

_	ltem	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	4	บ	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	ĭ	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		5		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Dand W Murlo
David W. Murto
Laboratory Director

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Page 1 of 1

	CERTIFICATION INFOR		inpicted by ian -	riease type or print tegi	ioiy <i>)</i>	
Lab Name:	Short Environmental Lab	poratories		Florida Certificati	on # :	E85458
Address:	10405 US Highway 27 S	outh		Certification Expi	ration Date:	06/30/07
	Sebring, FL 33876			Phone #:	(863) 65	55-4022
ANALYSIS INF	ORMATION (to be complete	d by lab)		Date Sample(s) Receiv	ved :	11/17/2006
PWS ID (From	n Page 1): 52	184137		Sample Number (From )	Page 1):	1
Lab Assigned	Report Number or Job ID:	275477				
Group(s) Ana	alyzed & Results attached for	compliance with Cl	napter 62-550,	F.A.C. (Check all that a	pply):	
All 17 Partial Nitrate Nitrite Asbestos Onl  Were any ana If yes, please	All 30 All Except Dioxin Partial Dioxin Only	CH SUBCONTRAC	c site**  (X) No TED LAB*	Byproducts Trihalomethanes Hatoacetic Acid Bromate Chlorite Secondaries All 14 X Partial		
		CERTIFIC	ATION	laha	antona Direct	
1.	David W. M (Print Nan				ratory Direct	01
	CERTIFY that all attached at ironmental Laboratory Accre	nalytical data are co		s noted meet all requirer	ments of the	
Signature:	Daniell	mito		Date:	12/10/2	006
results will result result in notifical	ide a valid and current Florida DOH t in rejection of the report, possible o tion of the DOH Bureau of Laborato e radiological sample dates & locatio	inforcement against the p ry Services.				
COMPLIANCE	DETERMINATION (to be c	ompleted by DEP or	DOH)			
Replacement S	on Info Satisfactory:  Sample(s) Requested (circle or high initoring Required (circle or high initoring Required (circle or high initoring Required (circle or high initiality)  MCL(s) Exceeded  Missing Analyte Sheet  Other:	(hlight group(s) above)	c)	alysis Info Satisfactory: Revised Report Rediction Incomplete Report Analysis Unsatisfac	quested tle or highlight gr	Yes () No
Person Notifi			Date Notifi	ed:		
Comments: Date Reviews	ed:	DEP/DOH R	eviewing Offic	ial:		
Reporting Forma						
Effective January	1995, Revised January 2004	Page	2 of 4			

SECONDARY CONTAMINANTS 62-550.320

Report Number/Job ID: 275477

PWS ID (From Page 1):

5284137

Contam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
<u>ID</u>	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Copper	1	mg/L	0.05	U	SM 3111B	0.05	12/04/06	1349	E85458
1025	Fluoride	2.00	mg/L							E85458
1028	Iron	0.30	mg/L	0.097		EPA 200.7	0.005	12/05/06	1607	E85458
1032	Manganesc	0.05	mg/L							E85458
1050	Silver	0.10	mg/L							E85458
1055	Sulfate	250	mg/L							E85458
1095	Zinc	5	mg/L							E85458
1905	Color	15	CU	2.		SM2120B	1.	11/17/06	1339	E85458
1920	Odor	3	TON							E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU							E85458
1930	Total Dissolved Solids	500	mg/L							E85458
2905	Foaming Agents	0.50	mg/L		<u> </u>					E85458

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Report Number / Job ID:

275477

OTHER	CONTAM	INANTS
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										-10777	
· · · · · · · · · · · · · · · · · · ·							PWS ID (fre	om Page 1):	5284137		
Contam	Contam Name	MCL	Units	Analysis Result	Qualifier ⁴	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOHLab Certification	
	Total Organic Carbon		rng/L	2.7		SM5310C	1	12/7/2006	1448	E85458	
		ļ				<del></del> -	<del>                                     </del>		_ <del></del>		
		ļ <u></u>	<del></del>			<u> </u>	<del> </del>	<del></del>		<u> </u>	
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		<u> </u>			<u> </u>		<del> </del>				
		<u> 1                                   </u>		L	<u> </u>	L	L	l		l	

Reporting Format 62-550,730 Effective January 1995, Revised January 2004 All results meet the requirements of NELAC.

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Results qualified with A, F, H, N, T, Z, ?, *, are unacceptable for compliance 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

				405 US										
		(1	SEBR) 863) 655-40	ING, F 122 - ()	L 338	876∙ :33-⊿0				LABO	DRATO	RYANA	LYSES	
		,	FAX:	(863)	555-58	33-40 320	144		<u> </u>	┼	ļ		T	1
Sampler's Hai (Vlease Print	· • 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLIEAT NAME:	لحدا لمعد							al		C		
SANHERS	atom: the	PROJECT: POJ		<u></u>		LOCATIO	Leing LK3 WF	386	110	0.01	20	0/0		
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAR	WELL		#OF	V					
	POE	11-1706		DW	0		275477		×	X		<del>                                     </del>	_	1
	BOE	11-1706		DW	6						メ		<del> </del>	<del>                                     </del>
	POE	11.1700	1051	DW	0							X	-	-
								-						<b></b> .
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			<del></del>											
OMMENTS:	SOME CONTAINERS MAY BE PRE-P	KESERVED.												
I	PLEASE READ ALL CONTAINER LA	BELS FOR CAUTIO	ON NOTICES.				NUTRIEN	T CONTAI	NERS PR	PLES ICE ESERVED	, II2SO4		YES	NO
<b></b>								LS CONTA DTHER:	INERS PE	CESERVEI	, HNO3	-		
MPLE QTY:	RECLINQUISHED BY:	CCEPTED BY				10.	11-17-06	////J			-		615	81
	Kelt Van	Muid	1. 1	Less	ton	h		111.	,-					

SHORT ENVIRONMENTAL LABORATORIES

CHAIN OF CUSTODY AND TRANSMITTAL FORM

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

#### SHORT

Environmental Laboratories, Inc.



#### Report Cover Page

Aqua Utilities Florida,

Client: Ir

6960 Professional pkwy E

Report #:

2006110259

Date:

November 14, 2006

City, St, Zip:

Sarasota, FL 34240

Project:

Sebring Lakes Color :

Attention:

Address:

Bill Dean

Sample #s:

274184

This report package includes the following

contents and attachments:

Commonly used Qualifiers with explanations:

	l(egr)	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	2	l	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			3	Estimated value; value may not be accurate.

Total Pages:

____

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

David W. Murto Laboratory Director

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Page 1 of )

				···		
PUBLIC WATE	R SYSTEM INFORMATIO	N ( to be com	pleted by saropl	er - Please typ	e or print legibly	)
System Name:	SEBRING LAKES				PWS I.D. #:	5284137
System Type (c)	heck one): (x) Commo	unity () Nor	Transient Nonc	ommunity (	( ) Transient Non	Community
Address:	5313 Knight Avenue					
City:	Sebring	State:	Florida	ZIP Code:	33875	5
Phone:		Fax #:				
E-Mail Address:	·				<del></del>	
SAMPLE INF	ORMATION (to be comple	eted by sample	r)			
Sample Number:	274184	Location (	Code (if Known):			
Sample Date:	11/01/06	_ Sample T	ime:	1240	AM PM (c	ircle one)
Sample Location	(be specific): POE		·	<del></del> -		
Disipfectual Residu	at (Required when reporting rea	ults for tribalome	thanes and huloses	stic scids):	neg	L Field pH:
Sample Type (C	heck Only One)		Reason(s)	for Sample (	Check all that app	iyλ
Distribution		Routine Co	sup)isme# (with 62	-550)	Quarterly	
X Entry Point ha	Distribution)	Confirmant	ion of MCL Excee	dance*	Special (not for co	mpliance with 62-550.)
Plant Tap (not i	(or compliance with 62-550,)	Composite	Multiple Sites**	Ī	Violation Resolut	ion
Raw (at well in	uke)	Clearance (	permitting)	Ĩ	Replacement (of I	invalidated Sample)
Max. Residence	e Time	Osher:				
Ave. Residence	Time	Sampling Proce	edure Used or othe	r Comments		
Near Pirst Cost	wner			<del></del>		
	0(6) for requirements and restrict 550.512(3) for additional requirementaries.		0	™ See 62-550.5 page for each si	*	ets and attach a pesult
Sampler's Name:	E. Christmas					
Sampler's Phon	e #: (941)	650-3032	Sampler's Fa	x:		
Sampler's E-Mai	il Address:					
CERTIFICATI	ON (to be completed by sa	mpler)				
l,	E. Christma	5			Operator	
do HEREBY CE	(Print Name) RTIFY that the above publi		and sample coll	ection inform	(Print Title)	and correct.
Signature:		·			Date:	11/01/06
Reporting Formst & Effective January 19	2-550.730 995, Revised January 2004					

Page 1 of 3

LABORATORY ATTACH CU	CERTIFICATION I RRENT DOH ANAL)	nformation (10 de ce (Te sheet*	impleted by lab	- Please type or print legibly)	
Lab Name:	Short Environmen	tal Laboratories		Florida Certification # :	E85458
Address:	10405 US Highwa	y 27 South		Certification Expiration Da	ste: 06/30/07
	Sebring, FL 3387	6			3) 655-4022
analysis inp	ORMATION (to be co	ompleted by lab)		Date Sample(s) Received:	11/1/2006
PWS ID (From	Page 1):	5284137		Sample Number (From Page 1):	1
Lab Assigned I	Report Number or Job I	D: 274184	· 		
Group(s) Ana	lyzed & Results attaci	hed for compliance with C	hapter 62-550	F.A.C. (Check all that apply):	
All 17 Partial Nitrate Nitrite Asbestos Only  Were any analy If yes, please ATTACH DOH	Lead & Copper  yes subconnected?  provide DOH certific  ANALYTE SHEET F	Radionuclides    Single Samp   Qtrly Compx    ( ) Yes   Station numbers:   CERTIFIC	(X) No	Trihalomethanes Haloacetic Acid Bromate Chlorite  Secondaries All 14 X Partial	
ľ,		W. Murto	<del></del>	, Laboratory Dir	ector
do HEREBY (	ERTIFY that all attac	nt Name) thed analytical data are co	rrect and unle	(Print Title) ss noted meet all requirements of the	ıe
148900991 12440	connected Laboratory	Accreditation Conference	(NELAC).		
Signature:	David	wanto	<del></del>	Date: 11/1	4/2006
result in notification	n rejection of the report, po m of the DOH Buresu of L	esible enforcement arainst the s	and a current Amubilic water system	alyte Sheet for the attached analysis n for failties to sample, and may	
		to be completed by DEP or	DOIN		
Sample Collection	Info Satisfactory:	( ) Yes ( ) I		ralysis Info Satisfactory: (	Yes ( ) No
Replacement Sa	mple(s) Requested (circ)	or highlight group(s) above)		Revised Report Requested	, 100 ( ) 110
Reason(s):	MCL(s) Exceeded Missing Analyte Sh Other:	or highlight group(s) above Detection(s) Location Unsa			it group(s) abova)
Person Notified	l:		Date Notifi	ed:	
Comments: Date Reviewed:		DEP/DOH Re	viewing Offic	ial:	
Reporting Pormat 6 Effective January 1!	2-550.730 995, Revised Issuery 2004		2 of 3		

SECONDARY CONTAMINANTS

Report Number/Job ID:

274184

62-550.320

PWS ID (From Page 1):

5284137

Contam		1	1	Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
_D	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Соррег	1	mg/L	· · · · · · · · · · · · · · · · · · ·						E85458
1025	Fluoride	2.00	mg/L							E85458
1028	iron	0.30	mg/L	······································						E85458
1032	Manganese	0.05	mg/L							E85458
1050	Silver	0.10	mg/L							E85458
1055	Sulfate	250	mg/L							E85458
1095	Zinc	5	mg/L					<u> </u>		E85458
1905	Color	15	CU	13,		SM2120B	1.	11/01/06	1510	E85458
1920	Odor	3	TON							E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU							E85458
1930	Total Dissolved Solids	500	mg/L							E85458
2905	Foaming Agents	0.50	mg/L		1					E85458

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

#### SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S

		(1	SEBRI 863) 655-4(	ING, 1 122	(800) 8	33-40	122			LAB	ORATO	RYAN	ALYSI	s
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ANTES T		CLOSOT NUISE	<u> </u>	<del></del>				-	1					
LLAS PIU			Aqu	A C	1/1/2	1716	ব	381	]			ľ		
	CNATURE	Manufa See	RING E	lan	23	LOCATIO	No.	2090	4 Y					
eid id	SAMPLE ID	DATE	/TD465	8AMP			LABORATORY ID#	#OF	0100		B	210		
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WYIS: 5	OM CONTAINERS MAY BE PRI									-	_	-	· · · · · · · · · · · · · · · · · · ·	
1	LAST READ ALL CONTAINER	LANGE FOR CAUTION	YOTICES.						<u> </u>				TES	NO
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CHAIN OF CUSTODY AND TRANSMITTAL FORM

110V 15 U6 U7:47a Lake Suzy WWTP 11/14/2006 18:13 9412550413 18636555820 p.7 DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REFORTING FORMAT Delivered by: SHORT ENVIRONMENTAL LABORATORIES, INC. 10405 U.S. HWY 27 - SEBRING, FL 33876-9502 PH: 1-863-855-4022 • FAX: 1-863-855-5820 HRS # E85458 Lati Receipt Date & Time: //// Analyela Date & Time: Report Number. Sub-Contract Lab ID: Anniyals Requested: (please preck all the apply) Sample Acceptance Criteria: Standard Collient Test

HPC Other: Trie semple dose not many the following RELAC requirements: Bystom Name: Selecting hakes System Address: __ System or Owner's Pho ___ Fax#; Collector: & Oli Collector's Phone 94/650 3032 Type of Supply: (check only one) Community Water System Noncommunity Water System Private Well Nontrendent Noncommunity Water System
Bottled Water Swimming Pool Limited Use System
Other Reason for Sampling: (theck only one) | Routine Compilance | Repeat | Replacement | Main Clearance | Wall Survey | Other **Total Collins Analysis Method:** Sample Sample Point Number (Location or Specific Address) Fecal or E. coll Analysis Method: Res'd pΗ Туре Tutel Fecel or Non E. cali Qualitier¹ P.OI Number Ç byo 2.7 Average of disinfectant residuals for routine and repeat samples, (Complets for community and nontransient noncommunity systems serving populations up to and including 4,800. Do not include row or plant semples in the everyte.) Trained in Florida Administrative Copie Rule 62-180, Table 1 2.8 All serie are performed in accordance with NELAC standards. Disinfectant Residual Assayale Bluthoc: [SDPO Colodnotto | Dotter: Person performing analysis to: Date PWS notified by lab of positive results: ON certified operator (# 12040 Supervised by a cart operator (# DEmployed by a curified jab Date State notified by lab of positive mautia: DEmployed by DEP or DOH

Name and Mailing Address of Person to Receive Report

AGUS Light

Satisfactory

DEP/DOH USE ONLY

Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required
Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

*GEP Sample Type Codes: D = Distribution (Routine Compliance): C = Repeat or Checic R = Rev; N = Entry to Distribution; P = Flore Tep; S = Special (olderance, etc.)

Availysis Methods: MF = SM6222B & D: MTF = 9221B & ECMUD; MMCM&UQ = SM9223B: HPC = Stee216B

Results: A = collingrap are absent P = collingrap are greene. C = confinent growth; TNTC = too purposes to obtain the country of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of the confinence of th

PUBLIC WATE	r system informatio	N ( to be comp	eted by sample	er - Please typ	e or print legibly	)				
System Name:	SEBRING LAKES	· · · · · · · · · · · · · · · · · · ·			PW\$ I.D. #:	5284137				
System Type (c)	ieck one): (x) Commu	mity () Non1	Fransient Nonc	ommunity (	) Transient Non	Community				
Address:	5313 Knight Avenue									
City:	Sebring	State:	Florida	ZIP Code:	3387	<u> </u>				
Phone:		Fax #:	<del></del>							
E-Mail Address			·							
SAMPLE INF	ORMATION (to be comple	eted by sampler)	•		,					
Sample Number:	274184	Location Co	ode (if Known):							
Sample Date:	11/01/06	Sample Ti	me:	1240	AM PM (c	ircle one)				
Sample Location	n (be specific): POE			<u> </u>						
Disinfectual Resid	uat (Required when reporting res	rules for tribalorned	hanes and halose	stic scids):	m	/L Field pH:				
Sample Type (C	heck Only One)		Reason(s)	for Sample (	Check all that app	oly)				
Distribution		Routine Cor	opliance (with 62	-550)	Quarterly					
Entry Point (to	Distribution)	Confirmanti	ion of MCL Euce	odance*	Special (not for o	ompliance with 62-550.)				
Plant Tap (not	for compliance with 62-550.)	Composite )	Multiple Sites**	r	Violation Resolu	tion				
Raw (at well is	otake)	Chearance (p	permitting)	Ī	Replacement (of	invalidated Sample)				
Max. Residence		Other:		<b>(</b> -		•				
Ave. Residence			dure Used or oth	tr Comments	<del></del>					
Near First Cos										
	00(6) for requirements and restri -550.512(3) for additional requir coordances.		0	™ See 62-550. page for each s	• • • • • • • • • • • • • • • • • • • •	into and susch a result				
Sampler's Name:	E. Christmas									
Sampler's Phot	ne #: (941)	650-3032	_ Sampler's Fi	ux:						
Sampler's E-Ma	ail Address:									
CERTIFICAT	ON (to be completed by sa	rmbles								
1,	E. Christme				Operator					
do HEREBY CI	(Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.									
Signature:					Date:	11/01/06				
Reporting Format	62-550.730 1995, Revised January 2004									

Page I of 3

ī		CERTIFICATION IN		pleted by lab -	Please type or prest legibly)	
	ATTACHECU	den bon mali	E SAGE1*			
	Lab Name:	Short Environmenta	Laboratories		Florida Certification #:	E85458
	Address:	10405 US Highway	27 South		Certification Expiration C	Date: 06/30/07
		Sebring, FL 33876			Phone # ; (8)	63) 655-4022
A	nalysis info	DRMATION (to be con	upleted by lab)		Date Sample(s) Received:	11/1/2006
	PW\$ 1D (From	Page 1):	5284137		Sample Number (From Page 1):	1
	Lab Assigned F	Report Number or Job ID	274184	_		
	Group(s) Anal	yzed & Results attache	d for compliance with Chi	epter 62-550, 1	F.A.C. (Check all that apply):	
lo	norganies Syr	nthetic Organics	Volatile Organies	Disinfection	Byproduces	
Γ	All 17	All 30	All 21		Trihalomethanes	
	Partial	All Except Dioxin	Partial		Halpacetic Acid	
Γ	Nitrate	Partial	-		Bromate	
	Nitrite	Dioxin Only	Redionuclides		Chiorite	
	Asbestos Only		Single Sample		<b>—</b>	
			Qtrly Composi	in [*]	Secondaries	
		Lead & Copper			All 14	
		L			X Partial	
	Were any unaly	rses subcontracted?	( ) Yes	(X) No		
		provide DOH certifica ANALYTE SHEET FO	tion numbers: R EACH SUBCONTRACT!	ED LAR*		
			CERTIFICA			
I,		David '	W. Murto		, Laboratory E	Director
			Name)	<del></del>	Print Title	.)
	do HEREBY C	ERTIFY that all attach	ed analytical data are corr	ect and unless	noted meet all requirements of	the
	National Envir	onmental Laboratory A	ccreditation Conference (	NELAC).		
	Signature:	David	w muto		Date 11/	14/2006
	A 97-15					
	recules will seems to	te a valid and current Florida Distinction of the second nor	DOM lab certification number a	nd a current Anal)	yto Sheet for the attached analysis	
	result in notification	in of the DOH Bureau of Lat	-	AIC Water system (	Lot tentrice to emphie' stop were	
<del></del>		radiological sample dates &		<del></del>		
			be completed by DEP or D			
24		i Info Satisfactory: mple(s) Requested(circle	( ) Yes ( ) No	Sample Ana	lysis Info Satisfactory;	() Yes () No
_	Additional Mon	Koring Required (circle	or highlight group(s) above)	į	Revised Report Requested	(evode (s) quoya trigi
-	Reason(s):	MCL(s) Exceeded	Detection(s)	1	Incomplete Report	Bu Stonhrit spokët
		Missing Analyte She		sfactory	Analysis Unsatisfactory	
	Person Notified			Date Notifie	d:	
	Comments:			_ ~are 1100116	u.	
	Date Reviewed	77-	DEP/DOH Rev	iewing Officia	ıl;	
	,	995, Ravised January 2004	Page 2	of 3		

# Q

### Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS 62-550.320

Report Number/Job (D: 274184

PWS ID (From Page 1):

5284137

Contam ID	Contam Name	) 407		Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
		MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Copper	1	mg/L	·	<b> </b>					
1025	Pluoride	2.00	mg/L	··						E85458
1028	Iron	0.30	mg/L		<del> </del>					E85458
1032	Manganese	0.05			<del> </del>					E85458
1050	Silver	0.10	mg/L							E85458
	Sulfate		mg/L		<u> </u>					E85458
		250	mg/L		<u> </u>					E85458
1095	Zinc	5	mg/L		}					E8545B
	Color	15	CU	13,		SM2120B	1.	11/01/06	1510	E85458
1920	Odor	3	TON		-		<del></del>	11/01/00	1310	
1925	pH (field pH from page 1)	6.5 - 8.5	SU						-	E85458
	Total Dissolved Solids	500		· · · · · · · · · · · · · · · · · · ·						E85458
		<del></del>	mg/L				1			E85458
2703	Foaming Agents	0.50	mg/L			ĺ	T	1		E85458

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

LABORATORY ANALYSES

# SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S

TO-102 (	JG 2/ 3
SEBRING,	FT. 33876
(863) 655,4022	(800) 001 40A
(863) 655-4022	(000) 833-4022
FAX: (863)	655-5820

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	CHATCHE	SET	SEBRING LAKES LOCATION					#381	70100				
EID ID		STAG	TUME	SAMP		WELL	LABORATORY ID	# 07		g	1 3		
	P.O. I	11/1/06	1240	1 .	1		274184	CONT	X	7.	-	,	-
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CEAIN OF CUSTODY AND TRANSMITTAL FORM

6331 Cather COC 13-13-05-XLSCARDON ROLLS

110V 15 U6 U7:47a Lake Suzy WWTP 9412550413 11/14/2006 18:13 18636555826 DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Delivered by: SHORT ENVIRONMENTAL LABORATORIES, INC. 10405 U.S. HWY 27 - SEBRING, FL 33876-9502 PH: 1-863-655-4022 • FAX: 1-863-655-5820 HRS # E85458 Lati Receipt Date & Time: [[][0] Analysia Date & Time: Report Number. Sub-Contract Lab ID: Analysis Requested: (piece check all the apply) Sample Acceptance Criteria: Standard Collorn Test T HPC Other: This earnple scen not must be following NELAC requirement System Name: Selecting System Address: System or Owner's Pho Collector's Prione # 99/ 650 Typy-of Supply: (check only one) Community Weller System Noncommunity Webst System Nontransient Nuncommunity Water System
 Bottled Water Private Well Swimming Poor Limed Use System Research for Sampling: (check only one) 

Routine Compilance 

Repeat 

Replacement 

Meli Cisarance 

Well Survey 

Other **Total Collorn Analysis Method:** Sample Sample Point Number (Location or Specific Address) Fecal or E. coll Analysis Method: Time pH Resid Type' Total Facel or Collaryn E. coli Non Bemple Qualitor E. coli P.OI Number 9.7 6 NUO 7,7 Average of disinfectant residuals for routine and repost samples. (Complete for community and nontennient noncommunity systems senting populations up to and including 4,800. Do not include raw or plant sentiles in the everage.) *Owimed in Floride Annihilatrative Cook Rule 82-100, Table 1 2.8 All tests are purformed in socurdance with NELAC standards. Obstractors Reviduel Assalysis Nathod: (1990 Colombetto 1999)

Person performing analysis to:

[DA carefied operator (# 13040 ) DEmptoyed by a carefied lab Data

[Dispervised by a care operator (# ______) DEmptoyed by DEP or DOH

Date PW9 notified by lab of positive results:

Date State notified by lab of positive results:

Name and Malling Address of Person to Receive Report

BOY GSS ASSY FAX

Title:	
Satisfactory incomplete Collection Information Repeat Samples Required Replacement Samples Required	DEPIDOH USE ONLY
Date Reviewed by DEP/DDH:	
DEPIDOH Reviewing Official:	

'OEP Sample Type Codes: D = Distribution (Rouths Compliance): C > Repeat or Chock: R = Raw; N = Entry to Distribution; P = Plant Tep; S = Special (decrence, etc.):

Analysis Methods: MF = SM62228 & D: MTF = 92218 & ECANUG: AMADALIC = SM82230; HPC = SM82168

Results: A = collinate are absent: P = collinate are present: C < confluent growth; TNTC = too numerous to court

Lab Signature:

(800) 833-4022 (863) 655-4022 Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

#### **SHORT**

Environmental Laboratories, Inc.



#### Report Cover Page

Aqua Utilities Florida,

Client:

Report #:

2006100153

Address:

6960 Professional Parkway East

Date:

October 9, 2006

City, St. Zip:

Sarasota, FL 34240

Project:

Sebring Lakes

Attention:

Bill Dean

Sample #'s:

267542

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	6	ប	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	6	1	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		12	·	

The results contained in this report meet all requirements of the NELAC standards.

Respectfully, Submitted,

**Bruce Cummings** Laboratory Director

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Page 1 of 1

PURLIC WATE	ED CYCTEM MECHAL	TON ( 1				
FOBLIC WAT	er system informa	TION ( to be c	ompleted by samp	oler - Pleas	se type or print l	egibly)
System Name:	SEBRING LAKES				PWS I.D. #:	5284137
System Type (c	theck one): (x) Comm	unity ( ) Non'l	Transient Noncom	munity (	) Transient Nor	Community
Address:	5313 Knight Avenue	• • •			7 775-1510;11 110;	Consideraty
City:	Sebring	State:	Florida 2	IP Code:	33875	
Phone:	(800) 250-7532	Fax #:	(863) 655-2556			<del></del>
E-Mail Address	3:	<del></del>				
SAMPLE INF	ORMATION (to be con	pleted by samp	oler)			
Sample Number:	267542	Location C	Cade (if Known):	····		<del></del>
Sample Date:	08/07/06	Sample T	ime:	1400	AM PM (cír	cle one)
Sample Locatio	n (be specific): POE					
Disinfectant Residu	ual (Required when reporting	results for trihalon	nethanes and haloace	tic acids):	1.5 g/l	Field pH 8.0
Sample Type (C	heck Only One)		Reason(s) for S	iample ( C	heck all that app	oly)
Distribution		X Routine Cor	npliance (with 62-55	0)	Quarterly	
Entry Point (to	Distribution)	Confirmanti	on of MCL Exceedar	nce*	Special(not for co	mpliance with 62-550.
Plent Tap (not f	for compliance with 62-550.)	Composite 1	viultiple Sites**	Ī	Violation Resolut	อก
Raw (at well in	take)	Clearance (p	ermitting)	Ī	Replacement (of I	nvalidated Sample)
Max. Residence	: Time	Other:	·	h	•	• •
Ave. Residence	Time	Sampling Proce	dure Used or other C	omments:	-	
Near First Costs	umer	<del></del>	<del></del>			
NOTE: See 62-	0(6) for requirements and rest 550.512(3) for additional requ MCL exceedances.	rictions. irements for		ee 62-550.5 Its page for 6	50(4) for requireme each site.	nts and attach a
Sampler's Name:	Eddie Christmas			···		
Sampler's Phon	e#: (941)	650-3032	_Sampler's Fax:			<del> </del>
Sampler's E-Ma	il Address:		·	<del></del> _		
CERTIFICATI	ON (to be completed by	sampler)				
I	Eddie Christn	nas		Opera	ator Trainee WV	/ C13244
do HEREBY CE	(Print Name) RTIFY that the above pu		m and sample col	llection in	(Print Title) formation is con	plete and correct.
Signature:	Eddi Ch	whome			Date:	08/07/06
Reporting Format 62 Effective January 19	2-550.730 995, Revised January 2004					
		Pag	ge 1 of 6			

L			NFORMATION (to be co	ompleted by I	ab - Please type or print	legibly)	
	ATTACHCO	RRENT DOH ANALY	TE SHEET*				
	Lab Name:	Short Environment	al Laboratories		Florida Certificati	ion # :	E85458
	Address:	10405 US Highway	27 South		Certification Exp	iration Date:	06/30/07
		Sebring, FL 33876			Phone #:	(863) 655	5-4022
A	nalysis inf	ORMATION (to be co	ompleted by lab)		Date Sample(s) Recei	ved:(	08/07/06
	PWS ID (From	Page 1):	5284137		Sample Number (From )	Page 1):	1
	Lab Assigned	Report Number or Job II	D: <u>267542</u>	_			
	Group(s) Ana	alyzed & Results attac	hed for compliance with	Chapter 62-5	50, F.A.C. (Check all t	hat apply):	
x	organics Sy All 17 Partial Nitrate Nitrite Asbestos Onl	All 30  X All Except Dioxir Partial Dioxin Only y	Volatile Organics  X All 21 Partial  Radionuclides Single Sample Qtrly Compos		Trihalomethanes Haloacetic Acid Bromate Chlorite  Secondaries x All 14 Partial		
	If yes, please	yses subcontracted? e provide DOH certifi H ANALYTE SHEET FO	(x ) Yes cation numbers: OR EACH SUBCONTRAC	( ) No E84129 TED LAB*			
			CERTIFICA	TION			
ı.			Cummings			ect Manager	
	40 HEDERV	,	t Name) iched analytical data are c			int Title)	<b>.</b> L.
			Accreditation Conference			guirements of	me
	Signature:	12		7	Date:	10/09/0	6
	results will result result in notificat	in rejection of the report, p ion of the DOH Bureau of I	ida DOH lab certification numb cossible enforcement against the Laboratory Services. & locations for each quarter,	er and a current public water sy	Analyte Sheet for the attach	ed analysis nd may	
			(to be completed by DEP o				
Sa	Replacement S. Additional Mor Reason(s):	mitoring Required (circle MCL(s) Exceeded Missing Analyte Sho	te or highlight group(s) above or highlight group(s) above Detection(s) Location Unsatis	·)	Revised Report Re (circl Incomplete Report Analysis Unsatisfa	quested e or highlight gro	es ( ) No oup(s) above)
	Person Notifie Comments:	ed:		Date Notific	ed:		
	Date Reviewe	d:	DEP/DOH Rev	iewing Offic	cial		<del></del>
	Reporting Forma	7					
	Effective January	1995, Revised January 200	Page 2	of 6			

INORGANIC CONTAMINANTS 62-550,310(1)

Report Number/Job ID: 267542

PWS ID (from page 1):

5284137

Contam				Analysis		Analytical		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification #
1040	Nitrate (as N)	10	mg/L	0.04	I	EPA 353.2	0.02	08/14/06	1200	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	08/08/06	1630	E85458
1005	Arsenic	0.01	mg/L	0.002	U	EPA 206.2	0.002	09/01/06	0900	E85458
1010	Barium	2	mg/L	0.079		EPA 200.7	0.002	08/11/06	0822	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	08/14/06	0848	E85458
1025	Fluoride	4.0	mg/L	0.05	Ū	SM4500F-C	0.05	08/16/06	1026	E85458
1030	Lead	0.015	mg/L	0.001	Ţ	SM 3113 B	0.001	08/09/06	1310	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	08/29/06	1205	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	08/11/06	0822	E85458
1045	Selenium	0.05	mg/L	0.005	Ŭ	SM 3113 B	0.005	08/29/06	0843	E85458
1052	Sodium	160	mg/L	39.4		EPA 200.7	0.05	08/11/06	0822	E85458
1074	Antimony	0.006	mg/L	0.003	Ü	SM 3113 B	0.003	08/17/06	0947	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	08/11/06	0822	E85458
1085	Thallium	0.002		0.001	υ	EPA 200.9	0.001	08/28/06	1131	E85458
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550,730
Effective January 1995, Revised January 2004
All results meet the requirements of NELAC.

Page 3 of 6

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N. 0, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

SECONDARY CONTAMINANTS 62-550.320

Report Number/Job ID: 267542

PWS ID (From Page 1):

5284137

Contam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	08/11/06	0822	E85458
1017	Chloride	250	mg/L	44.		EPA 325.3	0.5	08/11/06	1225	E85458
1022	Copper	1	mg/L	0.005	I	EPA 200.7	0.002	08/11/06	0822	E85458
1025	Fluoride	2.00	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	1026	E85458
1028	Iron	0.30	mg/L	0.098		EPA 200.7	0.005	08/11/06	0822	E85458
1032	Manganese	0.05	mg/L	0.0050		EPA 200.7	0.0005	08/11/06	0822	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1055	Sulfate	250	mg/L	33.		EPA 375.4	1.	08/08/06	1023	E85458
1095	Zinc	5	mg/L	0.008	I	EPA 200.7	0.004	08/11/06	0822	E85458
1905	Color	15	CU	2		SM 2120 B	1.	08/07/06	1521	E85458
1920	Odor	3	TON	1		SM 2150 B	1.	08/07/06	1521	E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU	8.0		EPA 150.1	0.1	08/07/06	1400	E85458
1930	Total Dissolved Solids	500	mg/L	332.		SM 2540 C	10.	08/09/06	0856	E85458
2905	Foaming Agents	0.50	mg/L	0.06	I	SM 5540 C	0.02	08/09/06	0905	E85458

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 All results meet the requirements of NELAC.

4 of 6

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

VOLATILE ORGANICS 62-550.310(4)(a)

Report Number/Job ID: 267542

PWS ID (from page 1):

5284137

Contam	1			Analysis		AnalyticalM	Lab		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	ethod	MDL	RDL	Date	Time	Certification
2378	1,2,4-Trichlorobenzene	70	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2955	Xylenes (total)	10,000	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2964	Dichloromethane	- 5	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2968	o-Dichlorobenzene	600	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2969	para-Dichlorobenzene	75	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2976	Vinyl Chloride	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2980	1 ,2-Dichloroethane	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.3	Ü	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2982	Carbon tetrachloride	3	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2983	1,2-Dichloropropane	5	ug/L	0.3	Ü	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2987	Tetrachioroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2989	Monochlorobenzene	100	ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2990	Benzene	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2991	Toluene	1,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2992	Ethylbenzene		ug/L	0.5	Ü	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2996	Styrene		ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129

Reporting Format 62-550730 Effective January 1995, Revised January 2004 All results meet the requirements of NELAC.

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Adminitrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?,*, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number/Job ID:

267542

PWS ID (From Page 1):

5284137

								,	om rage 1/.	1		284137
Contam ID	Conton No.			Analysis		Analytical	Lab		Extraction	Analysis	Analysis	DOH Lab
2005	Contam Name Endrin		Units	Result	Qualifier*		MDL	RDL	Date	Date	Time	Certification
2010	Lindane	2	ug/L	0.1	U	EPA 525.2	0.1	0.01	08/17/06	08/17/06	2001	E84129
		0.20	ug/L	0.06	U	EPA 525.2	0.06	0.02	08/17/06	08/17/06	2001	E84129
2020	Methoxychlor	40	ug/L	0.05	U	EPA 525.2	0.05	0.10	08/17/06	08/17/06	2001	E84129
	Toxaphene	3	ug/L	0.5	U	EPA 508.1	0.5	1	08/15/06	08/17/06	0154	E84129
	Dalapon	200	ug/L	1	U	EPA 515.3	1.	1	08/11/06	08/12/06	0938	E84129
	Diquat	20	ug/L	1	Ü	EPA 549.2	1.	0.4	08/12/06	08/14/06	1909	E84129
	Endothall	100	ug/L	20	U	EPA 548.1	20.	9	08/12/06	08/16/06	2223	E84129
	Glyphosate	700	ug/L	10	U	EPA 547	10.	6		08/09/06	2318	E84129
	Di(2-ethylhexyl)adipate	400	ug/L	0.3	U	EPA 525.2	0.3	0.6	08/17/06	08/17/06	2001	
	Oxamyl (Vydate)	200	ug/L	0,5	U	EPA 531.1	0.5	2		08/15/06	0039	E84129
	Simazine	4	ug/L	0.07	U	EPA 525.2	0.07	0.07	08/17/06	08/17/06	2001	E84129
	Di(2-ethylhexyl)phthalate	6	ug/L	1	Ū	EPA 525.2	1.	0.6	08/17/06	08/17/06	2001	E84129
	Picloram	500	ug/L	0.75	U	EPA 515.3	0.75	0.1	08/11/06	08/12/06	0938	E84129
	Dinoseb	7	ug/L	0.5	U	EPA 515.3	0.5	0.2	08/11/06	08/12/06		E84129
	Hexachlorocyclopentadiene	50	ug/L	0.2	U	EPA 525.2	0.2	0.1	08/17/06	08/17/06	0938	E84129
	Carbofuran	40	ug/L	0.5	U	EPA 531.1	0.5	0.9	00/1//00		2001	E84129
	Atrazine	3	ug/L	0.06	U	EPA 525.2	0.06	0.1	08/17/06	08/15/06	0039	E84129
2051	Alachlor	2	ug/L	0.2	Ū	EPA 525.2	0.2	0.2	08/17/06	08/17/06	2001	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L				0.4	0.005	00/17/00	08/17/06	2001	E84129
2065	Heptachlor		ug/L	0.08	U	EPA 525.2	0.08	0.003	08/17/06	00/15/04		
2067	Heptachlor Epoxide		ug/L	0.1	Ü	EPA 525.2	0.00			08/17/06	2001	E84129
2105	2,4-D		ug/L	1		EPA 515.3	1.	0.02	08/17/06	08/17/06	2001	E84129
2110	2,4,5-TP (Silvex)		ug/L	0.25		EPA 515.3		0.1	08/11/06	08/12/06	0938	E84129
2274	Hexachlorobenzene	<del></del>	ug/L	0.05			0.25	0.2	08/11/06	08/12/06	0938	E84129
	Benzo(a)pyrene		ug/L	0.1		EPA 525.2	0.05	0.1		08/17/06	2001	E84129
	Pentachlorophenol		ug/L	0.1		EPA 525.2	0.1	0.02		08/17/06	2001	E84129
	Polychlorinated biphenyls (PCBS)		ug/L	0.2		EPA 515.3	0.1			08/12/06	0938	E84129
	Dibromochloropropane	0.20		0.005		EPA 508.1	0.2	0.1		08/17/06	0154	E84129
	Ethylene Dibromide (EDB)					EPA 504.1	0.005			08/16/06	0203	E84129
	Chlordane	0.02		0.005		EPA 504.1	0.005			08/16/06	0203	E84129
	tive January 1, 2004 results indicating non-detec	1-4-1	ug/L	0.05	U	EPA 508.1	0.05	0.2	08/15/06	08/17/06	0154	E84129

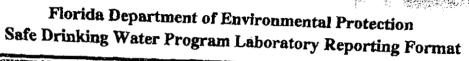
tion with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62.550.310(4)(b).

Reporting Format 62-550,730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC unless otherwise noted.

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A. F. H. N. O. T. Z. ?. *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptabble results must be repalced



PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)
System Name: Schring Lakes Water System PWS I.D. #: 5284137  System Type (check one): MCommunity (1)
System Type (check one): PWS LD, #: 32841.37  System Type (check one): PWS LD, #: 32841.37
Address: Address: UTD Temporary () Transient NonCommunity
City:
Dharas Code:
-Mail Addres
SAMPLE INPORMATION (to be completed by sampler)
Sample Number: 21 Sample Location Code (if Known):
Sample Date: 8- > - 06 Sample Time: 144:40
Sample Location (be apacific): PoE
isinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 15 mg/L Field pH: 8,0
Sample Type (Check Only One)  Reason(s) for Sample (Check all that apply)
Distribution Routine Compliance (with 62-550) Quarterly 2nd/2005
Entry Point (to Distribution)  Confirmantion of MCL Exceedance*  Special (not for compliance with 62-550.)
Plant Tap (not for compliance with 62-550.) Composite Multiple Sites**  Violation Resolution
Raw (at well intake)  Clearance (permitting)  Replacement (of Invalidated Sample)
Max. Residence Time Other:
Ave. Residence Time Sampling Procedure Used or other Comments:
Near First Costumer
*See 62-550,500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate  ** See 62-550.550(4) for requirements and attach a results page for
Sampler's Name: Eddie Chrisimas
Sampler's Phone #: 941 650 3032 Sampler's Pax:
Sampler's E-Mail Address:
CERTIFICATION (to be completed by sampler)
1. Eddie Chrisimas portor Trainin WW C13244
Orint Name)
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.  Signature:
Signature: Date: 8-2-04 Reporting Format 62-550,730
Effective Jegusty 1995. Revised January 2004

#### SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S

SEBRING, FL 33876 (863) 655-4022 (800) 833-4022

		FAX	K: (863) 655	5-5820	-4022				ş	82	ANICS			
SAMPLES THAME.	Robert Bauer	CLIENT NAME:		OUA	urn i	TIES			INORGANICS	SECONDARIES	CORG	vocs		
80	TP	AQUA UTILI PROJECT: SEBRING LAKES				LOCATIO		#	INOR	INOF	SYNTHETIC ORGANICS	Š		
PIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL		# OF CONT		:	SY			
	P.O.E.	8-7-06	1400	DW	X		267542	21	x	X	ж	x		
														_
		-												
		-							·					
MMENTS:													]	
	ome contained may be ple-rese. Rase read all container labels		<b>28.</b>				nutrie Met/	NT CONTA	iners pe	PLES ICEI ESERVEI RESERVEI	H2SO4		YES	NO
PLEOTY: RE	Linguissieb sy:						ОТН	TER				Ė		

LABORATORY ANALYSES

59057

DATE: TIME: Eddis Chrisimus 8-7-06 1475 8. 2.02 1448

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

**SHORT** 

Environmental Laboratories, Inc.



#### Report Cover Page

Aqua Utilities Florida,

Client:

Inc.

Report #:

2006080284

Address:

P.O. Box 490310

Date:

August 23, 2006

City, St. Zip:

Leesburg, FL 34749-0310

Project:

Sebring Lakes

Attention:

Sample #'s:

265221

This report package includes the following

contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

**Bruce Cummings** Project Manager

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(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

#### **SHORT**

Environmental Laboratories, Inc.



#### Report Cover Page

Aqua Utilities Florida,

Client:

Inc.

DO D ... 4

Report #:

2006080284

Address:

P.O. Box 490310

Date:

August 23, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Sebring Lakes

Attention:

Sample #'s: 265221

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	ប	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
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			J	Estimated value; value may not be accurate.

Total Pages:

4

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Respectfully Submitted

Bruce Cummings Project Manager

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Page 1 of 1

PUBLIC WAT	ER SYSTEM INFORMAT	TION ( to be completed by sampler - Pleas	se type or print le	gibly)
System Name:	SEBRING LAKES		PWS I.D. #;	5284137
System Type (c	:heck one): (x)Commu	mity ( ) NonTransient Noncommunity (	) Transient Non	Community
Address:	5313 Knight Avenue		,	<b></b>
City:	Sebring	State: Florida ZIP Code:	33875	
Phone:		Fax #:		<del></del>
E-Mail Address	s:			
SAMPLE INF	ORMATION (to be com	pleted by sampler)		
Sample Number:	265221	Location Code (if Known);		
Sample Date:	07/07/06	Sample Time: 1030	AM PM (cir	cle one)
Sample Location	on (be specific): 4904 Grand	Concourse		
Disinfectant Resid	ual (Required when reporting r	results for trihalomethanes and haloacetic acids):	0.6 g/L	Field pH 8.0
Sample Type (C	Check Only One)	Reason(s) for Sample ( C	Check all that app	oly)
X Distribution		Routine Compliance (with 62-550)	Quarterly 3rd	
Entry Point (to	Distribution)	Confirmantion of MCL Exceedance*	Special (not for co	mpliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite Multiple Sites**	Violation Resoluti	ion
Raw (at well in	ntake)	Clearance (permitting)	Replacement (of I	nvalidated Sample)
Max. Residence	e Time	Other:		
Ave. Residenc	e Time	Sampling Procedure Used or other Comments:		
Near First Cost	turner	- WARE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE		
NOTE: See 62	00(6) for requirements and rest -550.512(3) for additional requ e MCL exceedances.		550(4) for requireme each site.	ents and attach a
Sampler'sName:	Robert Paver	·	·	
Sampler's Pho	ne #: (941)	650-3032 Sampler's Fax:		
Sampler's E-M	ail Address:			
CERTIFICAT	TON (to be completed by	sampler)		
l,	Robert Pave		Operator	
do HEREBY C	(Print Name) ERTIFY that the above put	) ublic water system and sample collection i	(Print Title) nformation is cor	
Signature:			Date:	07/07/06
Reporting Format of Effective January 1	62-550.730 1995, Revised January 2004	Page 1 of 3		
		veRc 101 2	•	

PURI IC WAT	ED CVCTEM INICODMA	PION (Ashara I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and I and	
FUBLIC WAT	er sisiem informa	TION (to be completed by sampler - Pleas	se type or print legibly )
System Name:	SEBRING LAKES	······································	PWS I.D. #: 5284137
System Type (c	heck one): (x) Commu	inity ( ) NonTransient Noncommunity (	) Transient NonCommunity
Address:	5313 Knight Avenue		, <b>,</b>
City:	Sebring	State: Florida ZIP Code:	33875
Phone:		Fax #:	
E-Mail Address	s:		
SAMPLE INF	ORMATION (to be com	pleted by sampler)	
Sample Number:	265221	Location Code (if Known):	
Sample Date:	07/07/06	Sample Time: 1030	AM PM (circle one)
Sample Locatio	n (be specific): 4904 Grand	I Concourse	
Disinfectant Resid	ual (Required when reporting r	results for trihalomethanes and haloacetic acids):	0.6 g/L Field pH 8.0
Sample Type (C	Check Only One)	Reason(s) for Sample ( C	Check all that apply)
X Distribution		Routine Compliance (with 62-550)	Quarterly 3rd
Entry Point (10	Distribution)	Confirmantion of MCL Exceedance*	Special(not for compliance with 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite Multiple Sites**	Violation Resolution
Raw (at well in	itake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max. Residenc		Other:	J
Ave. Residence		Sampling Procedure Used or other Comments:	_
Near First Cost	umer		· · · · · · · · · · · · · · · · · · ·
NOTE: See 62-	00(6) for requirements and rest -550.512(3) for additional requ e MCL exceedances.		i50(4) for requirements and attach a each site.
Sampler'sName:	Robert Paver		
Sampler's Pho	ne #: (941)	650-3032 Sampler's Fax:	
Sampler's E-Ma	ail Address:		
CERTIFICAT	ION (to be completed by	sampler)	
Ι,	Robert Pave		Operator
do HEREBY C	(Print Name) ERTIFY that the above pu	)  ablic water system and sample collection in	(Print Title)  nformation is complete and correct.
Signature:	· · · · · · · · · · · · · · · · · · ·		Date: 07/07/06
Reporting Format ( Effective January 1	52-550.730 995, Revised January 2004	Page I of 3	
		•	

				mpleted by	lab - Please type or print legibly	)
ATTAC	TH CU	RRENT DOH ANALY	TE SHEET*			
Lab Na	me:	Short Environmenta	l Laboratories		Florida Certification #:	E85458
Addres	ss:	10405 US Highway	27 South		Certification Expiration 1	Date: 06/30/07
		Sebring, FL 33876			Phone # : (86	3) 655-4022
ANALYSI	S INF	ORMATION (to be con	mpleted by lab)		Date Sample(s) Received:	07'07/06
PWS ID	(From	Page 1):	5284137		Sample Number (From Page 1):	1
Lab Ass	igned I	Report Number or Job ID:	265221	_		
Group(	s) Ana	alyzed & Results attach	ed for compliance with	Chapter 62-	550, F.A.C. (Check all that app	ly):
Inorganics All 17 Partial Nitrate Nitrite Asbesto	•	All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial  Radionuclides Single Sample Qtrly Composi		x Trihalomethanes x Haloacetic Acid Bromate Chlorite  Secondaries All 14 Partial	
If yes,	please	yses subcontracted? provide DOH certific HANALYTE SHEET FO	(x ) Yes cation numbers: OR EACH SUBCONTRAC	( ) No E84129 TED LAB*	-	
			CERTIFICA	TION		
I,		Bruce C	ummings		, Project Ma	nager
			Name)		(Print Title	•
			ched analytical data are o		inless noted meet all requireme	nis or the
Signati		120	ice	<b>&gt;</b>		3/23/06
results w result in	ill resul notifica		ossible enforcement against the aboratory Services.		nt Analyte Sheet for the attached analyst system for failure to sample, and may	sis
COMPLI	ANCE	DETERMINATION (	to be completed by DEP to			<u></u>
Replace	ment S nai Mo	•	e or highlight group(s) above) or highlight group(s) above Detection(s) Location Unsati	e)	nalysis Info Satisfactory: Revised Report Requested (circle or high Incomplete Report Analysis Unsatisfactory	( ) Yes ( ) No
Person				Date Notif	fied:	
Commo Date Ro		ed:	DEP/DOH Re	viewing Off	ficial	
		at 62-550,730				
Effective	Januar	y 1995, Revised January 200	Page 2	of 3		

LA	ATTACHCU	CERTIFICATION IN	FORMATION (to be co	mpleted by 1	lab - Please type or prin	it legibly)		
	Lab Name: Short Environmental Laboratories			Florida Certification # : E85458				
	Address:	10405 US Highway	27 South	<del></del>	Certification Exp	piration Date:	06/30/07	
		Sebring, FL 33876	·		Phone # :	(863) 655	-4022	
ΑÌ	NALYSIS INF	ORMATION (to be con	mpleted by lab)		Date Sample(s) Rece	ived: 0	7'07/06	
	PWS ID (From	1 Page 1):	5284137		Sample Number (From	Page 1):	1	
	Lab Assigned I	Report Number or Job ID:	265221					
	Group(s) Ana	lyzed & Results attach	ed for compliance with (	Chapter 62-5	550, F.A.C. (Check all	that apply):		
	Organics Sy All 17 Partial Nitrate Nitrite Asbestos Onl	All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial  Radionuclides Single Sample Qtrly Composi		x Trihalomethanes x Haloacetic Acid Bromate Chlorite  Secondaries All 14 Partial			
	If yes, please	yses subcontracted?  provide DOH certific	(x ) Yes cation numbers:	( ) No E84129	-			
			CERTIFICA					
ī		Bruce C	ummings		Pro	ject Manager		
-,	(Print Name)					(Print Title)		
		ironmental Laboratory	ched analytical data are of Accreditation Conference		equirements of t 08/23/06			
	Signature.		7		_ Date.	00/20/01	,	
	results will result result in notifica		•					
C	OMPLIANCE	DETERMINATION (	to be completed by DEP o	r DOH)				
Sa	Replacement S	mitoring Required (circle MCL(s) Exceeded Missing Analyte She	e or highlight group(s) above) or highlight group(s) above Detection(s)	<u> </u>	nalysis Info Satisfactor Revised Report R (cir Incomplete Report Analysis Unsatisf	equested cle or highlight gro	es ( ) No sup(s) above)	
	Person Notified: Date Notified:							
	Comments:							
	Date Reviewed: DEP/DOH Reviewing Official Reporting Format 62-550.730							
		y 1995, Revised January 200	Page 2	of 3				

DISINFECTION BYPRODUCTS					Report Number / Job ID:			265221		
62-550.310(3)					Disinfectant Residual (mg/L) (From Page 1):			0.6		
							PWS ID (F	rom Page 1):	52	84137
Comtam			T	Analysis	T	Analytical	<del></del>	Analysis	Analysis	DOH Lab
_ ID	Contam Name	MCL	Units	Results	Qualifier*	Method	Lab MDL	Date	Time	Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L							
Contam		- <del>1</del>	T	Analysis	<u> </u>	Analytical	T	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	1	07/14/06	0431	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	1	07/14/06	0431	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2456	Total Haloscetic Acids (HAA5)	60	ug/L	24		EPA 552.2	1 1	07/14/06	0431	E84129
	r	<u> </u>					<del></del>	<del></del>		
			J 1	Analysis		Analytical		Analysis	Analysis	DOH Lab
Contam ID	<b></b>	MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	44		EPA 502.2	0.2	07/12/06	0907	E84129
2942	Bromoform	N/A	ug/L	0.5	U	EPA 502.2	0.5	07/11/06	2025	E84129
2943	Bromodichloromethane	N/A	ug/L	8.3		EPA 502.2	0.3	07/11/06	2025	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8	I	EPA 502.2	0.5	07/11/06	2025	E84129
2950	Total Trihalomethanes	80	ug/L	54.1		EPA 502.2	0.2	07/12/06	0907	E84129

Note: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and tota trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

PURLIC WATER SYSTEM INFORMATION	I (to be completed by complete Disease trace						
PUBLIC WATER SYSTEM INFORMATION ( to be completed by sampler - Please type or print legibly )							
System Name: Sebring Lake	<u> </u>	PW\$ l.d. #:	5284137				
System Type (check one): (Comm			•				
Address: 450 & Grand Con Co		( ) Transient No	in Community				
City: Selvin							
Phone:	Day 4.	·					
E-Mail Address:	4 αλ π.	<del></del>					
SAMPLE INFORMATION (to be complete	d by sampler)						
Sample Number:	Location Code(if known):						
Sample Date: 7-7-0 6	Sample Time: /030	AM PM	(circle one)				
Sample Location (be specific):							
Disinfectant Residual (Required when reporting result	s for tribalomethanes and haloacetic acids):	<del></del>	mg/L Pield pH:				
Sample Type (Check Only One)	Reason(s) for Sample	(Check all that a	pply)				
Distribution	Routine Compliance (with 62-550)	Quarterly (V	Which One?) Snot				
Entry Point (to Distribution)	Confirmation of MCL Exceedance*		compliance with 62-550.)				
Plant Tap(not for compliance with 62-550.)	Composite Multiple Sites**	Violation Re	solution				
Raw (at well intake)	Clerance (permitting)		t (of Invalidated Sample)				
Max. Residence Time	Other:	-	•				
Ave. Residence Time	Sampling Procedure Used or other Comments:	and					
Near First Costumer							
*See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  Sampler's Name:  **See 62-550.550(4) for requirements and attach a results page for each site.							
Sampler's Phone # 541 650 3031 Sampler's Fax:							
Sampler's E-Mail Address:							
CERTIFICATION (to be completed by sampler)							
1, Robert Paver Operator							
(Print Name) (Print Title)							
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.							
Signature;		Date:	7-7-08				
Reporting Format 62-550.730 Effective January 1995, Revised January 2004							

(800) 833-4022

(863) 655-4022

Fax: (863) 655-5820

shortlab@strato.net

10405 US Highway 27 South Sebring, Florida 33876

#### **SHORT**

Environmental Laboratories, Inc.



### Report Cover Page

Aqua Utilities Florida,

Client:

Inc.

Report #:

2006070005

Address:

P.O. Box 490310

Date:

July 5, 2006

City, St, Zip:

Leesburg, FL 34749-0310

Project:

Sebring Lakes

261968

Attention:

Sample #'s:

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	ltem	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	ប	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings Project Manager

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(800) 833-4022 (863) 655-4022 Fax: (863) 655-5820

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#### **SHORT**

Environmental Laboratories, Inc.



### Report Cover Page

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Bruce Cummings Project Manager

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PUBLIC WAT	ER SYSTEM INFORMAT	FION ( to be co	ompleted by s	ampler - Plea	se type or prin	nt legibly)	
System Name:	SEBRING LAKES				PWS I.D. #:	52841	37
System Type (c	heck one): (x) Commu	nity () NonT	ransient None	community	( ) Transient N	NonCommun	ity
Address:	5313 Knight Avenue						
City:	Sebring	State:	Florida	ZIP Code	338	375	
Phone:		Fax #:					
E-Mail Address							
SAMPLE INF	FORMATION (to be com	pleted by samp	oler)				
Sample Number:	261968	Location C	ode (if Known):			<del></del>	
Sample Date:	05/19/06	Sample Ti	ime:	1040	AM PM	(circle one)	
Sample Location	on (be specific): 4904 Grand	Concourse			<u>-</u>		
Disinfectant Resid	ual (Required when reporting r	results for trihalon	nethanes and ha	loacetic acids):	1.0	g/L Field pH_	6.7
Sample Type (C	Check Only One)	·	Reason(s)	for Sample (	Check all that	apply)	
X Distribution		Routine Cor	mpliance (with t	(2-550)	X Quarterly	2nd	
Entry Point (to	Distribution)	Confirmant	ion of MCL Exc	eedance*	Special (not fo	or compliance w	/ith 62-550.)
Plant Tap (not	for compliance with 62-550.)	Composite 1	Multiple Sites**		Violation Res	olution	
Raw (at well in	ntake)	Clearance (	permitting)	Ĩ	Replacement	(of Invalidated	Sample)
Max. Residence		Other:			<u> </u>		•
Ave. Residenc			edure Used or ot	her Comments:			
Near First Cos		oumpring 1 loca					
Near First Cos	tumer	<del></del>					
NOTE: See 62	00(6) for requirements and rest -550.512(3) for additional requ e MCL exceedances.			** See 62-550 results page fo	0.550(4) for requir or each site.	rements and att	ach a
Sampler'sName:	Robert Paver			<del></del>		· · · · · · · · · · · · · · · · · · ·	
Sampler's Pho	ne #: (941)	650-3032	_Sampler's I	ax:			
Sampler's E-M	ail Address:			····			
CERTIFICAT	TON (to be completed by	sampler)					
I,	Robert Pav	er			Opera	tor	
do HEREBY C	Print Name) ERTIFY that the above pu		tem and samp	le collection	(Print Tinformation is	,	d correct.
Signature:					Date:	05/19	/06
Reporting Format Effective January	62-550.730 1995, Revised January 2004	Pa	age 1 of 3				

PUBLIC WAT	ER SYSTEM INFORMA	TION ( to be c	ompleted by sa	ampler - Ple	ease type or print	legibly)
System Name:	SEBRING LAKES	<del></del> -	<del></del>		PWS I.D. #:	5284137
System Type (c	check one): (x) Commu	nity ( ) Non'	Fransient Nonc	ommunity	( ) Transient No	onCommunity
Address:	5313 Knight Avenue			·		•
City:	Sebring	State:	Florida	ZIP Code	3387	5
Phone:		Fax #:				
E-Mail Address	s:					<u> </u>
SAMPLE INF	FORMATION (to be com	pleted by sam	pler)			
Sample Number:	261968	Location (	Code (if Known):		····	····
Sample Date:	05/19/06	Sample T	ime:	1040	AM PM (c	ircle one)
Sample Location	on (be specific): 4904 Grand	Concourse	<del></del>			~
Disinfectant Resid	ual (Required when reporting t	esults for trihalor	methanes and halo	pacetic acids):	g	/L Field pH 6.7
Sample Type (C	Check Only One)		Reason(s) fe	or Sample (	Check all that ag	oply)
x Distribution		Routine Co	mpliance (with 62	2-550)	x Quarterly 21	nd
Entry Point (to	Distribution)	Confirmant	ion of MCL Exce	edance*	Special (not for o	compliance with 62-550.
Plant Tap (not	for compliance with 62-550.)	Composite	Multiple Sites**	i	Violation Resolu	-
Raw (at well in			permitting)	! 1	_	
	·		bermunis)	ı	Kebiacement (0)	Invalidated Sample)
Max. Residenc		Other:			<del></del>	
Ave. Residence		Sampling Proce	edure Used or oth	er Comments.	·	
Near First Cost	rumer			<u> </u>		
NOTE: See 62-	00(6) for requirements and rest -550.512(3) for additional reque e MCL exceedances.			** See 62-55( results page fo	).550(4) for requiren or each site.	nents and attach a
Sampler'sName:	Robert Paver					
Sampler's Phor	ne #: (941)	650-3032	Sampler's Fa	ıx:	<u>,</u>	
Sampler's E-Ma	ail Address:				<del></del>	
CERTIFICAT	ION (to be completed by	sampler)				
ſ	Robert Pave	ध			Operator	
do HEREBY CI	(Print Name) ERTIFY that the above pu		em and sample	collection	(Print Title information is co	
Signature:		···		<del></del>	Date:	05/19/06
Reporting Format 6 Effective January 1	52-550.730 995, Revised January 2004	${ m p}_{ m g}$	ge 1 of 3			
			Q			

	RRENT DOH ANALY	FORMATION (to be complete FE SHEET*	od by lab - riease type or pr	int legibly)				
Lab Name:	Short Environmenta	Laboratories	Florida Certifica	ation # :	E85458			
Address:	10405 US Highway	27 South	Certification Ex	piration Dat	e: 06/30/07			
	Sebring, FL 33876		Phone #:	(863) 6	555-4022			
ANALYSIS INI	FORMATION (to be con	mpleted by lab)	Date Sample(s) Rec	Date Sample(s) Received : 05/19/06				
PWS ID (From	n Page 1):	5284137	Sample Number (From	n Page 1):	1			
Lab Assigned	Report Number or Job ID	261968						
Group(s) An	alyzed & Results attach	ed for compliance with Chapte	er 62-550, F.A.C. (Check al	il that apply):				
Inorganics S All 17 Partial Nitrate Nitrite Asbestos On	ynthetic Organics All 30 All Except Dioxin Partial Dioxin Only	All 21	x Trihalomethanes x Haloacetic Acid Bromate Chlorite Secondaries All 14 Partial					
If yes, pleas	allyses subcontracted?  Se provide DOH certific  OH ANALYTE SHEET FO	(x) Yes () cation numbers: E84 OR EACH SUBCONTRACTED L CERTIFICATIO	129 _AB*					
ĭ.	Bruce C	ummings	. Pr	, Project Manager				
	(Print	Name)	(	(Print Title)				
		ched apalytical data are correct Accreditation Conference (NE		requirements	of the			
Signature:	1he	comip	Date:	05/19	9/06			
results will resu result in notific		·						
		to be completed by DEP or DOI	H)		<del></del>			
Sample Collect Replacement	ion Info Satisfactory: Sample(s) Requested (circl	( ) Yes ( ) No Same or highlight group(s) above) or highlight group(s) above) Detection(s) Location Unsatisfactor	ple Analysis Info Satisfacto Revised Report (c) Incomplete Report	Requested circle or highligh	) Yes ( ) No			
Person Notif	fied:	Date	Notified:	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Comments: Date Review	ved:	DEP/DOH Reviewin	ng Official					
Reporting Form	nat 62-550.730		w <u> </u>					
Effective Janua	ry 1995, Revised January 200	Page 2 of 3						

# DRINKING WATER

### SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

PRINT SAMPLER'S NAME		client name: Sebring Lates						#386
SAMPLERS SIGNATURE		SAMPI			4904 Gran	) Concou	ine.	
LABORATORY ANALYSES					XY#: 2619			
INORGANICS								
SECONDARY		PROJECT LO	CATIO	N C	)wip			
GROSS-ALPHA								
GROSS BETA		NUMBER OF	CONTA	INER	s 6			
RAD 226/228								
, voc		DATE: 5-	19-0	ما				
PEST/PCB								
NITRITE/NITRATE		TIME: K	<b>HO</b>					<b>,</b>
ТНМ	~						YES	NO
НАА	<u></u>	NUTRIENT C	ONTAI	NER P	RESERVED, H2SO4		ļ	
TC/LERT		METALS CONTAINER PRESERVED, HNO3						<u> </u>
Pb, Cu		SAMPLES ICED TO 4C						
		OTHER			<u>, , , , , , , , , , , , , , , , , , , </u>			ļ
	ļ	OTHER		··			<u> </u>	
SAMPLE KIT PREPARED BY:				1	рН <u>6.7</u> Cl2 <u>1.0</u>			
SOME CONTAINERS ARE PRE-PRE	SERVED!	READ ALL C	CONTAI	ner i	ABELS CARBFULL	YI	5 731	6/
#OF								
SAMPLES	RELINQ	UISHED BY:		ACC	EPTED BY:	DATE:		TIME:
- Pet Pa	Ken	Kehr				5-19-	a,	1125

PAGE ___OF ___

DWCOC1.XLS 04/04/2006

# SHORT ENVIRONMENTAL LABORATORIES 10405 US 27 S SEBRING, FL 33876 (863) 655-4022 (800) 833-4022 FAX: (863) 655-5820

DRINKING W	ATER			(000) 01		LL SAM	PLES SAMI	E ANALYSIS	
PRINT SAMPLER'S NA				CLIENT N.				#	
ROBERT PA	DER			aguar Utl					
SAMPLERS SIGNATUR	}E			PROJECT	OCATION	DO CAL	7 ( Ø S 1 .		
Cal TV		<del></del>		14400	Grand C			المردلاف	
LABORATORY ANA	7	SA	MPLE ID:		LABORATORY	#: # CONT	DATE	TIME	
INORGANIC	· <del> </del>				<del></del>		ļ		
SECONDAR	¥  	<u> </u>							
GROSS-ALPH	4	ļ	<del></del>	<u>-</u>			ļ		
GROSS BETA	<del>\</del>						<u> </u>		
RAD 226/22	5	<del></del>			_ <del>-</del>		<del> </del>		
voc	<del>}</del>	<del> </del>					<b> </b>		
PEST/PCI	7					<del>-  </del>	<b>-</b>	<u> </u>	
NITRITE/NITRATI	-, <del></del>						<u> </u>	<del> </del>	
Тим	+	4904 6 ran	d Consour	<u> </u>	<del></del>	-	6-9-06	1105	
НАА			<u> </u>				6-9.06	1105	
TC/LERT				YES	NO				
Pb, Ct	<u> </u>		4		- <b>}</b> -				
			METALS C	ļ	<del>-</del>				
	<del> </del>	·	SAMPLES I				ļ	<del> </del>	
	<del> </del> -		VIALSPRE	Served, Ho	CL.			<del></del>	
<del></del>	<b></b>		VIALS PRE	SERVED, NE	14HCL		<b></b>		
<del></del>	ļ	-	OTHER	<del></del>		<del></del>	<u> </u>		
<del></del>			OTHER		·	_	L		
	Ĺ						8.1		
SAMPLE KIT PREPARE SODIE CONTAINERS AR		eserved!! Read ,	ALL CONTAINI	ER LABELS	CAREFULLY!		0.9		
# QF									
SAMPLES	RELINOL	USHED BY:	ACCEPTED		DATE	TIME			
	Sals	tre-	Kenth	el	- 69-a	1140			
7									
			<del>- </del>		<del></del>	<del> </del>			
			1		1				
						· <del>4</del>			
DWCOC2 6/6/20	06						PAGE	OF	

# DRINKING WATER

, v

DWCOC1.XLS 04/04/2006

# SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

PRINT SAMPLER'S NAME	CLIENT NAME:										
Robert PAURIC		agua li	W. Seb	ing hak	٠.		#				
SAMPLERS SIGNATURE		SAMPLE	SAMPLE ID:								
laboratory analyses		LABORA	ATORY #: 265221								
INORGANICS		4904	Grande	صحصح							
SECONDARY		PROJECT LOCAT		····	·		···				
GROSS-ALPHA				55							
GROSS BETA		NUMBER OF CON	TAINERS	93							
RAD 226/228		}									
YOC		DATE: 7-7-	00								
PRST/PCB											
nitrite/nitrate		TIME: 1039	<b>&gt;</b>								
THM	×					YES	NO				
НАА	ᇱ	NUTRIENT CONTAINER PRESERVED, 112804									
TC/LERT		METALS CONTAI	NER PRESERVE	D, HNO3							
Pb, Cu		SAMPLES ICED TO 4C									
		OTHER									
		OTHER									
SAMPLE KIT PREPARED BY: SOME CONTAINERS ARE PRE-PRE	SERVEDI	RRAD ALL CONT	pH 8 Cl2 0								
·						5834	<u> </u>				
♦ OP											
SAMPLES	RELINQ	UISHED BY:	ACCEPTED B	Υ:	DATE:		TIME:				
	Rel	Utla-	- pla		7-7-06		1120				
	·			<del></del>	<u> </u>		<u> </u>				

PAGE ___OF ___

LABORATORY ANALYSES

#386

#OF

CONT

113783	
33554	

YES

No

#### Flease read all container labels for Caution Notices. SAMPLES ICED TO 4C NUTRIENT CONTAINERS PRESERVED HISO4 METALS CONTAINERS PRESERVED HNO3 SAMPLE OTY MELINGUISHED BY: OTHER ACCEPTED BY: DATE: TIME: 1612

SHURT ENVIRONMENTAL LABORATORIES 10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022 FAX: (863) 655-5820

TIME

944 Will

SAMP

DW

TYPE WELL

LOCATION:

DILLTP

LABORATORY ID#

CLIENT MAME:

DATE

7-25-07

CHAIN OF CUSTODY AND TRANSMITTAL FORM

Some Containers may be pre-reserved.

1

SAMPLE ID

Co-2CARBON FORMS

COMMENTS:

(PLEASE PRINT)

FIELD ID#

SAMPLERS SIGNATUR

PUBLIC WAT	er system info	PMATION (++)				
TODDIC WAY	EX STOTEM IN O	ו טון דוטו ו אוטו	e completea by	sampier - P	lease type or print	legibly)
System Name:	SEBRING LAKES	<u> </u>			PWS 1.D. #:	5284137
System Type (c	check one): (x)C	ommunity () N	onTransient No	ncommunity	/ { ) Transient No	nCommunity
Address:	5313 Knight Aven				( ) [ ] - [ ] - [ ]	
City:	Sebring	Sta	te: Florida	ZJP Cox	ie: 3387	5
Phone:		Fax	#;	<del></del>		
E-Mail Address	<u> </u>				<del>-</del>	
SAMPLE INF	ORMATION (to b	e completed by s	ampler)			
Sample Number:	261968	Locatio	on Code (if Knows	<b>λ</b> :		
Sample Date:	05/1	9/06 Sampl	e Time:	1040	_ AM PM (ci	ircle one)
Sample Location	n (be specific): 4904	Grand Concourse				_
Disinfectant Reside	ual (Required when repo	orting results for trib	alomethanes and h	aloacetic acids	): <u>1.0</u> g/	L Field pH 6.7
Sample Type (C	heck Only One)		Reason(s)	) for Sample	(Check all that ap	ply)
x Distribution		Routine	Compliance (with		X Quarterly 2n	· · · · · · · · · · · · · · · · · · ·
Entry Point (to	Distribution)	Confirm	antion of MCL Ex	ccedance*	Special (not for co	ompliance with 62-550.
Plant Tap (not f	or compliance with 62-	550.) Compos	ite Mukiple Sites*	**	Violation Resolut	
Raw (at well in	ake)		e (permitting)		<del></del>	invalidated Sample)
Max. Residence		Other:				invarioused dample,
Ave. Residence		_	ocedure Used or a	ither Comments	<del></del>	
New First Costs	ımer					
		<del></del>				
*Sec 62-550.50 NOTE: Sec 62-	0(6) for requirements ar 550.512(3) for additions	ed restrictions.		## Con 67.55	0.550(4) for requirem	eats and amob a
	MCL exceedances.			results page f		and enach a
Sampler's Name:	Robert Paver					
		0.41) 460 3030				·
Sampler's Phon	e#: (	941) 650-3032	Sampler's i	rax:		
Sampier's E-Ma	il Address:				<del> </del>	·
CERTIFICATI	ON (to be complete	ed by sampler)				
,	Robert				Operator	
o HEREBY CE	Print) RTIFY that the abo	Name) ve public water s	ystem and samp	le collection	(Print Title) information is con	nplete and correct.
Signature:	001	Pa	·			
,,gnatuic	Louis	U.		<del></del>	Date:	05/19/06
eporting Format 62		0.4				
теспие Јапцагу 19	95, Revised January 20		Page 1 of 3			
<del></del>						
· <u> </u>						

Sebring Lakes

	Y CERTIFICATION URRENT DOH ANA	NINFORMATION (to be o	completed by	lab - Please type or print	legibly)			
Lab Name:	Short Environme	ntal Laboratories		Florida Certificati	on#: 1	E85458		
Address:	10405 US Highw	ay 27 South		Certification Expi		06/30/07		
	Sebring, FL 338	76		Phone #:	(863) 665	-4022		
ANALYSIS IN	FORMATION (to be			Date Sample(s) Received : 05/19/06				
PWS ID (From	m Page 1):	5284137		Sample Number (From )	Page 1):	1		
Lab Assigned	Report Number or Job	ID: 261968	_					
Group(s) Ar	elyzed & Results att	ached for compliance with	Chapter 62-	550, F.A.C. (Check all t	hat apply):			
Inorganics S All 17 Partial Nitrate Nitrate Asbestos On	All 30 All Except Dio Partial Dioxin Only	Volatile Organics All 21 Partial  Radionuclides Single Sampl	l <del>e</del>	Trihalomethanes  X Trihalomethanes  X Haloscetic Acid  Bromate  Chlorite  Secondaries  All 14  Partial				
Were any ana	dyses subcontracted?	(x) Yes	( ) No					
• .	-	<del></del>		<del>-</del>				
• •	e provide DOH cert H ANALYTE SHEET	ification numbers: FOR EACH SUBCONTRA	E84129 CTED LAB*		<del></del>			
		CERTIFICA	ATION					
1,		Cummings			ct Manager			
	CERTIFY that all a	int Name) stached analytical data are sey Accreditation Conferen		mless noted meet all req	nt Title) uirements of t	he		
Signature:	176	· comment	>	Date:	05/19/06			
results will result in notifics	t in rejection of the report tion of the DOH Bureau (	orida DOH (ab certification num , possible enforcement against th of Laboratory Services. es & locations for each quarter.		•				
COMPLIANCE	DETERMINATION	V (to be completed by DEP						
<del></del> '	on Info Satisfactory:	( ) Yes ( ) N ircle or highlight group(s) above)	·	nalysis Info Satisfactory: Revised Report Rec		3 ( ) No		
	,	cle or highlight group(s) above			or highlight grou	p(s) above)		
Reason(s):	MCL(s) Exceeded Missing Analyte S		isfactory	Incomplete Report Analysis Unsatisfac	tory			
Person Notifi	Other: ied:		Date Notif	ied:				
Comments:			<del>-</del>					
Date Reviews Reporting Forms		DEP/DOH Re	viewing Off	ocia)				
	y 1995, Revised January 2	2004 Page	2 of 3					
· · · · · · · · · · · · · · · · · · ·								

DISINFEC	CTION BYPRODUCTS Report Number / Iob ID:					2	261968				
62-550.310	0(3)				Disinfectan	Residual (m	g/1.) (From 1	Page 1):		1.0	
							PWS ID (F	rom Page 1):	52	84137	
Comtem			1	Analysis	1	Analytical		Analysis	Analysis	DOH Lab	
ID	Contam Name	MCL	Units	Results	Qualifier*	Method	Lab MDL	Date	Time	Certification#	
1099	Chlorite	1000	ug/L							1	
1011	Bromate	10	ug/L								
Contam	T T	<del></del>	1	Analysis	T -	Analytical	<del></del>	Analysis	Analysis	DOH Lab	
ID_	Contam Name	MCL	Units	Result	Qualifier*	Method	Lab MDL		Time	Certification#	
2450	Monochloroscetic Acid	N/A	ug/L	1.2	1	EPA 552.2		06/03/06	0246	E84129	
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	1	06/03/06	0246	F84129	
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	ī	06/03/06	0246	E84129	
2453	Monobromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1 1	06/03/06	0246	E84129	
2454	Dibromoscetic Acid	N/A	UEL	1	Ü	EPA 552.2	1-1-	06/03/06	0246	F84129	

1		Ţ		Analysis		Analytical		Analysis	Analysis	DOH Lab
Contam ID		MCL	Units	Result	Qualifier*	Method	Lab MDL	Date	Time	Certification#
2941	Chloroform	N/A	ug/L	47		EPA 502.2	0.2	05/25/06	0302	E84129
2942	Bromoform	N/A	ug/L	0.5	υ	EPA 502.2	0.5	05/25/06	0302	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 502.2	0.3	05/25/06	0302	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8	1	EPA 502.2	0.5	05/25/06	0302	E84129
2950	Total Trihalomethanes	80	ug/L	58.8		EPA 502.2	0.2	05/25/06	0302	F84129

EPA 552.2

EPA 552,2

06/03/06

06/03/06

0246

E84129

E84129

Note: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

N/A Ug/L

ug/L

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Total Haloacetic Acids (NAA5)

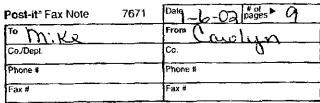
3 of 3

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Rule 62-160, Table 1. Results qualified with A, F, H, N, Q, T, Z, ?,*, are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monnoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



jeb Bush Governor

# Department of





David B. Strubs Secretary

December 9, 2002

Gienn LaBrecque, Regional President AquaSource, Inc. 6960 Professional Parkway East, Suite 400 Sarasota, Florida 34240

Re:

Highlands County - PW Sebring Lakes Water PWS I.D. Number: 5284137 Sanitary Survey Report

Dear Mr. LaBrecque:

Enclosed is your copy of the recently completed Sanitary Survey Report for the referenced public drinking water system.

Recommendations are included in the Report. Recommendations are not requirements of State law, they are provided as guidelines towards optimizing water treatment plant operation.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney

Engineer II

RWK

Enclosures

co: Mr. Danny Holmes (w/enc)

Ms. Carolyn McFalls (w/enc)

"More Protection, Less Process"

Printed on recycled paper.

# State of Florida Department of Environmental Protection South District - Fort Myers Office

# SANITARY SURVEY REPORT

Plant Name	SEBRING LAKES	County _	Highlands	PWS ID#	5284137
Plant Location _	4349 Sebring Lakes Blvd, Sebring Fl 3387	5		Phone _	
Owner Name	AquaSource, Inc				(941) 907-7420
Owner Address	6960 Professional Parkway East, Suite 40	O, Sarasota FI	34240		
Contact Person	Glen LaBrecque e 10/23/02 Last Survey Date	Title <u>Region</u>	al President	Phone	(941) 907-7420
This Survey Date	Last Survey Date	4/19/9	9Last	t C.I. Date _	10/22/01
PWS TYPE & CI	LASS		TER SOURC		`
Community		GROU	JND; Number	of Wells	2
	t Non-community	U SUHF	ACE/UDI; So	urce	
Non-Commu	nity	U PUHO	HASED from	PWSID#_	
PWS STATUS					
	stem with approval number & date	Emerg	jency Water (	Capacity	
	VC 12/17/98	A11Y11 1AE	RY POWER S	CHRCE	
	IC 12/1/1/36		☐ None 🛇		
Unapproved	evetom				
onapproved	system	Capacity (	of Standby (k		
SERVICE AREA	CHARACTERISTICS	Switchove	er: Auto	metic Na	Nauai
	omes	Standby F	Plan: Yes		uluai
		Hrs Opera	ted Under Lo		
Food Service:	Yes ⊠ No ☐ N/A	What equ	ipment does i	it operate?	<del></del>
		☐ Well	numns	r operate:	
OPERATION & I		High	Service Pun	nns	
	or: 🛛 Yes 🗌 No 🗌 Not required	Trea	tment Fauing	nent	es  No Unk
	ertification Class-Number	Satisfy 1/2	2 max-day de	mand? TY	es No Link
Danny Holmes (	C 4335	Comment	s	.пала	
ુ % M Log: ☒ Y	es 🗌 No 🔲 Not required				······································
Operator Visitation		TREATME	ENT PROCES	SSES IN US	E
Hrs/day: Require	ed Visit Actual Visit	<u>Chlorina</u>	tion, aeration		
	red 6 Actual 6	<del></del>			
Consecutive D	ays? ⊠ Yes ☐ No ☐ N/A	What add	itional treatm	ent is neede	d?
MORs submitted	regularly? ⊠ Yes ☐ No ☐ N/A	None			
Data missing from	m MORs? No Tyes N/A	For contro	of what defi	ciencies?	
		N/A			
			_		
Number of Service			ITION SYSTI		
Population Serve	ed 102 Basis MOR		suring Device		
Average Day (fro					r Displacement
Max. Day (from I			Prevention De		
. ⊻ax-day <b>Design</b>	, ,		nections <u>N</u>		
	design capacity exceedence				rogram: Yes
in June 2002			Sampling Plar		No N/A
		Comment	s <u>Pressure: P</u>	lant 58 psi	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
JUMEN SITE ID	PROJECT ID				

PWS ID#_	5284137
Date	10/23/02

GROUND WATER SOURCE

GROUND	WATER SOURCE		·		
Weil Number		1	2		
Year Drill		1998	1998		
Depth Drilled		1300'	1200'		
Drilling M	ethod	Rotary	Rotary		
Type of Grout		Cement	Cement		
Static Wa	ter Level	10'	10'		
Pumping	Water Level	40'	11'		
Design W	sii Yield (gpm)				
Test Yield	i (gpm)	500	500		
Actual Yie	d (if different than rated capacity)	400	400		<u> </u>
Strainer					
Length (o	utside casing)	500'	500'		
Diameter	(outside casing)	10"-300'/6"-200'	10"-300'/6"-200°		
Material (d	outside casing)	Steel	Steel		
Well Cont	amination History	None	None		
is nundat	on of well possible?	No	No		
EX6X4	" Concrete Pad	Yes	Yes		
i	Septic Tank	200'+	200'+		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	200'+	200'+		
	Other Sanitary Hazard	No	No		
	Туре	Centri	Centri		
i.	Manufacturer Name	Goulds	Goulds		
⊃UM Þ	Model Number	3656	3656		
	Rated Capacity (gpm)	400	400	!	
i	Motor Horsepower	20	20		
Well casin	g 12" above grade?	Yes	Yes		
Well Casir	ng Sanitary Seal	Yes	Yes		
Raw Water	er Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Fence/Hot	•	Yes	Yes		
Well Vent	Protection	Yes	Yes		
					L

COMMENTS

	PWS ID #_	5284137
	Date	10/23/02
DEFICIENCIES: None		
RECOMMENDATIONS:		
ी. Touch up paint on well #1 piping.		
in Label the hypo tank.		
3. Consider installing a bypass around the ground storage tank in case inter on the tank.	nal maintena	nce is required
Inspector: Raymond W Kenney Raymond Com	Title <u>Eng</u>	ineer II
Dete: Major Co		•
Reviewed by James Oni Wat James On.	Title P.E.	Ш
Date: 12/10/02		



Florida Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, FL 33902-2549 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 26, 2007

John M. Lihvarcik, President & COO Aqua Utilities, Florida, Inc. PO Box 490310 Leesburg FL 34749

Re: <u>Highlands County - PW</u> Sebring Lakes Water PWS I.D. Number: 5284137 Compliance Inspection Report

Dear Mr. Lihvarcik:

Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

No deficiencies were observed during this inspection. Thank you for your cooperation in maintaining compliance with the Florida Safe Drinking Water Act.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Mr. John M. Lihvarcik Page 2 July 26, 2007

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)

State of Florida **Department of Environmental Protection South District**

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:

Address:

Sebring Lakes Water System

5313 Knight Ave

Sebring FL 33875

Owner Name:

Aqua Utilities Florida, Inc.

Owner Address: PO Box 490310

Leesburg FL 34749

County: Highlands

PWS: 5284137

Contact: Robert Paver Phone: (941) 650-3032

Contact: John Lihvarcik Phone: (352) 435-4028

Jul 25, 2007

Last C.I. Date: Oct 19, 2006

Last Sanitary Survey Date: PWS Type:

Nov 09, 2005

Community

Service Area Characteristics:

Residential Community

No. of Service Connections: Served Population:

This Inspection Date:

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: Sanitary Hazards:

Yes No

Auxiliary Power:

Not Required

DESIGN CAPACITY STORAGE CAPACITY

0.28 MGD 0.025 MG

CHLORINATION

Chlorinator Type:

Нуро

Cl2 Residual:

Plant:

1.8 mg/l Free

Remote:

0.5 mg/l Free

Location:

Office at Silver Oaks

PRESSURE

Plant:

72 psi

Remote:

70 psi

AERATION

Type: Condition: Cascade

Good

TREATMENT PROCESSES: Aeration, Hypochlorination, Corrosion Control (Sequest-all)

PWS: 5284137

Date: 07/25/07

OTHER

Flow Measuring Device:

Meter

Backflow Prevention Device:

Yes

Cross-connection Observed?

No

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) H	lydropneui	natic/flow-t	hrough
Tank type	G	н	
Capacity, MG	0.015	0.010	
Gravity drain	Υ	Υ	
By-pass piping	Y	Y	
Pressure gauge	N/A	Υ	
On/Off pressure, psi	N/A	55-75	
Sight glass	N/A	Υ	
Fittings for sight glass	N/A	Υ	
Vacuum relief	N/A	Υ	
Air release valve	N/A	N	
Pressure relief valve	N/A	Υ	 ·
Access padlocked	Y	Y	

DEFICIENCIES: None

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the

PWS: **5284137** Date: **07/25/07**

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. The interconnect with Lake Josephine Heights is to be always closed. This is an emergency interconnect that is to be utilized if Sebring Lakes were to be unable to supply water to its customers. Sebring Lakes and Lake Josephine Heights are two separate water systems with each being assigned its own PWS ID No.
- 3. Documentation for dead end main flushing on site.
- 4. Isolation valve exercising has not been completed for 2007 as of the date of the inspection. Records for 2006 are on site.

RECOMMENDATIONS: None

Approved By: Mark Charneski

| No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. | No. |