LAKE COUNTY

Stone Mountain
Summit Chase WTF
Summit Chase WWTF
Valencia Terrace WTF
Valencia Terrace WWTF

Docket No. 080121-WS

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

Florida

Volume 5
Book 2
Set 5 of 16

Part 7 of 8

Containing:
Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

2-9-07

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: January, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant Was in Operation	Net Quantity of Finished Water Produced, mg/gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation*
				Peak Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	5,800		1.3									1.0	
2	X	24.0	10,400		1.5									1.3	
3	X	24.0	12,400		1.4									1.2	
4	X	24.0	2,600		1.1									1.0	
5	X	24.0	1,600		1.0									0.8	
6		24.0	1,567												
7		24.0	1,567												
8	X	24.0	1,567		1.3									1.0	
9	X	24.0	4,700		1.1									0.9	
10	X	24.0	1,600		1.5									1.2	
11	X	24.0	1,400		1.4									1.2	
12	X	24.0	1,000		1.4									1.1	
13		24.0	1,333												
14		24.0	1,333												
15	X	24.0	1,333		1.2									1.0	
16	X	24.0	4,800		1.1									1.0	
17	X	24.0	1,900		1.1									0.8	
18	X	24.0	1,400		1.3									1.1	
19	X	24.0	1,300		1.2									0.9	
20		24.0	1,433												
21		24.0	1,433												
22	X	24.0	1,433		1.5									1.3	
23	X	24.0	1,700		1.2									1.1	
24	X	24.0	1,100		1.2									1.0	
25	X	24.0	1,400		1.1									0.8	
26	X	24.0	1,600		1.4									1.2	
27		24.0	1,300												
28		24.0	1,300												
29	X	24.0	1,300		1.6									1.4	
30	X	24.0	900		1.7									1.4	
31	X	24.0	1,000		1.6									1.3	
Total			75,500												
Average			2,435												
Maximum			12,400												

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain		Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3-8-07	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: February, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	1,500		1.3								1.1	
2	X	24.0	2,000		1.3								1.1	
3		24.0	1,533											
4		24.0	1,533											
5	X	24.0	1,533		1.3								1.0	
6	X	24.0	4,800		1.3								1.1	
7	X	24.0	1,500		1.1								1.0	
8	X	24.0	1,400		1.2								1.0	
9	X	24.0	1,600		1.1								0.9	
10		24.0	1,900											
11		24.0	1,900											
12	X	24.0	1,900		1.0								0.9	
13	X	24.0	5,400		1.1								0.9	
14	X	24.0	1,200		1.0								0.8	
15	X	24.0	1,700		1.0								0.8	
16	X	24.0	1,700		1.0								0.8	
17		24.0	1,600											
18		24.0	1,600											
19	X	24.0	1,600		0.9								0.7	
20	X	24.0	4,700		0.9								0.7	
21	X	24.0	1,200		1.0								0.7	
22	X	24.0	1,300		0.8								0.6	
23	X	24.0	1,500		0.8								0.6	
24		24.0	1,433											
25		24.0	1,433											
26	X	24.0	1,433		1.0								0.7	
27	X	24.0	4,800		1.0								0.8	
28	X	24.0	1,700		1.0								0.8	
29		24.0												
30		24.0												
31		24.0												
Total			57,400											
Avgerage			1,852											
Maximum			5,400											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain	PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10	Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Stone Mountain	Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

4-9-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: March, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose, Required, mW-sec/cm^2		
1	X	24.0	1,600		1.1								0.8	
2	X	24.0	1,500		1.1								0.9	
3		24.0	1,200											
4		24.0	1,200											
5	X	24.0	1,200		1.0								0.8	
6	X	24.0	4,900		1.0								0.9	
7	X	24.0	1,800		1.0								0.8	
8	X	24.0	1,300		1.0								0.9	
9	X	24.0	1,600		1.0								0.9	
10		24.0	1,733											
11		24.0	1,733											
12	X	24.0	1,733		0.9								0.7	
13	X	24.0	5,000		1.0								0.9	
14	X	24.0	1,500		1.0								0.8	
15	X	24.0	1,800		1.0								0.7	
16	X	24.0	1,100		1.0								0.7	
17		24.0	1,533											
18		24.0	1,533											
19	X	24.0	1,533		1.0								0.7	
20	X	24.0	4,700		0.9								0.7	
21	X	24.0	1,600		0.9								0.7	
22	X	24.0	1,400		0.9								0.6	
23	X	24.0	1,400		0.9								0.7	
24		24.0	1,400											
25		24.0	1,400											
26	X	24.0	1,400		1.0								0.7	
27	X	24.0	4,800		1.8								1.6	
28	X	24.0	1,300		1.5								1.3	
29	X	24.0	1,200		1.4								1.1	
30	X	24.0	1,600		1.3								1.1	
31		24.0	1,430											
Total			59,130											
Avgerage			1,907											
Maximum			5,000											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5-4-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: April, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	2,150											
2	X	24.0	2,150		1.4								1.1	
3	X	24.0	5,100		1.1								1.0	
4	X	24.0	1,500		1.2								1.0	
5	X	24.0	1,600		1.3								1.1	
6	X	24.0	1,400		1.2								1.1	
7		24.0	1,700											
8		24.0	1,700											
9	X	24.0	1,700		1.3								1.0	
10	X	24.0	4,800		1.2								1.0	
11	X	24.0	2,200		1.2								1.0	
12	X	24.0	3,700		1.3								1.0	
13	X	24.0	3,200		1.3								1.2	
14		24.0	1,467											
15		24.0	1,467											
16	X	24.0	1,467		1.2								1.0	
17	X	24.0	4,500		1.1								1.0	
18	X	24.0	1,500		1.1								0.9	
19	X	24.0	1,100		1.3								1.0	
20	X	24.0	1,100		1.3								1.1	
21		24.0	1,567											
22		24.0	1,567											
23	X	24.0	1,567		1.2								1.0	
24	X	24.0	4,800		1.1								1.0	
25	X	24.0	1,400		1.1								1.0	
26	X	24.0	1,600		1.1								0.9	
27	X	24.0	1,100		1.0								0.7	
28		24.0	1,300											
29		24.0	1,300											
30	X	24.0	1,300		1.1								0.9	
31		24.0												
Total			63,000											
Avgerage			2,032											
Maximum			5,100											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

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Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-8-07	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: May, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	5,700		1.1								0.9	
2	X	24.0	1,000		1.1								1.0	
3	X	24.0	1,100		1.1								1.0	
4	X	24.0	5,100		1.0								0.9	
5		24.0	1,567											
6		24.0	1,567											
7	X	24.0	1,567		0.9								0.7	
8	X	24.0	4,800		1.2								1.1	
9	X	24.0	1,100		1.2								1.0	
10	X	24.0	1,400		1.1								1.0	
11	X	24.0	4,900		1.1								1.0	
12		24.0	1,367											
13		24.0	1,367											
14	X	24.0	1,367		1.0								0.9	
15	X	24.0	4,600		1.1								1.0	
16	X	24.0	1,200		1.1								0.9	
17	X	24.0	1,400		1.1								0.9	
18	X	24.0	1,100		0.9								0.8	
19		24.0	2,367											
20		24.0	2,367											
21	X	24.0	2,367		1.0								0.9	
22	X	24.0	5,800		0.9								0.7	
23	X	24.0	1,300		1.2								0.9	
24	X	24.0	1,100		1.1								0.9	
25	X	24.0	1,100		1.0								0.9	
26		24.0	2,067											
27		24.0	2,067											
28	X	24.0	2,067		1.1								1.0	
29	X	24.0	5,000		1.2								1.0	
30	X	24.0	1,000		1.4								1.2	
31	X	24.0	1,400		1.4								1.2	
Total			72,200											
Avgerage			2,329											
Maximum			5,800											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City:	Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7-6-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: June, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	1,800		1.2									1.1	
2		24.0	2,233												
3		24.0	2,233												
4	X	24.0	2,233		1.1									0.9	
5	X	24.0	4,400		1.1									1.0	
6	X	24.0	3,400		0.9									0.8	
7	X	24.0	3,600		1.0									0.9	
8	X	24.0	1,100		1.0									0.8	
9		24.0	2,700												
10		24.0	2,700												
11	X	24.0	2,700		0.9									0.6	
12	X	24.0	2,200		1.1									1.0	
13	X	24.0	1,300		1.1									0.8	
14	X	24.0	1,400		1.2									0.9	
15	X	24.0	1,300		1.1									0.9	
16		24.0	2,667												
17		24.0	2,667												
18	X	24.0	2,667		1.0									0.8	
19	X	24.0	6,300		1.0									0.9	
20	X	24.0	1,200		1.1									0.9	
21	X	24.0	1,200		1.0									0.9	
22	X	24.0	9,800		1.0									0.9	
23		24.0	2,367												
24		24.0	2,367												
25	X	24.0	2,367		1.0									1.0	
26	X	24.0	4,200		0.9									0.7	
27	X	24.0	2,000		0.9									0.7	
28	X	24.0	1,200		1.0									0.8	
29	X	24.0	1,000		1.0									0.7	
30		24.0	1,800												
31		24.0													
Total			79,100												
Avgerage			2,552												
Maximum			9,800												

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida		Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8-8-07	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: July, 2007

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	1,900											
2	X	24.0	1,900		1.2								0.9	
3	X	24.0	600		1.1								0.8	
4	X	24.0	800		1.2								0.8	
5	X	24.0	1,000		1.2								0.9	
6	X	24.0	700		1.2								0.8	
7		24.0	1,700											
8		24.0	1,700											
9	X	24.0	1,700		1.1								1.0	
10	X	24.0	4,100		1.2								1.1	
11	X	24.0	1,200		1.1								0.9	
12	X	24.0	1,000		1.1								0.9	
13	X	24.0	700		1.1								1.0	
14		24.0	2,400											
15		24.0	2,400											
16	X	24.0	2,400		1.0								0.8	
17	X	24.0	4,200		1.0								0.8	
18	X	24.0	1,000		1.5								0.9	
19		24.0	1,550											
20	X	24.0	1,550		1.4								0.9	
21		24.0	1,400											
22		24.0	1,400											
23	X	24.0	1,400		1.3								1.1	
24	X	24.0	1,000		1.2								0.9	
25	X	24.0	1,100		1.0								0.9	
26	X	24.0	800		1.1								0.9	
27	X	24.0	8,700		1.3								1.2	
28		24.0	5,033											
29		24.0	5,033											
30	X	24.0	5,033		1.0								0.9	
31	X	24.0	5,900		1.1								0.8	
Total			71,300											
Avgerage			2,300											
Maximum			8,700											

* 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 Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain		Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

9-7-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: August, 2007

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	1,100		1.0								0.8	
2	X	24.0	1,200		0.9								0.8	
3	X	24.0	900		0.9								0.7	
4		24.0	2,467											
5		24.0	2,467											
6	X	24.0	2,467		0.9								0.8	
7	X	24.0	10,000		1.0								0.8	
8	X	24.0	7,900		1.1								0.7	
9	X	24.0	1,800		0.9								0.8	
10	X	24.0	1,000		1.0								0.8	
11		24.0	2,200											
12		24.0	2,200											
13	X	24.0	2,200		0.9								0.8	
14	X	24.0	4,700		1.0								0.6	
15	X	24.0	800		1.1								0.9	
16	X	24.0	1,300		1.2								1.0	
17	X	24.0	1,100		1.4								1.1	
18		24.0	2,633											
19		24.0	2,633											
20	X	24.0	2,633		1.3								0.9	
21	X	24.0	4,300		1.3								1.2	
22	X	24.0	1,200		1.0								0.8	
23	X	24.0	1,600		1.1								0.8	
24	X	24.0	1,300		1.0								0.9	
25		24.0	1,333											
26		24.0	1,333											
27	X	24.0	1,333		1.0								0.9	
28	X	24.0	4,500		1.1								0.8	
29	X	24.0	900		1.0								0.8	
30	X	24.0	1,100		1.0								0.8	
31	X	24.0	1,300		1.1								0.8	
Total			73,900											
Avgerage			2,384											
Maximum			10,000											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

10-5-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: September, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	2,333											
2		24.0	2,333											
3	X	24.0	2,333		1.3								1.1	
4	X	24.0	4,500		1.1								0.8	
5	X	24.0	900		1.0								0.8	
6	X	24.0	1,500		1.0								0.9	
7	X	24.0	900		0.9								0.7	
8		24.0	2,333											
9		24.0	2,333											
10	X	24.0	2,333		1.0								0.8	
11	X	24.0	1,100		0.9								0.6	
12	X	24.0	900		0.9								0.7	
13	X	24.0	1,300		0.9								0.8	
14	X	24.0	900		1.5								1.0	
15		24.0	1,000											
16		24.0	1,000											
17	X	24.0	1,000		1.4								1.0	
18	X	24.0	4,700		1.4								1.0	
19	X	24.0	1,200		1.4								1.0	
20	X	24.0	1,000		1.3								1.0	
21	X	24.0	800		1.2								1.0	
22		24.0	1,233											
23		24.0	1,233											
24	X	24.0	1,233		1.4								1.2	
25	X	24.0	4,300		1.1								1.0	
26	X	24.0	1,100		1.2								1.0	
27	X	24.0	1,100		1.1								1.0	
28	X	24.0	1,200		1.1								0.9	
29		24.0	1,900											
30		24.0	1,900											
31		24.0												
Total			51,900											
Avgerage			1,674											
Maximum			4,700											

* 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 Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain	PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	10	Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Stone Mountain	Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II Certification by Lead/Chief Operator

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

11-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number: 3351282 | Plant Name: Stone Mountain

III. Daily Data for the Month/Year of: October, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Logs Virus Inactivation, if Applicable: CT Calculations: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	1,900		1.1								1.0	
2	X	24.0	1,400		1.0								0.8	
3	X	24.0	900		1.0								0.8	
4	X	24.0	1,000		0.9								0.8	
5	X	24.0	1,100		0.9								0.7	
6		24.0	2,833											
7		24.0	2,833											
8	X	24.0	2,833		0.9								0.8	
9	X	24.0	6,200		1.1								0.8	
10	X	24.0	1,600		1.0								0.9	
11	X	24.0	900		0.9								0.8	
12	X	24.0	1,300		0.9								0.7	
13	X	24.0	2,467											
14		24.0	2,467											
15		24.0	2,467		0.9								0.7	
16	X	24.0	4,600		1.1								1.0	
17	X	24.0	5,600		1.0								0.8	
18	X	24.0	7,800		0.9								0.8	
19	X	24.0	1,200		0.8								0.7	
20	X	24.0	2,267											
21		24.0	2,267											
22		24.0	2,267		0.8								0.7	
23	X	24.0	4,400		0.9								0.7	
24	X	24.0	1,400		1.3								0.8	
25	X	24.0	1,000		1.2								0.8	
26	X	24.0	1,200		1.1								0.8	
27	X	24.0	2,000											
28		24.0	2,000											
29	X	24.0	2,000		1.1								1.0	
30	X	24.0	4,300		1.1								0.9	
31	X	24.0	1,000		1.1								0.9	
Total			77,500											
Average			2,500											
Maximum			7,800											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
12-6-07	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: November, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, mgal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	1,200		1.0									1.0	
2	X	24.0	1,100		1.0									0.9	
3		24.0	2,267												
4		24.0	2,267												
5	X	24.0	2,267		1.1									0.7	
6	X	24.0	4,400		1.3									0.8	
7	X	24.0	2,000		1.0									0.8	
8	X	24.0	1,800		1.1									1.0	
9	X	24.0	1,700		1.0									0.8	
10		24.0	2,667												
11		24.0	2,667												
12	X	24.0	2,667		1.3									1.1	
13	X	24.0	4,400		1.1									1.0	
14	X	24.0	900		1.0									0.7	
15	X	24.0	1,100		1.0									0.7	
16	X	24.0	1,200		1.0									0.7	
17		24.0	2,533												
18		24.0	2,533												
19	X	24.0	2,533		1.1									0.9	
20		24.0	1,000												
21	X	24.0	1,000		1.2									1.0	
22		24.0	1,050												
23	X	24.0	1,050		1.0									0.7	
24		24.0	2,333												
25		24.0	2,333												
26	X	24.0	2,333		0.9									0.7	
27	X	24.0	1,100		1.1									0.8	
28	X	24.0	5,400		1.1									1.0	
29	X	24.0	1,400		1.2									1.0	
30	X	24.0	1,300		1.2									1.0	
31		24.0													
Total			62,500												
Average			2,016												
Maximum			5,400												

* 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	13
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1-8-08

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

III. Daily Data for the Month/Year of: December, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	1,233											
2		24.0	1,233											
3	X	24.0	1,233		1.1								0.8	
4	X	24.0	1,400		1.1								0.9	
5	X	24.0	900		1.1								1.0	
6	X	24.0	1,300		1.2								1.0	
7	X	24.0	1,300		1.1								1.0	
8		24.0	2,200											
9		24.0	2,200											
10	X	24.0	2,200		1.1								1.0	
11	X	24.0	1,000		1.0								0.9	
12	X	24.0	1,300		1.2								1.0	
13		24.0	1,100											
14	X	24.0	1,100		1.1								0.8	
15		24.0	2,200											
16		24.0	2,200											
17	X	24.0	2,200		1.0								0.8	
18	X	24.0	1,000		1.0									
19	X	24.0	1,200		1.1								0.8	
20	X	24.0	1,400		1.2								1.0	
21	X	24.0	1,100		1.2								1.1	
22		24.0	1,333											
23		24.0	1,333											
24	X	24.0	1,333		1.2								1.0	
25		24.0	1,350											
26	X	24.0	1,350		1.2								1.0	
27	X	24.0	1,700		1.2									
28	X	24.0	1,200		1.2								1.1	
29		24.0	2,367											
30		24.0	2,367											
31	X	24.0	2,367		1.2								1.0	
Total			47,700											
Average			1,539											
Maximum			2,367											

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

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

PWS ID:	3351282	Plant Name:	Stone Mountain

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	2,500											
2	X	24.0	2,500		1.2								1.0	
3	X	24.0	2,300		1.2								1.0	
4	X	24.0	2,000		1.2								0.9	
5	X	24.0	2,000		1.1								0.9	
6	X	24.0	1,300		1.1								0.9	
7		24.0	1,967											
8		24.0	1,967											
9	X	24.0	1,967		1.0								0.8	
10	X	24.0	1,300		1.0								0.8	
11	X	24.0	5,200		1.3								1.1	
12	X	24.0	1,100		1.3								1.1	
13	X	24.0	2,100		1.3								1.1	
14		24.0	1,600											
15		24.0	1,600											
16	X	24.0	1,600		1.2								1.0	
17	X	24.0	800		1.1								0.8	
18	X	24.0	5,500		1.5								1.3	
19	X	24.0	1,800		1.4								1.1	
20	X	24.0	2,100		1.2								1.0	
21		24.0	2,600											
22		24.0	2,600											
23	X	24.0	2,600		1.2								1.0	
24	X	24.0	700		1.2								1.0	
25	X	24.0	2,300		1.3								1.1	
26	X	24.0	1,000		1.3								1.1	
27	X	24.0	2,300		1.2								1.1	
28		24.0	2,667											
29		24.0	2,667											
30	X	24.0	2,667		1.1								0.8	
31	X	24.0	1,000		1.1								0.8	
Total			66,300											
Avgerage			2,139											
Maximum			5,500											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Licensed Operators				
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

Day of the Month	Was Plant Started or Operated Today? Yes or No	Hours Plant Operated	Finished Water Pumped (gallons)	For Calculations of CT Used to Demonstrate Adequate Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration (C) in Water Entering the First Customer During Peak Hourly Flow	Temperature of the Water Sample for Lowest Residual Disinfectant Concentration (°C)
				Actual Contact Time (T) During Peak Hourly Flow	Lowest Residual Disinfectant Concentration (C) During Peak Hourly Flow	Product of Contact Time and Disinfectant Concentration (CT) During Peak Hourly Flow	pH of Water Sample	Disinfectant Used	CT Value (from Table)	Inactivation Ratio (CT Actual / CT Value)	Total Inactivation Ratio	Minimum CT Value Required			
1	X	24.0	2,900		1.1								0.9	
2	X	24.0	1,200		1.1								1.0	
3	X	24.0	1,700		1.2								1.0	
4		24.0	3,133											
5		24.0	3,133											
6	X	24.0	3,133		1.1								0.9	
7	X	24.0	1,100		1.1								0.9	
8	X	24.0	2,500		1.0								0.8	
9	X	24.0	800		1.7								1.3	
10	X	24.0	4,600		1.3								1.1	
11		24.0	1,867											
12		24.0	1,867											
13	X	24.0	1,867		1.4								1.1	
14	X	24.0	1,000		1.5								1.3	
15	X	24.0	2,600		1.3								1.1	
16	X	24.0	2,700		1.3								1.1	
17	X	24.0	1,700		1.3								1.1	
18		24.0	1,467											
19		24.0	1,467											
20	X	24.0	1,467		1.3								1.0	
21		24.0	2,750											
22	X	24.0	2,750		1.2								1.0	
23	X	24.0	1,700		1.2								0.9	
24	X	24.0	1,200		1.3								1.1	
25		24.0	2,100											
26		24.0	2,100											
27	X	24.0	2,100		1.2								0.9	
28	X	24.0	4,300		1.1								0.9	
29		24.0												
30		24.0												
31		24.0												
Total			61,200											
Average			1,974											
Maximum			4,600											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Days 1st Shift Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Shift Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4-6-06	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): _____

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

Day of the Month	Was plant in operation? (Enter "X" if yes)	Hours plant was in operation	Finished water pumped (gallons)	Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in the Distribution System (mg/L)	Highest Turbidity Measurement (if required) (NTU)	Highest Turbidity Measurement during the month (NTU)	Was CT adequate? (Enter "X" if yes)	Was system in compliance with the Total Trihalomethane MCL? (Enter "X" if yes)	Was system in compliance with the Haloacetic Acids (five) MCL? (Enter "X" if yes)	Lowest Disinfectant Residual in the Distribution System (mg/L)	Number of Samples Taken During the Month in which No Disinfectant Residual Was Detected
1	X	24.0	2,000	1.2							1.0	
2	X	24.0	1,900	1.2							1.0	
3	X	24.0	900	1.3							1.0	
4		24.0	2,400									
5		24.0	2,400									
6	X	24.0	2,400	1.2							1.0	
7	X	24.0	1,600	1.2							1.0	
8	X	24.0	3,100	1.3							1.1	
9	X	24.0	1,500	1.3							1.0	
10	X	24.0	1,700	1.5							1.3	
11		24.0	2,300									
12		24.0	2,300									
13	X	24.0	2,300	1.7							1.5	
14	X	24.0	1,800	1.5							1.3	
15	X	24.0	1,600	1.5							1.2	
16	X	24.0	1,700	1.4							1.2	
17	X	24.0	1,500	1.3							1.1	
18		24.0	3,367									
19		24.0	3,367									
20	X	24.0	3,367	1.3							1.0	
21	X	24.0	2,100	1.3							1.1	
22	X	24.0	14,600	1.2							1.0	
23	X	24.0	1,900	1.3							1.0	
24	X	24.0	3,200	1.2							1.0	
25		24.0	1,433									
26		24.0	1,433									
27	X	24.0	1,433	1.2							1.0	
28	X	24.0	2,300	1.3							1.1	
29	X	24.0	3,300	1.3							1.1	
30	X	24.0	4,000	1.3							1.0	
31	X	24.0	1,500	1.2							1.0	
Total			80,700									
Average			2,603									
Maximum			14,600									

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator(s)	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator(s)	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5-5-06	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

Day of the month	Was Plant Operated This Day? (Yes or No)	Hours Plant Operated	Finished Water Produced (gallons)	CT Calculations for Virus Inactivation (If Applicable)									Lowest Residual Disinfectant Concentration (mg/l) in Water Entering the Distribution System	Lowest Residual Disinfectant Concentration (mg/l) in Water in the Distribution System	Turbidity Measurements (If Required)
				Temperature	Lowest Residual Disinfectant Concentration (C) Before or At the First Customer	Time Between the First C Measurement and First Customer (minutes)	Was Baffling Factor (T10/T) Other Than 0.1 Used? (Yes or No)	Baffling Factor (T10/T) Used	Actual CT Value	Minimum CT Required	CT Value Adequate? (Yes or No)	Minimum CT Required			
1		24.0	1,467											0.9	
2		24.0	1,467											0.9	
3	X	24.0	1,467		1.1									0.9	
4	X	24.0	1,400		1.1									0.9	
5	X	24.0	4,100		1.0									0.8	
6		24.0	2,050												
7	X	24.0	2,050		1.2									0.9	
8		24.0	1,867												
9		24.0	1,867												
10	X	24.0	1,867		1.2									0.9	
11	X	24.0	4,000		1.2									0.9	
12	X	24.0	1,400		1.1									0.8	
13	X	24.0	1,600		1.1									0.8	
14	X	24.0	1,200		1.1									0.8	
15		24.0	4,100												
16		24.0	4,100												
17	X	24.0	4,100		1.2									0.9	
18	X	24.0	2,100		1.5									1.2	
19		24.0	1,700												
20	X	24.0	1,700		1.4									1.1	
21	X	24.0	1,700		1.4									1.1	
22		24.0	2,500												
23		24.0	2,500												
24	X	24.0	2,500		1.4									1.2	
25		24.0	2,133												
26		24.0	2,133												
27	X	24.0	2,133		1.5									1.2	
28	X	24.0	1,400		1.5									1.2	
29		24.0	4,200												
30		24.0	4,200												
31		24.0													
Total			71,000												
Average			2,290												
Maximum			4,200												

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

MONTHLY OPERATION REPORT FOR PWS TREATING ... WATER FROM ... FOR ... SHEET ...

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-9280			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive		City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

	Name	License Class	License Number	Days/Shift Worked
Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operator(s):	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

6-5-'06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

	X	24.0	4,300		1.4							1.2
	X	24.0	1,500		1.4							1.1
	X	24.0	2,000		1.4							1.2
	X	24.0	2,700		1.5							1.2
	X	24.0	5,400		1.4							1.1
		24.0	3,900									
		24.0	3,900									
	X	24.0	3,900		1.5							1.2
		24.0	2,000									
	X	24.0	2,000		1.2							0.9
	X	24.0	5,000		1.3							1.0
		24.0	2,500									
		24.0	2,500									
		24.0	2,500									
	X	24.0	2,500		1.2							0.9
	X	24.0	1,600		1.2							0.9
		24.0	3,200									
	X	24.0	3,200		1.1							0.9
	X	24.0	1,600		1.1							0.9
		24.0	2,400									
		24.0	2,400									
	X	24.0	2,400		1.0							0.8
		24.0	3,300									
	X	24.0	3,300		1.0							0.8
		24.0	8,600									
	X	24.0	8,600		0.9							0.7
		24.0	2,400									
		24.0	2,400									
	X	24.0	2,400		1.0							0.9
		24.0	3,700									
	X	24.0	3,700		1.0							0.9
			101,800									
			3,284									
			8,600									

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7-7-06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	8,500											
2	X	24.0	8,500		1.0								0.9	
3		24.0	3,500											
4		24.0	3,500											
5	X	24.0	3,500		2.0								1.7	
6		24.0	2,200											
7	X	24.0	2,200		1.2								1.0	
8		24.0	5,400											
9	X	24.0	5,400		1.3								1.0	
10		24.0	3,000											
11		24.0	3,000											
12	X	24.0	3,000		1.0								0.9	
13		24.0	3,000											
14	X	24.0	3,000		1.0								0.9	
15	X	24.0	1,700		1.0								0.9	
16	X	24.0	4,100		1.2								1.0	
17		24.0	3,000											
18		24.0	3,000											
19	X	24.0	3,000		1.1								0.9	
20	X	24.0	2,700		1.3								1.0	
21	X	24.0	1,800		1.0								0.8	
22	X	24.0	2,200		1.3								1.0	
23	X	24.0	2,800		1.4								1.2	
24		24.0	3,333											
25		24.0	3,333											
26	X	24.0	3,333		1.5								1.2	
27	X	24.0	1,800		1.4								1.2	
28	X	24.0	4,400		1.4								1.2	
29		24.0	1,300											
30	X	24.0	1,300		1.3								1.0	
31		24.0												
Total			100,800											
Average			3,252											
Maximum			8,500											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida		Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Licensed Operators				
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

8-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

Day of the Month	Was Plant Started or Shutdown Operation Took Place (X)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced (Gallons)	CT Calculations or Other Method to Demonstate Four-Log Virus Inactivation is Applicable: CT Calculations						UV Dose			
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Lowest CT Provided Before or at First Customer During Peak Hourly Flow	Required CT Value	Actual CT Value (If Applicable)	Minimum UV Dose Required (mJ/cm²)	Lowest Operating UV Dose in Reactor (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involve Taking Water System Components Out of Operation
1		24.0	3,000										
2		24.0	3,000										
3	X	24.0	3,000		1.2								0.9
4		24.0	2,400										
5	X	24.0	2,400		1.3								1.0
6		24.0	2,800										
7	X	24.0	2,800		1.3								1.1
8		24.0	2,000										
9		24.0	2,000										
10	X	24.0	2,000		1.5								1.2
11		24.0	3,000										
12	X	24.0	3,000		1.5								1.2
13	X	24.0	1,800		1.5								1.2
14	X	24.0	2,400		1.5								1.3
15		24.0	2,400										
16		24.0	2,400										
17	X	24.0	2,400		1.7								1.3
18		24.0	4,450										
19	X	24.0	4,450		1.4								1.2
20		24.0	2,400										
21	X	24.0	2,400		1.2								1.0
22		24.0	2,000										
23		24.0	2,000										
24	X	24.0	2,000		1.2								1.0
25	X	24.0	4,100		1.2								1.0
26	X	24.0	3,400		1.3								1.1
27	X	24.0	2,100		1.3								1.1
28	X	24.0	2,000		1.3								1.1
29		24.0	3,533										
30		24.0	3,533										
31	X	24.0	3,533		1.2								1.0
Total			84,700										
Average			2,732										
Maximum			4,450										

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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida		Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

9-6-06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

| Day of Month | Was Plant Operating? (X) | Hours Plant Operated | Finished Water Pumped (gallons) | Disinfectant Residual Entering Distribution (mg/L) | Lowest Disinfectant Residual in Distribution (mg/L) | Disinfectant Residual Measured in Distribution at Point Where Lowest Residual Occurred (mg/L) | Time Lowest Residual Occurred | Was Chlorine Dioxide Measured in Distribution? (Y/N) | If Yes, Was Measured Chlorite Residual Greater Than 1.0 mg/L? (Y/N) | Was Ozone Residual Measured in Contact Basin? (Y/N) | If Yes, Was Measured Ozone Residual Greater Than 0.02 mg/L? (Y/N) | Was Ozone Residual Measured Entering Distribution? (Y/N) | If Yes, Was Measured Ozone Residual Greater Than 0.02 mg/L? (Y/N) | Was Combined Chlorine (Chloramines) Residual Measured in Distribution? (Y/N) | If Yes, Was Measured Combined Chlorine (Chloramines) Residual Greater Than 4.0 mg/L? (Y/N) | Was Alternative Criteria for 4-Log Virus Inactivation Used? (Y/N) | If Yes, Was Required Ozone CT Value Met? (Y/N) | Was Required Chlorine CT Value Met? (Y/N) | Was Required Chloramines CT Value Met? (Y/N) | Was Required Chlorine Dioxide CT Value Met? (Y/N) | Was Required Ultraviolet Dose Met? (Y/N) | Was Alternative Criteria for 4-Log Virus Inactivation Used? (Y/N) | If Yes, Was Required Ozone CT Value Met? (Y/N) | Was Required Chlorine CT Value Met? (Y/N) | Was Required Chloramines CT Value Met? (Y/N) | Was Required Chlorine Dioxide CT Value Met? (Y/N) | Was Required Ultraviolet Dose Met? (Y/N) | Lowest Chlorine Residual Entering Distribution (mg/L) | Time Lowest Residual Occurred | Lowest Chlorine Residual in Distribution (mg/L) | Time Lowest Residual Occurred | Was Turbidity Measured Every 4 Hours? (Y/N) | If No, Was Chlorine Residual Measured Instead? (Y/N) | Was Minimum Chlorine Residual Maintained? (Y/N) | Was Fluoride Residual Maintained? (Y/N) | Was Bacteriological Sample Taken? (Y/N) | Was Chlorine Residual Measured With Bacteriological Sample? (Y/N) | Was Coliform Test Positive? (Y/N) | If Yes, Was Repeat Sample Taken? (Y/N) | Were All Repeat Samples Negative? (Y/N) | Was Turbidity Measured? (Y/N) | Highest Turbidity Measurement | Was Value Greater Than 1 NTU? (Y/N) | If Yes, Was Value Greater Than 5 NTU? (Y/N) | Was Water Treated? (Y/N) | Was Treated Water Entering Distribution? (Y/N) | Was Combined Filter Effluent Turbidity Less Than or Equal to 0.3 NTU in at Least 95% of Measurements Each Month? (Y/N) | Was Any Individual Filter Effluent Turbidity Greater Than 1.0 NTU in Two Consecutive Measurements? (Y/N) | If Yes, Was Any Individual Filter Effluent Turbidity Greater Than 2.0 NTU in Two Consecutive Measurements? (Y/N) | Was Turbidity Measured as Specified? (Y/N) | Highest Turbidity Measurement Recorded | Was Value Greater Than 0.3 NTU? (Y/N) | If Yes, Was Value Greater Than 1 NTU? (Y/N) | Was Turbidity Measured as Specified? (Y/N) | Highest Turbidity Measurement Recorded | Was Value Greater Than 0.3 NTU? (Y/N) | If Yes, Was Value Greater Than 1 NTU? (Y/N) | Was a Grab Sample Collected? (Y/N) | Was Chlorine Residual Measured? (Y/N) | Was Coliform Test Positive? (Y/N) | If Yes, Was Repeat Sample Taken? (Y/N) | Were All Repeat Samples Negative? (Y/N) |
|---|---|---|---

MONTHLY OPERATION REPORT FOR PWSs REACHING GROUND REF PL HA FIL REL RE

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain	PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	10	Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Stone Mountain	Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Certified Operator for	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10-6-06	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Was Chlorination Continuously Provided? (Yes or No)	Hours Pumped	Total Finished Water Pumped (1,000 gallons)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Contact Time Measured at Point Prior to First Customer (minutes)	Lowest Disinfectant Residual Measured at Point Prior to First Customer (mg/L)	Temperature of Water Receiving Disinfection (°C)	Minimum Contact Time Provided (minutes)	Minimum Disinfectant Residual Provided (mg/L)	UV Dose Applied (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Comments (Explain any Water Outages, Low Pressure Conditions, Boil Water Notices, Etc.)
1	X	24.0	1,300		1.2							1.0	
2		24.0	1,200										
3		24.0	1,200										
4	X	24.0	1,200		1.2							1.0	
5		24.0	2,200										
6	X	24.0	2,200		1.1							1.0	
7		24.0	1,500										
8	X	24.0	1,500		1.1							0.9	
9		24.0	1,300										
10		24.0	1,300										
11	X	24.0	1,300		1.3							1.0	
12	X	24.0	4,600		1.2							1.0	
13		24.0	1,600										
14	X	24.0	1,600		1.1							0.9	
15	X	24.0	900		1.2							1.0	
16		24.0	1,700										
17		24.0	1,700										
18	X	24.0	1,700		1.3							1.1	
19		24.0	1,100										
20	X	24.0	1,100		1.3							1.1	
21		24.0	850										
22	X	24.0	850		1.2							0.9	
23		24.0	967										
24		24.0	967										
25	X	24.0	967		1.2							1.0	
26		24.0	2,600										
27	X	24.0	2,600		1.3							1.0	
28		24.0	900										
29	X	24.0	900		1.2							0.9	
30		24.0	1,000										
31		24.0											
Total			44,800										
Average			1,445										
Maximum			4,600										

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: October 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Okahumpka	State: Florida	Zip Code:	34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Treatment Operator(s) (per subsection 62-699.310(5), F.A.C.)	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II Certification by Lead/Chief Operator

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

11-3-06	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

☐ Ultraviolet Radiation ☐ Other (Describe): _____

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

	24.0	1,000										0.9	
X	24.0	1,000		1.2								1.0	
X	24.0	1,200		1.2								0.8	
X	24.0	800		1.0								1.0	
X	24.0	1,000		1.3								1.0	
X	24.0	1,900		1.4									
	24.0	833											
	24.0	833										1.1	
X	24.0	833		1.4									
	24.0	3,050										1.2	
X	24.0	3,050		1.4									
	24.0	1,150										1.2	
X	24.0	1,150		1.5									
	24.0	1,167											
	24.0	1,167											
X	24.0	1,167		1.5								1.2	
	24.0	2,650											
X	24.0	2,650		1.3								1.1	
X	24.0	1,400		1.0								0.8	
X	24.0	1,300		1.0								0.7	
	24.0	1,267											
	24.0	1,267											
X	24.0	1,267		2.0								1.0	
X	24.0	4,600		1.5								1.3	
X	24.0	1,200		1.6								1.3	
X	24.0	1,300		1.4								1.2	
X	24.0	1,100		1.4								1.1	
	24.0	1,267											
	24.0	1,267											
X	24.0	1,267		1.2								1.0	
X	24.0	1,300		1.1								0.8	
		51,500											
		1,661											
		4,600											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain		Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City: Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12-8-06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

Day of Month	Was Plant Operated? (Y or N)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations for UV Dose to Demostate Four-Log Virus Inactivation if Applicable*								UV Dose		Lowest Residual Disinfectant Concentration in Remote Portion of Distribution System (mg/L)	Emergency Circumstances Condition: Reason and Time Period Involved (Using Water Source Other Than Normal)
				Peak Hourly Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hours Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (min)	Temp of Water (°C)	pH of Water If Applicable	Minimum CT Required (min)	Lowest Reading UV Dose (mWsec/cm²)	Minimum UV Dose Required (mWsec/cm²)		
1	X	24.0	1,700		1.7								1.5	
2	X	24.0	2,600		1.5								1.4	
3	X	24.0	2,900		1.6								1.4	
4		24.0	2,967											
5		24.0	2,967											
6	X	24.0	2,967		1.3								1.0	
7	X	24.0	6,000		1.8								1.6	
8	X	24.0	3,200		1.5								1.3	
9	X	24.0	3,100		1.4								1.2	
10	X	24.0	3,100		1.3								1.2	
11		24.0	2,967											
12		24.0	2,967											
13	X	24.0	2,967		1.0								0.7	
14	X	24.0	6,800		1.0								0.8	
15	X	24.0	3,400		1.2								1.0	
16	X	24.0	3,500		1.8								1.5	
17	X	24.0	3,400		1.4								1.2	
18		24.0	3,233											
19		24.0	3,233											
20	X	24.0	3,233		1.4								1.1	
21	X	24.0	6,500		1.2								1.1	
22	X	24.0	3,500		1.5								1.3	
23		24.0	3,450											
24	X	24.0	3,450		1.4								1.2	
25		24.0	3,433											
26		24.0	3,433											
27	X	24.0	3,433		1.2								1.0	
28	X	24.0	7,200		1.4								1.3	
29	X	24.0	3,400		1.6								1.4	
30	X	24.0	3,200		1.5								1.4	
31		24.0												
Total			108,200											
Average			3,490											
Maximum			7,200											

** 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name:	Stone Mountain			PWS Identification Number:	3351282
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	10			Total Population Served at End of Month:	35
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Stone Mountain			Plant Telephone Number:	352-787-0980
Plant Address:	1730 Lakeview Drive	City:	Yalaha	State: Florida	Zip Code: 34797
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Operator Position	Name	Operator Type	License Number	Days Worked This Month
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Backup Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1-5-'07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identificaiton Number:	3351282	Plant Name:	Stone Mountain

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

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

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

X	24.0	3,600		1.4							1.2	
	24.0	4,000										
	24.0	4,000										
X	24.0	4,000		1.3							1.1	
	24.0	4,850										
X	24.0	4,850		1.4							1.1	
X	24.0	3,800		1.4							1.2	
X	24.0	3,500		1.4							1.2	
	24.0	3,667										
	24.0	3,667										
X	24.0	3,667		1.5							1.2	
X	24.0	6,700		1.3							1.1	
X	24.0	4,000		2.0							1.7	
X	24.0	3,700		1.2							1.1	
X	24.0	3,800		1.5							1.3	
	24.0	4,000										
	24.0	4,000										
X	24.0	4,000		1.5							1.3	
X	24.0	7,400		1.8							1.6	
X	24.0	4,800		1.6							1.5	
X	24.0	4,100		1.8							1.6	
X	24.0	4,300		1.2							1.1	
	24.0	4,467										
	24.0	4,467										
X	24.0	4,467		1.3							1.1	
X	24.0	7,300		1.1							1.0	
X	24.0	4,500		1.3							1.0	
X	24.0	4,300		1.8							1.0	
X	24.0	5,000		1.5							1.2	
	24.0	5,700										
	24.0	5,800										
		140,400										
		4,529										
		7,400										

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

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

PWS ID:	3351282	Plant Name:	Stone Mountain

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

Polymer Dose ppm =		Acrylamide Level, %† =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %† =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

STONE MOUNTIAN

St. Johns River
Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at *www.sjrwmd.com*

CERTIFIED NUMBER: 7004 0750 0003 3823 0271

August 24, 2004

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, Fl 34240

SUBJECT: Consumptive Use Permit #2606

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Todd Eller, Supervising Regulatory Hydrologist, 386-329-4210.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

Gloria Lewis, Director
Division of Permit Data Services

Enclosures:
- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor

DOCUMENT NUMBER-DATE
04314 MAY 22 80
FPSC-COMMISSION CLERK

GOVERNING BOARD

Ometrias D. Long, CHAIRMAN, APOPKA
David G. Graham, VICE CHAIRMAN, JACKSONVILLE
R. Clay Albright, SECRETARY, OCALA
Duane Ottenstroer, TREASURER, JACKSONVILLE
W. Michael Branch, FERNANDINA BEACH
John G. Sowinski, ORLANDO
William Kerr, MELBOURNE BEACH
Ann T. Moore, BUNNELL
Susan N. Hughes, JACKSONVILLE

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

(1) Transfer of Permitted Facility. Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.

(2) Transfer of Interest in Real Property. Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.

(3) Transfer of Permit. To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

PERMIT NO. 2604 **ORIGINAL PERMIT ISSUED:** May 17, 2001
TRANSFER PROCESS DATE: August 23, 2004

PROJECT NAME: Piney Woods/Spring Lake Manor

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 24.2 million gallons per year of ground water from the Floridan aquifer for the household use of 478 people and 0.6 million gallons per day for essential fire protection.

LOCATION:

Site: Piney Woods/Spring Lake Manor
Lake County

Section(s): 33 Township(s): 18S Range(s): 24E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated May 17, 2001

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____
Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2604
AQUA UTILITIES FLORIDA
DATED MAY 17, 2001

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.

2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.

3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.

4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.

5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.

6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.

8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.

9. Total withdrawals from wells number 1 (GRS ID 9586) and 2 (GRS ID 9587) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

10. This permit will expire 20 years from the date of issuance. May 17, 2021

11. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed a total of 24.2 million gallons.

12. Maximum daily withdrawal from the Floridan Aquifer for essential fire protection must not exceed a total of 0.6 million gallons.

13. Wells number 1 (GRS ID 9586) and 2 (GRS ID 9587) (as listed on the application) are equipped with totalizing flow meters These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

14. All submittals made to demonstrate compliance with this permit must include the CUP number 2604 plainly labeled thereon.

15. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

16. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

17. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.

18. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐ 5600 US 1 North, Fort Pierce, FL 34946 — FDOH # E96080
☑ 4155 St. Johns Parkway, Suite 1300, Sanford, FL 32771 — FDOH # E83509
☐ 307 Coolidge Ave., Lehigh Acres, FL 33936 — FDOH # E85370
☐ 16331 Cortez Blvd., Brooksville, FL 34610 — FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Lab Receipt Date and Time: 12/11/07 1220
Received for Laboratory By: PAM
Analysis Date and Time: 12/11/07 1705
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 7.6 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

HBEL Report Number: 213 0181 Sub-Contract Lab ID: _____

Analysis Method Requested:
☑ Colilert ☐ Membrane Filtration PWS I.D. 3 3 5 1 2 8 2

System Name: 6822 Sierra Mountain (Auf. Lake Co.)
System Address: 6730 Lakeview Dr.
City: Yalaha System or Owner's Phone #: 352-787-0980 Fax #: 787-6333
Collector: _____ Collector's Phone #: _____
Relinquished By: _____ Received By: _____ Relinquished By: _____
Date/Time: 12/11/07 Date/Time: 12/11/07 Date/Time: 12/11/07 12:30

Type of Supply: (check only one) ☑ Community Water System ☐ Private Well ☐ Noncommunity Water System ☐ Swimming Pool ☐ Nontransient-Noncommunity Water System ☐ Bottled Water ☐ Limited Use System ☐ Other

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date(s): 12/11/07

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd mg/L	pH
W1	Well	9:30a	R	—	—
R1	6853 Lakeview Dr	9:50a	D	0.9	—
R2	6907 Lakeview Dr.	9:40a	D	0.9	—

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other
Person performing analysis is:
☑ A certified operator (# CL0597) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748
Attn: Patrick Flynn

LABORATORY CERTIFICATE OF ANALYSIS
Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B
Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual.[2]	Lab Sample Number
	A			213018100 1
	A			1002
	A			213018100 3

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid
Analyst: PAM

Report authorized by: _____ Technical Director or Designee
Date: 12/12/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

ACCREDITED IN ACCORDANCE WITH NELAC

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.) 2 Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE 04314 MAY 28 08
FPSC-COMMISSION CLERK

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: February 27, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain #6422 DW NO3/2 **[2127993]**
Received: 2/22/07 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
500 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain #6422 DW NO3/2 **[2127993]**
Received: 2/22/07 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
500 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127993]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Stone Mountain #6422 DW NO3/2

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127993001**					*Sampled: 02/22/07 9:25*		*Received: 02/22/07 13:00*			
Sample ID: ***Point of Entry Grab***					*Matrix: Water*		Results reported on Wet Weight Basis			
Nitrate as N		**4.8**	mg/L	0.0030	EPA 300.0	IC7134		02/23/07 13:42	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7134		02/23/07 13:42	JL	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

Date issued: November 8, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain 6422 Tri-Annual **[2127082]**
Received: 10/12/06 13:30

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain 6422 Tri-Annual **[2127082]**
Received: 10/12/06 13:30

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2127082001	POE Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST4810		
	2127082001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
	2127082001	Tetrachlorometaxylene	Surrogate - Outside acceptance Limits.

The above due to matrix effects.

HARBOR BRANCH
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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2127082]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Stone Mountain 6422 Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127082001**						*Sampled:* 10/11/06 16:50		*Received:* 10/12/06 13:30		
Sample ID: **POE Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Odor		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15248		10/12/06 15:45	RM	E83509
pH [6.5-8.5]	Q	7.86	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Barium		0.0082	mg/L	0.0018	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Copper		0.0016	mg/L	0.0014	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Sodium		11	mg/L	0.50	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Zinc		0.027	mg/L	0.010	EPA 200.7	META8185		10/26/06 14:37	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:30	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0023	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:35	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:53	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8176	10/16/06 9:34	10/17/06 13:25	DM	E96080
Chloride		17	mg/L	5.0	EPA 300.0	IC6983		10/13/06 15:02	JL	E96080
Fluoride		0.10	mg/L	0.011	EPA 300.0	IC6982		10/13/06 14:46	JL	E96080
Nitrate as N		5.0	mg/L	0.0030	EPA 300.0	IC6982		10/13/06 14:46	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6982		10/13/06 14:46	JL	E96080
Sulfate		14	mg/L	1.4	EPA 300.0	IC6983		10/13/06 15:02	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 18:04	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 18:04	JL	E96080
Chlordane		0.12 U	ug/L	0.12	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
Endrin		0.097 U	ug/L	0.097	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4810	10/16/06 9:14	10/17/06 1:04	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:51	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080

HARBOR BRANCH
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5600 U.S. 1 North, Fort Pierce, FL 34946
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CERTIFICATE OF ANALYSIS

[2127082]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Stone Mountain 6422 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715		10/24/06 21:04	WR	E96080
Alachlor		0.63 U	ug/L	0.63	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Atrazine		0.50 U	ug/L	0.50	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Benzo(a)pyrene		0.072 U	ug/L	0.072	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
bis(2-ethylhexyl)phthalate		0.87 U	ug/L	0.87	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Di(2-ethylhexyl)adipate		0.70 U	ug/L	0.70	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Simazine		0.65 U	ug/L	0.65	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:43	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 16:36	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 16:36	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2341		10/16/06 14:43	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2448	10/18/06 9:23	10/23/06 21:41	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/16/06 9:24	10/31/06 11:32	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26430		10/13/06 14:50	TCL	E96080
Total Dissolved Solids		220	mg/L	16	SM2540 C	WCGE26435		10/15/06 14:00	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26500	10/20/06 12:00	10/23/06 11:25	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26437	10/13/06 13:30	10/13/06 17:04	GG	E96080

HARBOR BRANCH
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LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5594

CERTIFICATE OF ANALYSIS

[2127082]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Stone Mountain 6422 Tri-Annual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127082002**					*Sampled:*		*Received:* 10/12/06 13:30			
Sample ID: **TRIP BLANK**					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715		10/24/06 21:37	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 3, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain THM/HAA5 Grab **[2126774]**
Received: 9/12/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Stone Mountain THM/HAA5 Grab **[2126774]**
Received: 9/12/06 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126774]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Stone Mountain THM/HAA5 Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126774001**							*Sampled:* 09/12/06 11:05	*Received:* 09/12/06 13:00		
Sample ID: **Lot 13 Lakeview MRT Location**							*Matrix:* Water	Results reported on Wet Weight Basis		
Bromodichloromethane		0.47	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 16:26	WR	E96080
Bromoform		0.48	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 16:26	WR	E96080
Chloroform		0.41	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 16:26	WR	E96080
Dibromochloromethane		0.81	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 16:26	WR	E96080
Total THMs		2.2	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 16:26	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined belc Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
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Date issued: March 6, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6422 Stone Mountain NO2/NO3 **[2124925]**
Received: 3/02/06 13:20

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6422 Stone Mountain NO2/NO3 **[2124925]**
Received: 3/02/06 13:20

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2124925]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6422 Stone Mountain NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2124925001**										
Sample ID: **POE Grab**										
Sampled: 03/01/06 16:20 *Received: 03/02/06 13:20*										
Matrix: Water Results reported on Wet Weight Basis										
Nitrate as N		**4.9**	mg/L	0.0030	EPA 300.0	IC6706		03/3/06 12:40	RS	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC6706		03/3/06 12:40	RS	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL
[JMLIHVARCIK@AQUAAMERICA.COM]

June 29, 2007

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0817

Lake County – PW	PWS ID Number
Friendly Center Subdivision	3350426
East Lake Harris Estates	3350322
Stone Mountain Estates	3351282
Palm Mobile Home Estates	3350981
Piney Woods Subdivision (2 WTPs)	3351021
Hobby Hill Subdivision	3350544
Picciola Island Subdivision	3351009
Carlton Village	3350152

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on April 18, 2007, by Danielle Owens to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than August 6, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo
Enclosures

cc: Patrick Farris, Aqua Utilities Florida, Inc. [PAFarris@aquaamerica.com]
Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name **STONE MOUNTAIN ESTATES** County Lake PWS ID # 3351282
Plant Location 1730 Lakeview Drive, Yalaha, FL 34797 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
Owner Address 1100 Thomas Ave., Leesburg, FL 34748
Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029
This Survey Date 04/18/07 Last Survey Date 04/29/04 Last C.I. Date 10/04/01

PWS TYPE & CLASS
☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
WC35-2005, 4/14/78
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Will Fontaine C-6813 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 3 *Actual* 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 10
Population Served 13 Basis Operator
Average Day (from MORs) 2,572 gpd
Max. Day (from MORs) 12,400 gpd 01/07
Max-day Design Capacity 72,000 gpd

WRITTEN PROGRAMS
O & M Manual Yes Located Water treatment plant
Written Preventive Maintenance Program Yes
Flushing Plan ☒ Yes ☐ No Records No
Valve Maintenance Plan ☒ Yes ☐ No Records No
Emergency Response Plan ☒ Yes ☐ No ☐ N/A
Comments

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy average day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
Disinfection
What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Neptune
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-Connections None observed
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: ☒ Yes ☐ No ☐ N/A
Distribution System Map ☒ Yes ☐ No ☐ N/A
Cross-Connection Control Program:
Implementation started April 2007.
Comments Flow meter last calibrated 05/09/05 by Central Florida Controls, Inc.

PWS ID # 3351282
Date 04/18/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1 (AAC3256)			
Year Drilled		1976			
Depth Drilled		270'			
Drilling Method		Unknown			
Type of Grout		Unknown			
Static Water Level		56'			
Pumping Water Level		Unknown			
Design Well Yield		500 gpm			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Unknown			
Length (outside casing)		160'			
Diameter (outside casing)		8"			
Material (outside casing)		Steel			
Well Contamination History		None			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	165'			
	Reuse Water	N/A			
	WW Plumbing	>150'			
	Other Sanitary Hazard	*See comments			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-Rite			
	Model Number	V1P4E02-01B			
	Rated Capacity (gpm)	100			
	Motor Horsepower	1			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Fence			
Well Vent Protection		N/A			

COMMENTS: *Nursery and orange grove near well head area.

PWS ID # 3351282
Date 04/18/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 4.0 stroke
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.06 Remote 1.0
Remote tap location 6945 Lakeview Dr.
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	1,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide documentation of last cleaning and inspection of finished water storage tanks.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3351282
Date 04/18/07

DEFICIENCIES:

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

   Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

   Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

2. **Failure to keep records documenting that isolation valves are being exercised.**

   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. **Failure to keep records documenting that dead-end water mains are being flushed.**

   Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

VIOLATIONS:

- Consumer Confidence Report (July 2006) – Special language for nitrate omitted.

COMMENTS/REMINDERS:

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**
- **Based on information provided to the Department by email on April 19, 2007, the population served and number of service connections for this system has been changed.** These changes may affect this systems monitoring requirements.

  For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

  All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide documentation of last cleaning and inspection for finished water storage tanks.**

  Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

  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 checked at least annually to ensure that hatches are closed and screens are in place; 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.]

PWS ID # 3351282
Date 04/18/07

COMMENTS/REMINDERS (continued):

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

- **Provide information for all items marked "unknown."**

Inspector Danielle D Owens Title Environmental Specialist I Date 06/21/07

Approved by [signature] Title Environmental Manager Date 6/29/07

AQUA
Utilities Florida

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

August 10, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 18, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

1. *Failure to adequately establish and implement a cross-connection control program.*

Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

Friendly Center PWS 3350426:

1. *Failure to describe emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components.*

Response:

Friendly Center is interconnected with East Lake Harris. There were no emergency or abnormal events during the time frame specified in the inspection. There are times when East Lake Harris treatment plant provides the water for both systems. There are also times when Friendly Center pumps more and the East Lake Harris flows are down.

Hobby Hill Subdivision PWS 3350544:

1. *Failure to maintain public water systems components. The hydropneumatic tank is showing signs of corrosion.*

Response:

The hydropneumatic tank is scheduled to be cleaned and painted. Aqua is in the process of hiring a contractor to inspect all tanks statewide for structural integrity. Copies of these inspections will be forwarded to DEP upon completion.

Piney Woods Subdivision – 2 WTPs PWS 3351021

1. *Failure to maintain a separate operation and maintenance log for each water treatment plant. There is only one operation and maintenance logbook for both plants.*

Response:

Separate log books for each plant will be maintained from now on.

2. *Failure to provide an operation and maintenance manual for each water treatment plant. There is only one operation and maintenance manual for both plants.*

Response:

Separate O+M manuals will be created and maintained for each plant.

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

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Carlton
Month/Year: Apr 07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida.

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: EAST Lake Hamis
Month/Year: April 07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4-19-07	Rusty	0.8	2"	20		200	6pm	4000	Pump St 2 min in	FP
4-24-07	Clr	1.2	2"	15		200	6 Pm	3000	Pressure Tank	FP
4-24-07	Rusty	0.8	2"	20		200	6pm	4000	Hwy 561 Yard	FP

A UA
Utilities Florida.

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Friendly Center
Month/Year: 4 - 07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4-2007		1.2	2"	20		200	GPM	4000	Pressure Tank	F/P
4-24-07		0.8	2"	20		200	GPM	4000	Vermont St	F/P

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Holiday Hills
Month/Year: 4-07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading Start	Hydrant Meter Reading End	Total Gallons Flushed	Location of Flush Points	Reason Flushed
4/16								2,250	Hobart	FP Service
4/17								1,500	" "	" "
4/18								750	" "	" "
4/19								750	" "	" "
4/20								750	" "	" "
4/24							750	2250	" "	" "
4/25							2250	750	" "	" "
4/26							750	750	" "	" "
4/30								1500	" "	" "
5/1									Hobart	FP Service
5/2										
5/3										
5/4										

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Palms MHP
Month/Year: 4-04

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/13						628643			Filter 1	FP
4/13									Filter 2	FP
4/13							628715	7,200	Faith 3	FP
4/18						628509			Filter 1	FP
4/18									Filter 2	FP
4/18							629611	10,200	Faith 3	FP

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Picciola Island
Month/Year: Apr 07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/9	CLR		2"	2HRS					Basin	FP

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Piney Woods / Silver Lake
Month/Year: 4-07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/4	Rust	1.1	2"	30 min					Kirk Lake	FP Cust

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida.

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Stone Mountain
Month/Year: Apr 07

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			

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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Maximum Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

2-9-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3354112	Plant Name: Summit Chase

III. Daily Data for the Month/Year of: January-07

Means of Achieving Four-Log Virus Inactivation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:
[X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation*	Net Quantity of Finished Water Produced (gal)*	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation (If Applicable)										Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Related to Treatment or Water System Components (Optional)
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp of Water (°C)	Disinfection Inactivation Ratio (CTcalc/CTreq) (If Applicable)	Minimum CT Required (mg-min/L)	Log Inactivation Provided During Peak Flow	Minimum UV Dose Required (mJ/cm2)	Minimum UV Dose Provided (mJ/cm2)		
1	X	24 hrs	39,400		1.6									1	
2	X	24 hrs	41,200		1.5									1	
3	X	24 hrs	70,900		1.5									1.0	
4	X	24 hrs	38,200		0.8									0.4	
5	X	24 hrs	58,300		1.3									0.8	
6	X	24 hrs	76,100		1.3										
7		24 hrs	46,000												
8	X	24 hrs	46,000		2									1.3	
9	X	24 hrs	30,200		1.6									1.0	
10	X	24 hrs	67,200		1.5									1.0	
11	X	24 hrs	33,600		1									0.5	
12	X	24 hrs	58,500		1.2									0.6	
13	X	24 hrs	71,400		1										
14		24 hrs	52,000												
15	X	24 hrs	52,000		1.2									0.8	
16	X	24 hrs	33,200		1.1									0.8	
17	X	24 hrs	67,000		1.1									0.8	
18	X	24 hrs	30,700		1.5									1.0	
19	X	24 hrs	58,400		1.4									1.0	
20	X	24 hrs	119,900		1.3										
21		24 hrs	46,400												
22	X	24 hrs	46,400		1.6									1.2	
23	X	24 hrs	39,600		1.5									1.2	
24	X	24 hrs	65,500		1.5									1.2	
25	X	24 hrs	41,200		1.6									1.2	
26	X	24 hrs	66,500		1.2									0.8	
27	X	24 hrs	74,800		1.2										
28		24 hrs	55,000												
29	X	24 hrs	55,000		1.3									1.0	
30	X	24 hrs	44,700		1.5									1.2	
31	X	24 hrs	53,300		1.5									1.2	
Total			1,678,600												
Average			54,148												
Maximum			119,900												

** 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

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

3-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C6813

License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **February-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration (C) at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	32,500		1.2								1	
2	X	24 hrs	54,500		1.6								1.2	
3	X	24 hrs	62,200		1.5									
4		24 hrs	52,600											
5	X	24 hrs	52,600		1.2								1.0	
6	X	24 hrs	28,300		1.1								1.0	
7	X	24 hrs	74,500		1.8								1.2	
8	X	24 hrs	34,000		1.5								1.1	
9	X	24 hrs	52,800		1.3								1.3	
10	X	24 hrs	71,400		1									
11		24 hrs	45,900											
12	X	24 hrs	45,900		1.2								1.0	
13	X	24 hrs	38,900		0.8								2.0	
14	X	24 hrs	48,000		1.8								2.2	
15	X	24 hrs	30,600		1								2.0	
16	X	24 hrs	62,400		1								2.0	
17		24 hrs	50,000											
18	X	24 hrs	50,000		1.3									
19	X	24 hrs	67,200		1.3								1.0	
20	X	24 hrs	76,800		1.1								0.8	
21	X	24 hrs	73,000		1.1								0.8	
22	X	24 hrs	30,700		1.8								1.2	
23	X	24 hrs	60,800		1.3								1.0	
24	X	24 hrs	59,900		1.3									
25		24 hrs	54,500											
26	X	24 hrs	54,500		1.8								1.3	
27	X	24 hrs	46,500		1.1								1.0	
28	X	24 hrs	23,500		1.4								1.1	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			1,434,500											
Average			51,232											
Maximum			76,800											

** 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

I. General Information for the Month/Year of: March-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

4-9-07

Signature and Date

Will Fontaine

Printed or Typed Name

C6813

License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **March-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

				CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations*							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in the Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1	X	24 hrs	27,400		1.8								1.2	
2	X	24 hrs	33,100		1.6								1.2	
3	X	24 hrs	62,500		1.5									
4		24 hrs	54,100											
5	X	24 hrs	54,100		1.5								1.2	
6	X	24 hrs	29,500		1.3								1.0	
7	X	24 hrs	79,600		1.5								1.0	
8	X	24 hrs	37,500		1.3								1.0	
9	X	24 hrs	55,800		1.5								1.0	
10		24 hrs	55,800											
11	X	24 hrs	55,900		1.3									
12	X	24 hrs	60,200		1.5								1.0	
13	X	24 hrs	38,800		1.3								1.0	
14	X	24 hrs	83,700		1.3								1.0	
15	X	24 hrs	33,700		1.8								1.4	
16	X	24 hrs	53,400		1.5								1.1	
17	X	24 hrs	74,400		1.5									
18		24 hrs	45,500											
19	X	24 hrs	45,500		1.4								1.1	
20	X	24 hrs	34,800		1.3								1.0	
21	X	24 hrs	67,800		1.3								1.0	
22	X	24 hrs	37,300		1.6								1.1	
23	X	24 hrs	55,700		1.4								1.0	
24	X	24 hrs	77,300		0.7									
25		24 hrs	54,400											
26	X	24 hrs	54,400		1.6								1.0	
27	X	24 hrs	44,300		1.5								1.0	
28	X	24 hrs	73,900		1.6								1.0	
29	X	24 hrs	44,600		1.5								1.0	
30	X	24 hrs	57,100		1.6								1	
31	X	24 hrs	52,800		1.1									
Total			1,634,900											
Average			52,739											
Maximum			83,700											

** 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

I. General Information for the Month/Year of: April-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

5-4-07

Signature and Date

Will Fontaine

Printed or Typed Name

C6813

License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: April-07

Means of Achieving Four-Log Virus Inactivation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced: gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable								Disinfectant Residual Concentration in Distribution System: mg/L	Emergency or Abnormal Operating Conditions, Source, Maintenance Work, Valve Taking Water System Components Out of Operation, etc.
				CT Calculations				UV Dose					
				Peak Flow Rate: gpd	(A) Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing: mg/L	(B) Disinfectant Contact Time (T) at C Measurement Point During Peak Flow: minutes	(A) x (B) Lowest CT Provided Before or at First Customer During Peak Flow: mg-min/L	Temp. of Water: °C	pH of Water Applicable	Minimum UV Dose Required: mW-sec/cm2	Lowest Operating UV Dose: mW-sec/cm2	Minimum UV Dose Required: mW-sec/cm2	
1		24 hrs	61,800										
2	X	24 hrs	61,800		1.2							1	
3	X	24 hrs	44,600		1.5							1.0	
4	X	24 hrs	76,800		1.5							1.0	
5	X	24 hrs	41,700		1.6							1.2	
6	X	24 hrs	63,900		1.5							1.0	
7	X	24 hrs	91,500		1.5								
8		24 hrs	61,000										
9	X	24 hrs	61,000		1.5							1.0	
10	X	24 hrs	35,300		1.8							1.2	
11	X	24 hrs	57,100		1.6							1.1	
12	X	24 hrs	38,500		1.6							1.0	
13	X	24 hrs	51,300		1.6							1.0	
14	X	24 hrs	79,400		1.5								
15		24 hrs	47,000										
16	X	24 hrs	47,000		1.6							1.0	
17	X	24 hrs	42,500		1.6							1.0	
18	X	24 hrs	68,900		1.5							1.0	
19	X	24 hrs	39,700		1.6							1.0	
20	X	24 hrs	65,200		1.5							1.0	
21	X	24 hrs	84,300		1.5								
22		24 hrs	46,900										
23	X	24 hrs	46,900		1.5							1.0	
24	X	24 hrs	54,500		1.5							1.0	
25	X	24 hrs	48,900		1.6							1.0	
26	X	24 hrs	71,700		1.6							1.0	
27	X	24 hrs	59,200		1.6							1.1	
28	X	24 hrs	52,600		1.5								
29		24 hrs	69,300										
30	X	24 hrs	69,300		1.5							1	
31		24 hrs											
Total			1,739,600										
Average			57,987										
Maximum			91,500										

** 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

I. General Information for the Month/Year of: May-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

6-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C6813

License Number

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

PWS Identification Number: 3354112 | Plant Name: Summit Chase

III. Daily Data for the Month/Year of: May-07

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	79,200		1.5								1	
2	X	24 hrs	52,300		1.5								1	
3	X	24 hrs	78,200		1.6								1.1	
4	X	24 hrs	64,400		1.5								1.0	
5	X	24 hrs	53,300		1.5									
6		24 hrs	81,400											
7	X	24 hrs	81,400		1.6								1.1	
8	X	24 hrs	82,400		1.5								1.0	
9	X	24 hrs	42,000		1.6								1.1	
10	X	24 hrs	87,500		1.6								1.1	
11	X	24 hrs	55,700		1.5								1.1	
12	X	24 hrs	64,800		1.5									
13		24 hrs	22,900											
14	X	24 hrs	22,900		1.6								1.1	
15	X	24 hrs	86,000		1.6								1.1	
16	X	24 hrs	46,900		1.5								1.0	
17	X	24 hrs	85,400		1.6								1.1	
18	X	24 hrs	67,000		1.5								1.0	
19	X	24 hrs	47,700		1.5									
20		24 hrs	78,400											
21	X	24 hrs	70,400		1.6								1.0	
22	X	24 hrs	29,200		1.5								1.0	
23	X	24 hrs	45,800		1.5								1.0	
24	X	24 hrs	78,800		1.6								1.1	
25	X	24 hrs	81,900		1.5								1.0	
26	X	24 hrs	40,130		1.6									
27		24 hrs	92,000											
28	X	24 hrs	92,000		1.5								1.1	
29	X	24 hrs	46,000		1.5								1.0	
30	X	24 hrs	43,500		1.5								1	
31	X	24 hrs	81,800		1.6								1.1	
Total			1,981,330											
Average			63,914											
Maximum			92,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: June-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

7-607

Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **June-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed and/or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	* GT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable *							* UV Dose *			
				GT Calculations										
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C's Measurement Point During Peak Flow, minutes	Lowest GT Provided Before or At First Customer During Peak Flow, mg-min/L	Log Inactivation Achieved	pH of Water, if Applicable	Minimum GT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration (C) Before Point of First Distribution System, mg/L	Emergency or Abnormal Operating Conditions or Repair or Maintenance Which Could Affect Water System Components Out of Operation
1	X	24 hrs	80,900		1.6								1	
2	X	24 hrs	64,400		1.5									
3		24 hrs	93,900											
4	X	24 hrs	93,900		1.5								1.0	
5	X	24 hrs	35,200		1.5								1.0	
6	X	24 hrs	43,300		1.6								1.0	
7	X	24 hrs	88,300		1.4								1.0	
8	X	24 hrs	46,200		1.4								1.0	
9	X	24 hrs	37,300		1.5									
10		24 hrs	67,400											
11	X	24 hrs	67,400		1.5								1.0	
12	X	24 hrs	29,300		1.5								1.0	
13	X	24 hrs	31,800		1.3								1.0	
14	X	24 hrs	88,300		1.8								1.4	
15	X	24 hrs	39,000		1.1								1.6	
16	X	24 hrs	56,300		1.5									
17		24 hrs	11,200											
18	X	24 hrs	11,200		1.4								1.0	
19	X	24 hrs	39,500		1.6								1.2	
20	X	24 hrs	38,200		1.5								1.1	
21	X	24 hrs	39,900		1.5								1.1	
22	X	24 hrs	104,650		1.4								1.0	
23	X	24 hrs	73,000		1.3									
24		24 hrs	131,100											
25	X	24 hrs	131,100		1.3								1.0	
26	X	24 hrs	160,000		1.1								0.6	
27	X	24 hrs	23,800		0.5								0.6	
28	X	24 hrs	86,900		1.5								1.1	
29	X	24 hrs	87,000		1.5								1.0	
30	X	24 hrs	54,300		0.9									
31		24 hrs												
Total			1,954,750											
Average			65,158											
Maximum			160,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: July-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community		[ ] Consecutive
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:		763
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:		352/787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

8-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **July-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Was Plant Staffed for Entire Hours of Operation (Place an "X")	Hours of Pumping Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable *									Lowest Residual Disinfectant Concentration (C) in Water Entering the Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work Carried Out or Other Changes in Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) Measurement Point During Peak Hourly Flow (minutes)	Lowest CT Provided Before or At First Customer During Peak Hourly Flow (mg-min/L)	Temp. of Water (°C)	Peak Hourly Flow Rate Applicable to UV (gpm)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Operating UV Dose Applied (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1		24 hrs	96,800											
2	X	24 hrs	96,800		1.5								1.1	
3	X	24 hrs	27,300		1.7								1.2	
4	X	24 hrs	33,100		1.5								1.1	
5	X	24 hrs	86,000		1.3								0.9	
6	X	24 hrs	90,200		1.7								1.3	
7	X	24 hrs	46,100		1.9									
8		24 hrs	90,300											
9	X	24 hrs	90,300		1.6								1.1	
10	X	24 hrs	41,000		1.5								1.1	
11	X	24 hrs	33,100		1.4								1.0	
12	X	24 hrs	84,500		1.5								1.1	
13	X	24 hrs	98,600		1.4								1.0	
14	X	24 hrs	40,700		1.5									
15		24 hrs	91,500											
16	X	24 hrs	91,500		1.6								1.1	
17	X	24 hrs	32,100		1.5								1.0	
18	X	24 hrs	39,100		1.5								1.0	
19	X	24 hrs	82,600		1.4								1.0	
20	X	24 hrs	103,700		1.5								1.0	
21	X	24 hrs	37,900		1.5									
22		24 hrs	87,100											
23	X	24 hrs	87,100		1.5								1.1	
24	X	24 hrs	36,200		1.6								1.1	
25	X	24 hrs	32,500		1.5								1.1	
26	X	24 hrs	84,200		1.5								1.0	
27	X	24 hrs	28,400		1.4								1.0	
28	X	24 hrs	36,800		1.7									
29		24 hrs	61,600											
30	X	24 hrs	61,600		1.5								1	
31	X	24 hrs	28,600		1.4								1	
Total			1,977,300											
Average			63,784											
Maximum			103,700											

** 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

I. General Information for the Month/Year of: August-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators, if any	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

9-7-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: August-07

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Was Plant Staffed & Operating? (Yes/No)	# Hours Plant Operated	Net Quantity of Finished Water Produced (gals)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*											Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency Events/Unusual Operating Conditions/Repairs/Maintenance Work Performed on Water System Components Out of Operation*
				Peak Hourly Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Before First Customer During Peak Flow, min	Lowest CT Provided Before or At First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2				
1	X	24 hrs	38,000		1.5										1	
2	X	24 hrs	92,800		1.4										1	
3	X	24 hrs	27,800		1.5										1.1	
4		24 hrs	145,350													
5	X	24 hrs	145,350		1.5											
6	X	24 hrs	138,000		1.4										1.0	
7	X	24 hrs	73,300		1.5										1.1	
8	X	24 hrs	37,600		1.5										1.1	
9	X	24 hrs	92,700		1.3										1.0	
10	X	24 hrs	32,300		1.3										1.0	
11	X	24 hrs	38,300		1.5											
12		24 hrs	64,600													
13	X	24 hrs	64,600		1.4										1.1	
14	X	24 hrs	30,000		1.4										1.0	
15	X	24 hrs	39,400		1.3										1.0	
16	X	24 hrs	151,800		1.3										1.0	
17	X	24 hrs	32,500		1.3										1.0	
18	X	24 hrs	43,400		1.3											
19		24 hrs	86,600													
20	X	24 hrs	86,600		1.4										1.0	
21	X	24 hrs	28,800		1.3										1.0	
22	X	24 hrs	43,100		1.3										1.0	
23	X	24 hrs	127,100		1.4										1.1	
24	X	24 hrs	31,700		1.5										1.0	
25	X	24 hrs	49,300		1.4											
26		24 hrs	83,700													
27	X	24 hrs	83,700		1										0.8	
28	X	24 hrs	27,100		1.5										1.0	
29	X	24 hrs	34,900		1.4										1.0	
30	X	24 hrs	129,420		1.3										1	
31	X	24 hrs	25,700		1.2										0.8	
Total			2,125,520													
Average			68,565													
Maximum			151,800													

** 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

I. General Information for the Month/Year of: September-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

10-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **September-07**

Means of Achieving Four-Log Virus Inactivation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:
[X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	45,500		1.2									
2		24 hrs	78,500											
3	X	24 hrs	78,500		1.2								0.9	
4	X	24 hrs	35,400		1.3								1.0	
5	X	24 hrs	41,000		1.3								1.1	
6	X	24 hrs	95,400		1.5								1.1	
7	X	24 hrs	30,900		1.4								1.0	
8	X	24 hrs	51,100		1.4									
9		24 hrs	83,400											
10	X	24 hrs	83,400		1.3								1.0	
11	X	24 hrs	29,300		1.4								1.0	
12	X	24 hrs	47,450		1.2								1.0	
13	X	24 hrs	80,800		1.2								1.0	
14	X	24 hrs	82,800		1.3								1.0	
15	X	24 hrs	43,400		1.3									
16		24 hrs	84,600											
17	X	24 hrs	84,600		1.2								1.0	
18	X	24 hrs	28,000		1.3								1.0	
19	X	24 hrs	39,400		1.3								1.0	
20	X	24 hrs	129,130		1.2								1.0	
21	X	24 hrs	23,000		1.3								1.0	
22	X	24 hrs	44,700		1.4									
23		24 hrs	83,900											
24	X	24 hrs	83,900		1.5								1.0	
25	X	24 hrs	24,400		1.4								1.0	
26	X	24 hrs	48,200		1.3								1.0	
27	X	24 hrs	129,700		1.3								1.0	
28	X	24 hrs	28,200		1.4								1.1	
29	X	24 hrs	48,900		1.3									
30		24 hrs	16,542											
31		24 hrs												
Total			1,804,022											
Average			60,134											
Maximum			129,700											

** 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

I. General Information for the Month/Year of: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	220		Total Population Served at End of Month:	770	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

11-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3354112 | Plant Name: Summit Chase

III. Daily Data for the Month/Year of: **October, 2007**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, C (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lower CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration in Remote Portion of Distribution System, mg/L	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation:
1	X	24 hrs	55,200		1.3								1	
2	X	24 hrs	24,000		1.3								1	
3	X	24 hrs	40,100		1.2								1.0	
4	X	24 hrs	97,900		1.4								1.1	
5	X	24 hrs	32,100		1.4								1.1	
6	X	24 hrs	51,400		1.4									
7		24 hrs	93,400											
8	X	24 hrs	93,400		1.3								1.0	
9	X	24 hrs	32,300		1.5								1.1	
10	X	24 hrs	53,500		1.2								0.8	
11	X	24 hrs	135,000		1.3								1.0	
12	X	24 hrs	92,300		1.3								1.1	
13	X	24 hrs	111,100		1.3									
14		24 hrs	127,300										1.0	X - Reported outage due to main break
15	X	24 hrs	127,300		1.2								1.1	
16	X	24 hrs	30,250		1.3								1.0	
17	X	24 hrs	44,720		1.3								1.0	
18	X	24 hrs	98,600		1.3								1.0	
19	X	24 hrs	25,800		1.2									
20	X	24 hrs	45,830		1.2								1.0	
21		24 hrs	82,840		1.1								1.0	
22	X	24 hrs	82,840		1.2								1.1	
23	X	24 hrs	32,850		1.4								1.0	
24	X	24 hrs	43,200		1.3								1.1	
25	X	24 hrs	151,460		1.4								1.0	
26	X	24 hrs	25,500		1.3									
27	X	24 hrs	14,200		1.3									
28		24 hrs	93,000										1.0	
29	X	24 hrs	93,000		1.3								1	
30	X	24 hrs	24,500		1.3								1	
31	X	24 hrs	62,800		1.4									
Total			2,117,690											
Average			68,313											
Maximum			151,460											

** 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

I. General Information for the Month/Year of: November-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase	PWS Identification Number:	3354112
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	220	Total Population Served at End of Month:	770
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Summit Chase	Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

12-6-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3354112	Plant Name: Summit Chase

III. Daily Data for the Month/Year of: November-07

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines) [ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of Month	Plant Operated	Hours Plant Operated	Finished Water Produced (gallons)	Peak Hourly Flow Rate (gpm)	Free Chlorine Residual Entering First Customer (Before Peak Hourly Flow) (mg/L)	Minimum Contact Time (Baffling Factor x Tank Volume) at Peak Hourly Flow (minutes)	Temp. of Water (°C)	Actual Log Inactivation Provided	Minimum Required Log Inactivation	Free Chlorine Residual in Distribution System (mg/L)	Combined Chlorine Residual in Distribution System (mg/L)	Lowest Chlorine Residual in Distribution System (mg/L)	Comments (Reason for Interruptions, Start-Up Conditions, Other Significant Events)
1	X	24 hrs	102,200		1.3							1	
2	X	24 hrs	23,500		1.3							1	
3	X	24 hrs	31,300		1.3								
4		24 hrs	68,600										
5	X	24 hrs	68,600		1.2							0.8	
6	X	24 hrs	23,900		1.2							0.8	
7	X	24 hrs	47,800		1.2							0.8	
8	X	24 hrs	99,000		1.3							1.0	
9	X	24 hrs	37,900		1.3							1.0	
10		24 hrs	64,200										
11	X	24 hrs	64,200		1.2								
12	X	24 hrs	36,400		1.3							1.0	
13	X	24 hrs	31,900		1.3							1.0	
14	X	24 hrs	39,900		1.3							0.9	
15	X	24 hrs	104,700		1.2							0.9	
16	X	24 hrs	26,300		1.3							1.0	
17	X	24 hrs	29,400		1.6								
18		24 hrs	75,700										
19	X	24 hrs	75,700		1.4							1.0	
20	X	24 hrs	30,200		1.4							1.0	
21	X	24 hrs	43,600		1.3							1.0	
22	X	24 hrs	92,800		1.3							0.9	
23	X	24 hrs	33,600		1.4							1.0	
24	X	24 hrs	36,900		1.3								
25		24 hrs	67,900										
26	X	24 hrs	67,900		1.3							0.9	
27	X	24 hrs	28,700		1.3							0.8	
28	X	24 hrs	39,500		1.3							0.8	
29	X	24 hrs	86,900		1.2							0.8	
30	X	24 hrs	44,500		1.3							0.9	
31		24 hrs											
Total			1,623,700										
Average			54,123										
Maximum			104,700										

** 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

I. General Information for the Month/Year of: December-07

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	220		Total Population Served at End of Month:	770	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

1-9-08
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: December-07

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant Staffed or Visited by Operator (Place "X")	Hours Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									
				CT Calculations						UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or At First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Residual Disinfectant Concentration (C) at Point in Distribution System, mg/L	Emergency Information Regarding Operating Conditions That Involved Taking Water System Components Out of Operation, etc.
1	X	24 hrs	30,700		1.3								0.8	
2		24 hrs	70,600											
3	X	24 hrs	70,600		1.3								0.8	
4	X	24 hrs	30,200		1.3								0.8	
5	X	24 hrs	42,600		1.4								0.9	
6	X	24 hrs	102,600		1.3								0.8	
7		24 hrs	67,400											
8	X	24 hrs	45,500		1.3									
9		24 hrs	45,500											
10	X	24 hrs	45,500		1.2								0.8	
11	X	24 hrs	27,600		1.4								1.0	
12	X	24 hrs	45,500		1.4								1.0	
13	X	24 hrs	110,600		1.3								0.9	
14	X	24 hrs	26,200		1.3								0.8	
15	X	24 hrs	43,100		2									
16		24 hrs	62,800											
17	X	24 hrs	62,800		1.2								0.8	
18	X	24 hrs	25,300		1								0.8	
19	X	24 hrs	34,500		1								0.8	
20	X	24 hrs	104,100		1								0.8	
21	X	24 hrs	25,900		0.9								0.5	
22	X	24 hrs	33,500		1.5									
23		24 hrs	67,100											
24	X	24 hrs	67,100		1.3								1.0	
25	X	24 hrs	30,700		1.3								1.0	
26	X	24 hrs	39,600		1								0.7	
27	X	24 hrs	102,600		1.2								0.8	
28	X	24 hrs	26,800		1.8								1.2	
29	X	24 hrs	35,800		1.9									
30		24 hrs	69,500											
31	X	24 hrs	69,500		2								1.4	
Total			1,661,800											
Average			53,606											
Maximum			110,600											

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

PWS ID:	3354112	Plant Name:	Summit Chase

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No

follows:

Polymer Dose ppm =		Acrylamide Level, %[1] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

[1] 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

See page 4 for instructions

I. General Information for the Month/Year of: January-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	77,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	Operator Class	License Number	Day(s) Staffed/Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator(s)	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

2-21-06 — Will Fontaine — C6813

Signature and Date — Printed or Typed Name — License Number

Revised 2-21-06

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3354112	Plant Name: Summit Chase

III. Daily Data for the Month/Year of: **January-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines) [ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of Month	Was Plant Operated on This Day? (X)	Hours Plant Operated	Quantity of Finished Water Produced (gal)	For Each Disinfection Segment Applied to Raw Water Before Entering Distribution System: Lowest Measured Disinfectant Concentration (mg/L)	Disinfectant Contact Time Measured for Lowest Concentration (minutes)	Lowest Calculated Ratio of Actual Contact Time to Theoretical Contact Time	Point of Water Entry	Name of Segment, if Applicable	Minimum CT Required for Virus Inactivation	For Each Entry Point: Lowest Measured Disinfectant Concentration (mg/L)	Minimum Daily Residual (mg/L)	Lowest Residual Disinfectant Concentration in Remote Part of Distribution System (mg/L)	Comments or Abnormal Operating Conditions (Equipment Malfunctions, Water Quality Changes, Emergency Conditions, etc.)
1		24 hrs	27,900										
2	X	24 hrs	27,900		1.6							1.2	
3	X	24 hrs	24,840		1.5							1.2	
4	X	24 hrs	25,200		1.5							1.1	
5	X	24 hrs	28,800		1.5							1.1	
6	X	24 hrs	30,240		1.5							1.2	
7	X	24 hrs	20,160		1.5								
8		24 hrs	31,140										
9	X	24 hrs	31,140		1.5							1.1	
10	X	24 hrs	13,680		1.5							1.2	
11	X	24 hrs	26,280		1.4							1.0	
12	X	24 hrs	19,440		1.6							1.2	
13	X	24 hrs	16,560		1.6							1.2	
14	X	24 hrs	20,880		1.5								
15		24 hrs	23,400										
16	X	24 hrs	23,400		1.5							1.2	
17	X	24 hrs	19,440		1.1							0.7	
18	X	24 hrs	26,280		2							1.5	
19	X	24 hrs	26,390		1.5							1.1	
20	X	24 hrs	40,200		1.5							1.1	
21	X	24 hrs	34,420		1.5								
22		24 hrs	38,100										
23	X	24 hrs	38,100		1.5							1.1	
24	X	24 hrs	37,600		1.5							1.1	
25	X	24 hrs	36,700		1.7							1.3	
26	X	24 hrs	41,150		1.5							1.0	
27	X	24 hrs	31,700		1.3							1.0	
28	X	24 hrs	26,700		1.3								
29		24 hrs	39,900										
30	X	24 hrs	39,900		1.6							1.2	
31	X	24 hrs	26,000		1.7							1.3	
Total			893,540										
Average			28,824										
Maximum			41,150										

** 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

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	77,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **February-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Was Water Pumped From Source(s) of Supply? (Yes or No)	Hours Plant Operated	Total Gallons Pumped (Including Backwash)	Backwash Gallons Used	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Number of Hours Disinfectant Residual Was Below Minimum	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Location of Lowest Disinfectant Residual in Distribution System	Was Water Treated Before Entering Distribution System? (Yes or No)	Lowest Temperature of Water Entering Distribution System (°C)	Highest Temperature of Water Entering Distribution System (°C)	Lowest Disinfectant Residual in Distribution System (mg/L)	Remarks - Unusual Conditions, Water Quality Problems, Repairs, Maintenance, Etc.
1	X	24 hrs	36,600		1.6									1.3	
2	X	24 hrs	33,700		1.5									1.2	
3	X	24 hrs	41,000		1.5									1.2	
4	X	24 hrs	30,900		1.5										
5		24 hrs	36,900												
6	X	24 hrs	36,900		1.5									1.1	
7	X	24 hrs	33,400		1.5									1.2	
8	X	24 hrs	44,800		1.4									1.1	
9	X	24 hrs	38,500		1.4									1.1	
10	X	24 hrs	37,700		1.7									1.3	
11	X	24 hrs	34,100		1.5										
12		24 hrs	41,000												
13	X	24 hrs	41,000		1.5									1.1	
14	X	24 hrs	43,200		1.5									1.2	
15	X	24 hrs	28,500		1.7									1.3	
16	X	24 hrs	36,600		1.6									1.3	
17	X	24 hrs	34,800		1.6									1.3	
18	X	24 hrs	33,300		1.6										
19		24 hrs	47,600												
20	X	24 hrs	47,600		1.5									1.2	
21	X	24 hrs	32,900		1.5									1.1	
22	X	24 hrs	29,000		1.6									1.1	
23	X	24 hrs	65,900		1.5									1.0	
24	X	24 hrs	55,800		1.5									1.1	
25	X	24 hrs	32,000		1.5										
26		24 hrs	54,450												
27	X	24 hrs	54,450		1.5									1.1	
28	X	24 hrs	34,600		1.5									1.1	
29		24 hrs													
30		24 hrs													
31		24 hrs													
TOT			1,117,200												
AVG			39,900												
MAX			65,900												

** 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

I. General Information for the Month/Year of: March-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	77,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	Residence Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	*Marty Neal*	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

Signature and Date	Printed or Typed Name	License Number
4-6-06	Will Fontaine	C6813

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of:	March-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines) [ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant in Operation Today? (Yes or No)	Hours Plant Operated	Finished Water Pumped (gallons)	Purchased Finished Water (gallons)	Disinfectant Used for Virus Inactivation and/or Primary Disinfection (Chlorine, Chlorine Dioxide, Ozone, Chloramines, UV)	Disinfectant Dose (mg/L)	Contact Time (minutes)	Disinfectant Used for Residual Disinfection (Chlorine, Chlorine Dioxide, Chloramines)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Number of Positive Coliform Samples	Number of Fecal Coliform or E. coli Positive Samples	Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Remarks (Including Information about Treated or Finished Water Quality, Distribution System Problems, Chemical Use, Flushing, Additional Water Supplied, Power Failures, Emergency Conditions, Source Water Changes, Treatment Changes, Cross-Connection Problems, Algal Blooms, Seasonal Conditions, Significant Unusual Events, Etc.)
1	X	24 hrs	40,800		1.5								1.2	
2	X	24 hrs	48,600		1.4								1.1	
3	X	24 hrs	53,400		1.5								1.1	
4	X	24 hrs	33,400		1.6									
5		24 hrs	50,100											
6	X	24 hrs	50,100		1.7								1.3	
7	X	24 hrs	36,500		1.6								1.2	
8	X	24 hrs	27,400		1.6								1.2	
9	X	24 hrs	62,400		1.5								1.1	
10	X	24 hrs	52,100		1.3								1.0	
11	X	24 hrs	28,300		1.3									
12		24 hrs	52,000											
13	X	24 hrs	52,000		1.4								1.1	
14	X	24 hrs	40,800		1.4								1.1	
15	X	24 hrs	24,300		1.5								1.1	
16	X	24 hrs	53,200		1.5								1.2	
17	X	24 hrs	49,800		1.5								1.2	
18	X	24 hrs	32,300		1.5									
19		24 hrs	52,500											
20	X	24 hrs	52,500		1.5								1.1	
21	X	24 hrs	26,900		1.5								1.2	
22	X	24 hrs	47,100		1.5								1.2	
23	X	24 hrs	62,400		1.5								1.2	
24	X	24 hrs	43,800		1.7								1.2	
25		24 hrs	66,400											
26	X	24 hrs	66,400		1.5									
27	X	24 hrs	59,100		1.5								1.1	
28	X	24 hrs	25,600		1.5								1.1	
29	X	24 hrs	68,500		1.5								1.2	
30	X	24 hrs	56,400		1.3								1	
31	X	24 hrs	70,200		1.4								1	
Total			1,485,300											
Average			47,913											
Maximum			70,200											

** 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

I. General Information for the Month/Year of: April-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	77,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Type of Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

5-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: April-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant Source of Water (Enter X for Both if Both)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	Residual Disinfectant Concentration Required (mg/l)	Lowest Residual Disinfectant Concentration Measured in Treatment Plant Effluent (mg/l)	Time of Measurement of Lowest Residual Disinfectant Concentration in Treatment Plant Effluent	Lowest Residual Disinfectant Concentration Measured in Distribution System (mg/l)	Time of Measurement of Lowest Residual Disinfectant Concentration in Distribution System	Temperature of Water Sample (°C)	pH of Water Sample	Contact Time (min) Provided by Applied Disinfectant	Log Inactivation/Removal of Giardia lamblia Cysts Achieved by Applied Disinfectant	Log Inactivation/Removal of Viruses Achieved by Applied Disinfectant	Lowest Residual Disinfectant Concentration in Distribution System (mg/l)	Time of Occurrence of Abnormal Operating Conditions (Events Which May Require Notifying Water System Components Out of Operation)
1	X	24 hrs	36,900		1.4										
2		24 hrs	65,500												
3	X	24 hrs	65,500		1.5									1.1	
4	X	24 hrs	43,500		1.5									1.1	
5	X	24 hrs	69,700		1.6									1.2	
6	X	24 hrs	33,300		1.6									1.2	
7	X	24 hrs	76,800		1.5									1.0	
8	X	24 hrs	62,500		1.5										
9		24 hrs	42,300												
10	X	24 hrs	42,300		2.1									1.5	
11	X	24 hrs	39,500		2									1.5	
12	X	24 hrs	43,600		1.8									1.3	
13	X	24 hrs	33,600		1.6									1.2	
14	X	24 hrs	77,600		1.6									1.2	
15	X	24 hrs	51,900		1.5										
16		24 hrs	71,750												
17	X	24 hrs	71,750		1.7									1.3	
18	X	24 hrs	40,200		1.7									1.3	
19	X	24 hrs	60,400		1.6									1.2	
20	X	24 hrs	71,000		1.6									1.1	
21	X	24 hrs	45,500		1.5									1.1	
22	X	24 hrs	40,600		1.5										
23		24 hrs	70,800												
24	X	24 hrs	70,800		1.4									1.1	
25	X	24 hrs	58,500		1.5									1.1	
26	X	24 hrs	37,400		1.5									1.2	
27	X	24 hrs	41,600		1.5									1.1	
28	X	24 hrs	73,800		1.7									1.3	
29	X	24 hrs	38,600		1.7										
30		24 hrs	74,750												
31		24 hrs													
Total			1,651,950												
Average			55,065												
Maximum			77,600												

** 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

I. General Information for the Month/Year of: *May-06*

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	77,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Operator Type	Name	Class of License	License Number	Days per Week Visited Plant
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator(s)	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

6-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month Year of: **May-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

	X	24 hrs	74,750		1.5							1.1	
	X	24 hrs	40,300		1.5							1.1	
	X	24 hrs	70,900		1.5							1.2	
	X	24 hrs	29,400		1.4							1.0	
	X	24 hrs	93,900		1.4							1.1	
	X	24 hrs	41,700		1.5								
		24 hrs	48,500										
	X	24 hrs	48,500		1.3							1.0	
	X	24 hrs	34,000		1.3							1.0	
	X	24 hrs	45,700		1.3							1.1	
	X	24 hrs	36,600		1.5							1.1	
	X	24 hrs	48,800		1.5							1.1	
	X	24 hrs	46,200		1.5								
		24 hrs	67,200										
	X	24 hrs	67,200		1.4							1.1	
	X	24 hrs	40,100		1.5							1.1	
	X	24 hrs	33,000		1.5							1.1	
	X	24 hrs	36,200		1.7							1.3	
	X	24 hrs	108,200		1.8							1.3	
	X	24 hrs	32,400		1.7								
		24 hrs	77,400										
	X	24 hrs	77,400		1.6							1.2	
	X	24 hrs	36,400		1.6							1.2	
	X	24 hrs	49,400		1.5							1.2	
	X	24 hrs	26,200		1.4							1.1	
	X	24 hrs	77,200		1.4							1.1	
	X	24 hrs	38,700		1.5								
		24 hrs	35,000										
	X	24 hrs	35,000		1.5							1.2	
	X	24 hrs	44,300		1.5							1.1	
	X	24 hrs	68,800		1.2							0.9	
			1,609,350										
			51,915										
			108,200										

** 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

I. General Information for the Month/Year of: June-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

7-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: June-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: CT Calculations: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	41,900		1.3								0.9	
2	X	24 hrs	42,800		1.4								1	
3	X	24 hrs	69,600		1.3									
4		24 hrs	51,600											
5	X	24 hrs	51,600		1.3								1.0	
6	X	24 hrs	40,800		1.5								1.1	
7	X	24 hrs	68,700		1.2								0.8	
8	X	24 hrs	50,600		1.5								1.2	
9	X	24 hrs	50,200		1.2								0.9	
10	X	24 hrs	85,900		1.3									
11		24 hrs	57,100											
12	X	24 hrs	57,100		1.3								1.1	
13	X	24 hrs	44,500		1.3								1.1	
14	X	24 hrs	77,600		1.4								1.1	
15	X	24 hrs	31,900		1.4								1.1	
16	X	24 hrs	65,100		1.4								1.2	
17	X	24 hrs	76,200		1.5									
18		24 hrs	33,025											
19	X	24 hrs	33,025		1.5								1.1	
20	X	24 hrs	44,560		1.4								1.0	
21	X	24 hrs	66,000		1.5								1.1	
22	X	24 hrs	28,600		1.8								1.4	
23	X	24 hrs	51,400		1.5								1.2	
24	X	24 hrs	68,100		1.6									
25		24 hrs	39,300											
26	X	24 hrs	39,300		1.5								1.2	
27	X	24 hrs	29,000		1.5								1.2	
28	X	24 hrs	72,800		1.4								1.1	
29	X	24 hrs	33,500		1.4								1.0	
30	X	24 hrs	44,100		1.5								1.1	
31		24 hrs												
Total			1,545,910											
Average			51,530											
Maximum			85,900											

** 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

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase	PWS Identification Number:	3354112
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	218	Total Population Served at End of Month:	763
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Summit Chase	Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

Signature and Date	Printed or Typed Name	License Number
8-3-06	Will Fontaine	C6813

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **July-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Was Water from Source Used Today? (Enter X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	Calculations for CT Value to Demonstrate Four-Log Virus Inactivation, if Applicable							Calculations for Disinfectant Residual Entering Distribution System			
				Peak Hourly Flow Rate (gpm)	Lowest Required Disinfectant Concentration (C) for Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) for Peak Hourly Flow (minutes)	Lowest CT Provided During Peak Hourly Flow (mg-min/L)	Temp of Water (°C)	pH of Water, if Applicable	Minimum CT Required for 4-Log Inactivation	Lowest Operating Disinfectant Residual Entering Distribution System (mg/L)	Minimum Residual Required (mg/L)	Lowest Residual Disinfectant Concentration (C) Entering Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	67,800		1.5								1.1	
2		24 hrs	38,400											
3	X	24 hrs	38,400		1.4								1.1	
4	X	24 hrs	32,400		1.5								1.1	
5	X	24 hrs	72,800		1.5								1.2	
6	X	24 hrs	23,300		1.6								1.2	
7	X	24 hrs	48,400		1.6								1.2	
8	X	24 hrs	67,100		1.5								1.1	
9		24 hrs	45,000											
10	X	24 hrs	45,000		1.5								1.2	
11	X	24 hrs	29,500		1.5								1.1	
12	X	24 hrs	65,600		1.3								1.0	
13	X	24 hrs	29,600		1.3								1.1	
14	X	24 hrs	52,700		1.5								1.1	
15	X	24 hrs	69,700		1.4								1.1	
16		24 hrs	42,800											
17	X	24 hrs	42,800		1.5								1.1	
18	X	24 hrs	34,200		1.5								1.1	
19	X	24 hrs	72,100		1.5								1.2	
20	X	24 hrs	32,000		1.2								0.8	
21	X	24 hrs	52,000		1.7								1.2	
22	X	24 hrs	73,300		1.6								1.1	
23		24 hrs	40,500											
24	X	24 hrs	40,500		1.6								1.2	
25	X	24 hrs	27,600		1.5								1.2	
26	X	24 hrs	37,200		3								2.5	
27	X	24 hrs	54,800		2.8								2.5	
28	X	24 hrs	42,800		1.7								1.3	
29	X	24 hrs	42,600		1.6								1.2	
30		24 hrs	40,000											
31	X	24 hrs	40,000		1.6								1.2	
Total			1,440,900											
Average			46,481											
Maximum			73,300											

** 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

I. General Information for the Month/Year of: August-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Operator Type	Name	License Class	License Number	Day(s) Staffed or Visited
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Operator in Charge	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

9-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of: **August-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Was Plant Operated Today? (Yes/No)	Hours Plant Operated	Finished Water Pumped (gallons)	Lowest Disinfectant Concentration Entering Distribution System (mg/L)	Lowest Disinfectant Concentration Measured in Distribution System (mg/L)	Was Minimum Disinfectant Residual Maintained? (Yes/No)	Turbidity Measurements Meet Requirements? (Yes/No)	Was Chlorine Gas Used Today? (Yes/No)	Amount of Chlorine Gas Used (lbs)	Was Fluoride Added Today? (Yes/No)	Amount of Fluoride Added (lbs)	Was Polymer Added Today? (Yes/No)	Amount of Polymer Added (lbs)	Highest Disinfectant Concentration Measured in Distribution System (mg/L)	Remarks - Unusual Conditions/Operations/Maintenance
X	24 hrs	28,400		1.6									1.2	
X	24 hrs	74,600		0.9									0.5	
X	24 hrs	29,000		1.3									1.0	
X	24 hrs	46,600		1.3									1.0	
X	24 hrs	72,100		1.5										
	24 hrs	41,200												
X	24 hrs	41,200		1.4									1.0	
X	24 hrs	32,400		1.3									1.0	
X	24 hrs	68,300		1.3									1.0	
X	24 hrs	28,100		1.5									1.1	
X	24 hrs	50,200		1.3									1.0	
X	24 hrs	84,000		1.2										
	24 hrs	38,150												
X	24 hrs	38,150		1.3									1.0	
X	24 hrs	25,900		1.5									1.1	
X	24 hrs	75,300		1.4									1.1	
X	24 hrs	40,300		1.4									1.1	
X	24 hrs	40,000		1.4									1.1	
X	24 hrs	66,200		1.5										
	24 hrs	42,500												
X	24 hrs	42,500		1.5									1.1	
X	24 hrs	34,100		1.7									1.3	
X	24 hrs	53,600		1.7									1.3	
X	24 hrs	50,000		1.6									1.2	
X	24 hrs	42,600		1.5									1.2	
X	24 hrs	72,400		1.4										
	24 hrs	39,300												
X	24 hrs	39,300		1.4									1.1	
X	24 hrs	30,000		1.4									1.1	
X	24 hrs	78,600		1.4									1	
X	24 hrs	28,200		1.5									1.1	
		1,473,200												
		47,523												
		84,000												

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

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

See page 4 for instructions

I. General Information for the Month/Year of: September-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase	PWS Identification Number:	3354112
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218	Total Population Served at End of Month:	763
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Summit Chase	Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Type	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 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 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.

Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3354112	Plant Name: Summit Chase

III. Daily Data for the Month Year of: September-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Was Water Treated Each Day? (Yes/No)	Hours Plant Was in Operation	Finished Water Produced (gallons per day)	Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (mg/L) in Finished Water Entering the Distribution System	Disinfectant Contact Time (minutes) Measured in Finished Water Prior to First Customer	Lowest Disinfectant Residual Concentration (mg/L) Measured in Distribution System	Temperature of Water (°C)	Turbidity of Water (NTU) if Applicable	Minimum CT Value Required (mg-min/L)	Lowest Operating Log Removal/Inactivation Achieved by Disinfectant(s)	Minimum ORP Measured in Water Entering Distribution System (mV)	Highest Heterotrophic Plate Count (HPC) Result (CFU/mL) Measured in Distribution System	Highest Operating Pressure (psig) Recorded in Water System Components Out of Operation
1	X	24 hrs	53,100		1.4								1.1	
2	X	24 hrs	68,300		1.3									
3		24 hrs	39,700											
4	X	24 hrs	39,700		1.3								1.0	
5	X	24 hrs	38,800		1.4								1.2	
6	X	24 hrs	80,500		1.5								1.2	
7	X	24 hrs	40,000		1.5								1.2	
8	X	24 hrs	48,700		1.4								1.1	
9	X	24 hrs	70,400		1.3									
10		24 hrs	41,500											
11	X	24 hrs	41,500		1.3								1.0	
12	X	24 hrs	29,800		1.3								1.0	
13	X	24 hrs	75,000		1.4								1.2	
14	X	24 hrs	30,600		1.3								1.2	
15	X	24 hrs	48,500		1.3								1.1	
16	X	24 hrs	71,000		1.3									
17		24 hrs	41,200											
18	X	24 hrs	41,200		1.3								1.0	
19	X	24 hrs	35,600		1.3								1.1	
20	X	24 hrs	64,800		1.2								0.9	
21	X	24 hrs	35,800		1.2								0.9	
22	X	24 hrs	49,300		1.2								0.9	
23		24 hrs	57,850											
24	X	24 hrs	57,850		1.3									
25	X	24 hrs	44,100		1.3								1.1	
26	X	24 hrs	33,100		1.3								1.1	
27	X	24 hrs	76,500		1.5								1.1	
28	X	24 hrs	32,200		1.5								1.1	
29	X	24 hrs	44,600		1.6								1.2	
30	X	24 hrs	76,700		1.5									
31		24 hrs												
Total			1,507,900											
Average			50,263											
Maximum			80,500											

** 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

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase			Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

11-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3354112 | Plant Name: Summit Chase

III. Daily Data for the Month/Year of: **October-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of Month	Was Plant Operated?	Hours Plant Operated	Total Finished Water Produced (gallons)	Calculated CT Value for Virus Inactivation (if applicable)	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Location of Lowest Residual	Was Fluoride Added?	Fluoride Dose (mg/L)	Was Corrosion Control Chemical Added?	Corrosion Control Dose (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Treatment or Distribution System Problems/Special Studies
1		24 hrs	43,800										
2	X	24 hrs	43,800		1.4							1.1	
3	X	24 hrs	35,430		1.4							1.1	
4	X	24 hrs	62,100		1.3							1.0	
5	X	24 hrs	52,100		1.4							1.1	
6	X	24 hrs	60,300		1.6							1.2	
7	X	24 hrs	78,100		1.5								
8		24 hrs	47,350										
9	X	24 hrs	47,350		1.5							1.1	
10	X	24 hrs	32,800		1.5							1.1	
11	X	24 hrs	61,700		1.4							1.1	
12	X	24 hrs	41,500		1							0.7	
13	X	24 hrs	50,100		2.3							1.7	
14	X	24 hrs	63,600		1.3								
15		24 hrs	46,000										
16	X	24 hrs	46,000		1.5							1.2	
17	X	24 hrs	30,500		1.5							1.2	
18	X	24 hrs	72,100		1.5							1.2	
19	X	24 hrs	27,600		1.7							1.3	
20	X	24 hrs	43,000		1.4							1.1	
21	X	24 hrs	76,400		1.4								
22		24 hrs	45,400										
23	X	24 hrs	45,400		1.4							1.0	
24	X	24 hrs	31,700		1.5							1.1	
25	X	24 hrs	70,100		1.4							1.0	
26	X	24 hrs	31,600		1.5							1.1	
27	X	24 hrs	44,140		1.6							1.2	
28	X	24 hrs	70,800		1.5								
29		24 hrs	95,140										
30	X	24 hrs	95,140		1.4							1	
31	X	24 hrs	28,100		1.8							1.2	
			1,619,150										
			52,231										
			95,140										

** 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

I. General Information for the Month/Year of: November-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase			PWS Identification Number:	3354112
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218		Total Population Served at End of Month:	763	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Summit Chase		Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	Marty Neal	C	10027	6 Days per week
	John Worrell	C	6597	6 Days per week
	Jay Aldrich	C	6368	6 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 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.

12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month Year of: November-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant Operator On Duty?	Hours Plant Operated	Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work, etc. Involving Treating Water or System Components, Out of Operation, etc.
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Used for Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	Log of Virus Inactivation Achieved	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	76,800		1.6								1	
2	X	24 hrs	25,000		1.5								1	
3	X	24 hrs	60,800		1.8								1.1	
4	X	24 hrs	71,800		1.7									
5		24 hrs	62,700											
6	X	24 hrs	62,700		1.8								1.1	
7	X	24 hrs	28,400		1.6								1.0	
8	X	24 hrs	30,700		1.7								1.0	
9	X	24 hrs	27,300		1.6								1.3	
10	X	24 hrs	59,200		1.6								1.1	
11	X	24 hrs	73,600		1.5									
12		24 hrs	46,300											
13	X	24 hrs	46,300		1.5								1.0	
14	X	24 hrs	32,300		1.5								1.0	
15	X	24 hrs	74,200		1.6								1.1	
16	X	24 hrs	26,000		1.8								1.2	
17	X	24 hrs	58,400		2								1.2	
18	X	24 hrs	75,200		1.8									
19		24 hrs	46,500											
20	X	24 hrs	46,500		1.8								1.0	
21	X	24 hrs	34,000		1.6								0.8	
22	X	24 hrs	72,200		1.6								1.0	
23	X	24 hrs	27,200		1.5								1.0	
24	X	24 hrs	61,400		1.6								1.1	
25	X	24 hrs	77,800		1.5									
26		24 hrs	50,300											
27	X	24 hrs	50,300		1.5								1.0	
28	X	24 hrs	29,000		1.6								1.1	
29	X	24 hrs	76,700		1.6								1.0	
30	X	24 hrs	28,700		1.6								1	
31		24 hrs												
Total			1,538,300											
Average			51,277											
Maximum			77,800											

** 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

I. General Information for the Month/Year of: December-06

A. Public Water System (PWS) Information

PWS Name:	Summit Chase	PWS Identification Number:	3354112
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	218	Total Population Served at End of Month:	763
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Summit Chase	Plant Telephone Number:	(352) 787-0980
Plant Address:	Tavares Ridge Drive	City: Tavares State: FL	Zip Code: 32778
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	489,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Name	Operator Class	License Number	Days Operated Each Week
Will Fontaine	C	6813	6 Days per week
Marty Neal	C	10027	6 Days per week
John Worrell	C	6597	6 Days per week
Jay Aldrich	C	6368	6 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 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.

1-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:	3354112	Plant Name:	Summit Chase

III. Daily Data for the Month/Year of:	December-06

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

	X	24 hrs	60,000		1.5							1	
	X	24 hrs	83,600		1.5								
		24 hrs	93,300										
	X	24 hrs	93,300		1.6							1.0	
	X	24 hrs	30,000		1.8							1.1	
	X	24 hrs	79,600		1.5							0.8	
	X	24 hrs	35,200		1.6							1.0	
	X	24 hrs	60,600		1.8							1.1	
	X	24 hrs	69,600		1.7								
		24 hrs	54,600										
	X	24 hrs	54,600		1.8							1.1	
	X	24 hrs	33,300		1.7							1.2	
	X	24 hrs	76,000		1.8							1.2	
	X	24 hrs	35,800		1.8							1.2	
	X	24 hrs	56,400		1.6							1.0	
	X	24 hrs	70,300		1.4								
		24 hrs	47,700										
	X	24 hrs	47,700		1.5							1.0	
	X	24 hrs	35,800		1.5							1.0	
	X	24 hrs	68,600		1.6							0.8	
	X	24 hrs	30,500		1							0.6	
	X	24 hrs	61,400		0.8							0.5	
	X	24 hrs	71,600		1.5								
		24 hrs	43,200										
		24 hrs	43,200										
	X	24 hrs	43,200		1.4							1.0	
	X	24 hrs	78,200		2							1.3	
	X	24 hrs	61,400		1.9							1.2	
	X	24 hrs	59,800		2							1.3	
	X	24 hrs	78,000		1.8							1	
	X	24 hrs	49,400		1.7								
			1,805,900										
			58,255										
			93,300										

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

PWS ID:	3354112	Plant Name:	Summit Chase

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No

follows:

Polymer Dose ppm =		Acrylamide Level, %[1] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐	☑	☐	☐
5600 US 1 North Fort Pierce, FL 34946 DOH # E96080	4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509	307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370	16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HBEL Report Number: 2130140 Sub-Contract Lab ID: _____

Analysis Method Requested:

☐ Colilert ☐ Membrane Filtration PWS I.D. 3 3 5 4 5 1 2

System Name: Summit Chase # 6596

System Address: Townes Rose Blvd

City: Townes System or Owner's Phone #: 787-0580 Fax #: 787-6333

Collector: [illegible] Collector's Phone #: Spne

Relinquished By: [signature] Received By: [signature] Relinquished By: [signature]

Date/Time: 12-6-07 / 1030 Date/Time: 12/6/07 Date/Time: 12/6/07 1515

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Lab Receipt Date and Time: 12/6/07 1215

Received for Laboratory By: PAH

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 4.7 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

Type of Supply: (check only one) ☑ Community Water System ☐ Private Well ☐ Noncommunity Water System ☐ Swimming Pool ☐ Nontransient-Noncommunity Water System ☐ Bottled Water ☐ Limited Use System ☐ Other

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date(s): 12-5-07

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type [1]	Disinfect Res'd mg/L	pH
14	Well # 1	1300	R	0	
15	Well # 2	1315	R	0	
16	30219 Townes Rose	1330	D	1.1	
17	12430 Summit Chase	1340	D	0.9	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other

Person performing analysis is:
☐ A certified operator (# 6368) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
	A			2130140001
	A			002
	A			003
	A			004

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid

Analyst: PAH

Report authorized by: [signature]
Technical Director or Designee

Date: 12/9/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

Page 1 of 1

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.) 2 Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE 04314 MAY 22 FPSC-COMMISSION CLERK

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax (772) 467-1584

Date issued: May 4, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase NO2/NO3 **[2128521]**
Received: 5/01/07 13:05

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase NO2/NO3 **[2128521]**
Received: 5/01/07 13:05

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 300.0			
	IC7206		
	2128521001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
	2128521001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
	2128521001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
	2128521001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2128521]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase NO2/NO3

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128521001**							*Sampled:* 05/01/07 10:45	*Received:* 05/01/07 13:05		
Sample ID: **Entry Point Eff Grab**							*Matrix:* Water	Results reported on Wet Weight Basis		
Nitrate as N		**0.38**	mg/L	0.0030	EPA 300.0	IC7206		05/2/07 15:50	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7206		05/2/07 15:50	JL	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: November 16, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase Tri-Annual **[2127161]**
Received: 10/26/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase Tri-Annual **[2127161]**
Received: 10/26/06 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2127161001	Point of Entry Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST4818		
	2127161001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
	2127161001	Tetrachlorometaxylene	Surrogate - Outside acceptance Limits.
EPA 524.2			
	VOC2722		
	2127161001	1,2-Dibromo-3-chloropropane	Accuracy - Outside acceptance limits in the MS.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2127161]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127161001**						*Sampled:* 10/26/06 10:45		*Received:* 10/26/06 13:00		
Sample ID: **Point of Entry Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15298		10/26/06 15:50	PA	E83509
pH	Q	8.17	SU	0.200	EPA 150.1	WCGE26548		11/4/06 17:35	GS	E96080
Aluminum		0.0050	mg/L	0.0030	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Barium		0.022	mg/L	0.0018	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Sodium		7.5	mg/L	0.50	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8202		11/14/06 12:47	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:46	DM	E96080
Arsenic		0.0013	mg/L	0.0010	EPA 200.9	SAL1035		11/7/06 17:10	SAL	E84129
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8201		11/14/06 11:50	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8187		10/27/06 13:23	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8194	10/31/06 9:45	11/1/06 15:51	DM	E96080
Chloride		15	mg/L	5.0	EPA 300.0	IC6997		10/27/06 13:34	JL	E96080
Fluoride		0.12	mg/L	0.011	EPA 300.0	IC6996		10/27/06 12:48	JL	E96080
Nitrate as N		0.74	mg/L	0.0030	EPA 300.0	IC6996		10/27/06 12:48	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6996		10/27/06 12:48	JL	E96080
Sulfate		4.2	mg/L	1.4	EPA 300.0	IC6997		10/27/06 13:34	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4820	11/8/06 9:06	11/8/06 23:42	JJM	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4820	11/8/06 9:06	11/8/06 23:42	JJM	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
Endrin		0.098 U	ug/L	0.098	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:41	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 20:02	JL	E96080

HARBOR BRANCH
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600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127161]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
ans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2347		11/9/06 12:23	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2347		11/9/06 12:23	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2349		11/8/06 12:38	JJM	E96080
Endothall		1.1 U	ug/L	1.1	EPA 548.1	SVOC2456	11/1/06 9:15	11/7/06 16:10	CG	
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2348	11/1/06 8:00	11/2/06 11:17	JJM	E96080
Color		3.0	CU	1.8	SM2120 B	WCGE26511		10/27/06 11:30	TCL	E96080
Total Dissolved Solids		150	mg/L	16	SM2540 C	WCGE26517		10/30/06 17:45	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26554	11/2/06 9:50	11/2/06 17:05	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26514	10/27/06 14:00	10/27/06 17:23	GG	E96080

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CERTIFICATE OF ANALYSIS

[2127161]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase Tri-Annual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127161002**					*Sampled:*		*Received:* 10/26/06 13:00			
Sample ID: **TRIP BLANK**					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC2722		11/8/06 14:15	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

HARBOR BRANCH
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LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2127161]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
richloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC2722		11/8/06 13:41	WR	E96080
Alachlor		**0.61 U**	ug/L	0.61	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Benzo(a)pyrene		**0.070 U**	ug/L	0.070	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
bis(2-ethylhexyl)phthalate		**0.85 U**	ug/L	0.85	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Di(2-ethylhexyl)adipate		**0.68 U**	ug/L	0.68	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Hexachlorobenzene		**0.31 U**	ug/L	0.31	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Hexachlorocyclopentadiene		**0.24 U**	ug/L	0.24	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Simazine		**0.63 U**	ug/L	0.63	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:42	CG	
Carbofuran		**0.18 U**	ug/L	0.18	EPA 531.1	HPLC2347		11/9/06 12:23	JJM	E96080
Oxamyl		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2347		11/9/06 12:23	JJM	E96080
Glyphosate		**29 U**	ug/L	29	EPA 547	HPLC2349		11/8/06 12:38	JJM	E96080
Endothall		**1.1 U**	ug/L	1.1	EPA 548.1	SVOC2456	11/1/06 9:15	11/7/06 16:10	CG	
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2348	11/1/06 8:00	11/2/06 11:17	JJM	E96080
Arsenic		**0.0013**	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		**3.0**	CU	1.8	SM2120 B	WCGE26511		10/27/06 11:30	TCL	E96080
Total Dissolved Solids		**150**	mg/L	16	SM2540 C	WCGE26517		10/30/06 17:45	EE	E96080
Cyanide		**0.0047 U**	mg/L	0.0047	SM4500CN E	WCGE26554	11/2/06 9:50	11/2/06 17:05	GG	E96080
Surfactants as LAS, Mol.wt.340		**0.022 U**	mg/L	0.022	SM5540 C	WCGE26514	10/27/06 14:00	10/27/06 17:23	GG	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 3, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase 6596 THM/HAA5 Grb **[2126778]**
Received: 9/12/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Summit Chase 6596 THM/HAA5 Grb **[2126778]**
Received: 9/12/06 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
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LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126778]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Summit Chase 6596 THM/HAA5 Grb

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126778001**										
Sample ID: **12539 Orange Ct MRT Location**										
Sampled: 09/12/06 9:20 *Received:* 09/12/06 13:00										
Matrix: Water					Results reported on Wet Weight Basis					
Bromodichloromethane		**0.96**	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 19:15	WR	E96080
Bromoform		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 19:15	WR	E96080
Chloroform		**0.76**	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 19:15	WR	E96080
Dibromochloromethane		**1.2**	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 19:15	WR	E96080
Total THMs		**3.2**	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 19:15	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined belo Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: March 20, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6596 Summit Chase NO2/NO3 **[2125106]**
Received: 3/16/06 13:45

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

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Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6596 Summit Chase NO2/NO3 **[2125106]**
Received: 3/16/06 13:45

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2125106]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6596 Summit Chase NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125106001**						*Sampled:* 03/16/06 10:15		*Received:* 03/16/06 13:45		
Sample ID: **POE "Summit Chase" Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Nitrate as N		**0.0052**	mg/L	0.0030	EPA 300.0	IC6727		03/17/06 18:22	RS	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC6727		03/17/06 18:22	RS	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name **Summit Chase Villas** County Lake PWS ID # 3354112
Plant Location Tavares Ridge Road, Tavares, FL 32788 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029
This Survey Date 10/24/07 Last Survey Date 10/26/04 Last Compliance Inspection Date 09/20/00

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 169,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Disinfection

SERVICE AREA CHARACTERISTICS
Apartment
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 220
Population Served 770 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Water treatment plant
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Will Fontaine C-6813 Lead/Chief Operator
See MORs for complete list of operators
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 3 *Actual* 5
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
Comments

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 58,285 gpd
Maximum Day (from MORs) 151,800 gpd 08/07
Comments

Flow Measuring Device Flow Meter
Meter Size & Type 6" McCrometer
Date Last Calibrated 08/23/05

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ PURCHASED from *PWS ID #*
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Yes
Source *Katolight (propane)*
Capacity of Standby (kW) 23
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hr/wk
What equipment does it operate?
☒ *Well Pumps* All
☐ High Service Pumps
☒ Treatment Equipment All
Satisfy avg. daily demand? ☒Yes ☐No ☐Unknown
Audio-visual alarm? ☒Yes ☐No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☒ Yes	☐ No	☐ N/A
Emergency Response Plan	☒ Yes	☐ No	☐ N/A

Comments

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual	☒ Yes	☐ No	
Preventive Maintenance Program	☒ Yes	☐ No	
Flushing Program	☒ Yes	☐ No	☐ N/A
Records	☒ Yes	☐ No	☐ N/A
Isolation Valve Exercise	☒ Yes	☐ No	☐ N/A
Records	☒ Yes	☐ No	☐ N/A

Comments

CROSS CONNECTION CONTROL
BFPAs 2 # Tested 2
WWTP RPZ Yes Date Tested 03/07
Written Plan Inadequate Date Updated 8/07
Comments Section 11- Implementation Schedule not provided in written plan.

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

PWS ID # 3354112
Date 10/24/07

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAH6117)	2 (AAH6118)		
Year Drilled		1982*	1987		
Depth Drilled		320'	278'		
Drilling Method		Combination	Combination		
Type of Grout		Neat cement	Unknown		
Static Water Level		50'	Unknown		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		600 gpm	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		155'	159'		
Diameter (outside casing)		8"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	> 100'	> 100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vertical turbine	Submersible		
	Manufacturer Name	Goulds	Franklin		
	Model Number	Unknown	2366026010		
	Rated Capacity (gpm)	600	80		
	Motor Horsepower	Unknown	10		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS Well #1 was modified in 1994 to the depth of 320'.

PWS ID # 3354112
Date 10/24/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner (2) Capacity * gpd
Chlorine Feed Rate #1 – 100%, #2 – 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.46 Remote 1.25
Remote tap location Wastewater treatment plant
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments *Capacity: #1 – 17 gpd, #2 – 3 gpd

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Visible Algae Growth _____
Protective Screen Condition _____
Frequency of Cleaning _____
Date Last Inspected/Cleaned _____
Comments _____

STORAGE FACILITIES
(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Effluent piping		
Date of Inspection	Unknown		
Date of Cleaning	Unknown		

Comments Hydropneumatic tank is scheduled for cleaning in 2008.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

PWS ID # 3354112
Date 10/24/07

DEFICIENCIES:

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

   Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

COMMENTS/REMINDERS:

- **Based on information provided to the Department during this inspection, the population served and number of service connections for this system has been changed.** These changes may affect this system's monitoring requirements.

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

  For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

  All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide documentation of last cleaning and inspection for finished-drinking-water storage tanks.**

  Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired.

  Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and 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.

  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 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.]

  Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

- **Provide information for all items marked "Unknown."**

Inspector Daniel D Quesa Title Env. Specialist I Date 11/09/07

Approved by _____ Title Environmental Manager Date 11/27/07

AQUA

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 24, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys:
Ravenswood Water System – PWS 3351062
Kings Cove Subdivision – PWS 3350655
Forty-Eight Estates – PWS 3350005
Summit Chase Villas – PWS 3354112
Haines Creek Mobile Home Park – PWS 3350481

Dear Ms. Owens:

Thank you for your inspection on October 24, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

All commercial customers were required earlier this year to install a backflow device and have it inspected in accordance with Aqua Utilities' Cross Connection Control Plan (CCCP) and Rule 62-555.360(2), F.A.C. We have surveyed the residential customers of these systems for potential cross connection hazards. The majority of these customers had an approved backflow device installed where needed. We will follow our CCCP to ensure approved backflow devices are installed where needed and the existing devices are inspected annually.

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

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 1/1/07 To 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				1.7			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.5	1.5		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/02/27

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

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 1/1/07 To 1/31/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				380			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				580			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.0			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 1/1/07 To: 1/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.3		2.2	.036				
2			7.4		2.2	.031				
3			7.3		2.2	.024				
4	2.0U	1.0U	7.3	1.5	2.2	.028				
5			7.3		2.2	.031				
6					2.2	.025				
7						.028				
8			7.2		2.2	.027				
9			7.2		2.2	.028				
10			7.3		2.2	.020				
11			7.2		2.2	.034				
12			7.1		2.2	.022				
13					2.2	.033				
14						.032				
15			7.3		2.2	.031				
16			7.3		2.2	.029				
17			7.2		2.2	.026				
18			7.3		2.2	.030				
19			7.3		2.2	.022				
20					2.2	.032				
21						.028				
22			7.2		2.2	.027				
23			7.3		2.2	.030				
24			7.5		2.2	.026				
25			7.6		2.2	.037				
26			7.6		2.2	.031				
27					2.2	.034				
28						.037				
29			7.2		2.2	.036				
30			7.3		2.2	.026				
31			7.3		2.2	.027				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT FORM

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, *including* Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 2/1/07 To 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.032		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
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				3.3	3.3		mg/l	0	Monthly	Grab
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				1.8			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.3	2.3		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 2/1/07 To 2/28/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				210			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 2/1/07 To: 2/28/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1	3.3	1.0U	7.2	2.3	2.2	.030				
2			7.3		2.2	.030				
3					2.2	.031				
4						.037				
5			7.2		2.2	.037				
6			7.3		2.2	.035				
7			7.2		2.2	.028				
8			7.1		2.2	.030				
9			7.1		2.2	.028				
10					2.2	.032				
11						.031				
12			7.3		2.2	.030				
13			7.2		2.2	.031				
14			7.2		2.2	.033				
15			7.3		2.2	.033				
16			7.3		2.2	.035				
17					2.2	.031				
18						.032				
19			7.3		2.2	.038				
20			7.3		2.2	.033				
21			7.3		2.2	.032				
22			7.2		2.2	.033				
23			7.2		2.2	.025				
24					2.2	.031				
25						.028				
26			7.2		2.2	.028				
27			7.3		2.2	.028				
28			7.2		2.2	.035				
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 3/1/07 To 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.032		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.6			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.1	<1.1		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/04/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 3/1/07 To 3/31/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				220			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 3/1/07 To: 3/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.2	.026				
2			7.3		2.2	.031				
3					2.2	.031				
4						.037				
5			7.4		2.2	.036				
6			7.2		2.2	.034				
7			7.2		2.2	.028				
8	<2.0	<1.0	7.2	<1.1	2.2	.031				
9			7.2		2.2	.035				
10					2.2	.028				
11						.036				
12			7.1		2.2	.036				
13			7.3		2.2	.030				
14			7.5		2.2	.028				
15			7.4		2.2	.039				
16			7.4		2.2	.029				
17					2.2	.028				
18						.033				
19			7.4		2.2	.033				
20			7.3		2.2	.029				
21			7.4		2.2	.030				
22			7.2		2.2	.031				
23			7.4		2.2	.029				
24					2.2	.034				
25						.043				
26			7.2		2.2	.042				
27			7.4		2.2	.033				
28			7.3		2.2	.027				
29			7.3		2.2	.029				
30			7.2		2.2	.031				
31					2.2	.033				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 4/1/07 To 4/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	*0.030*		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.6			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.8	1.8		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/05/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/07 To 4/30/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				330			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				380			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 4/1/07 To: 4/30/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.027				
2			7.4		2.2	.026				
3			7.2		2.2	.023				
4			7.2		2.2	.029				
5	<2.0	<1.0	7.1	1.8	2.2	.024				
6			7.2		2.2	.028				
7					2.2	.034				
8						.027				
9			7.2		2.2	.026				
10			7.2		2.2	.031				
11			7.3		2.2	.030				
12			7.1		2.2	.037				
13			7.3		2.2	.025				
14					2.2	.037				
15						.031				
16			7.4		2.2	.030				
17			7.4		2.2	.034				
18			7.4		2.2	.029				
19			7.3		2.2	.031				
20			7.5		2.2	.032				
21					2.2	.037				
22						.031				
23			7.4		2.2	.031				
24			7.4		2.2	.026				
25			7.4		2.2	.028				
26			7.3		2.2	.025				
27			7.4		2.2	.026				
28					2.2	.029				
29						.034				
30			7.4		2.2	.034				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 5/1/07 To 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				1.6			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.2		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/06/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/07 To 5/31/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				240			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				170			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				56%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 5/1/07 To: 5/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.2	.032				
2			7.3		2.2	.030				
3	<2.0	<1.0	7.5	1.2	2.2	.027				
4			7.5		2.2	.038				
5					2.2	.037				
6						.035				
7			7.4		2.2	.034				
8			7.4		2.2	.028				
9			7.3		2.2	.034				
10			7.3		2.2	.028				
11			7.3		2.2	.027				
12					2.2	.033				
13						.028				
14			7.3		2.2	.028				
15			7.3		2.2	.031				
16			7.4		2.2	.035				
17			7.3		2.2	.028				
18			7.4		2.2	.027				
19					2.2	.032				
20						.029				
21			7.6		2.2	.029				
22			7.6		2.2	.026				
23			7.4		2.2	.027				
24			7.4		2.2	.026				
25			7.5		2.2	.023				
26					2.2	.019				
27						.024				
28			7.4		2.2	.024				
29			7.4		2.2	.031				
30			7.5		2.2	.026				
31			7.5		2.2	.025				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 6/1/07 To 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.6			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/07/27

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 6/1/07 To 6/30/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.9			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				690			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				490			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 6/1/07 To: 6/30/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.5		2.2	.028				
2					2.2	.025				
3						.033				
4			7.5		2.2	.033				
5			7.3		2.2	.025				
6			7.4		2.2	.030				
7			7.3		2.2	.029				
8			7.4		2.2	.035				
9					2.2	.025				
10						.028				
11			7.4		2.2	.028				
12	<2.0	<1.0	7.6	1.0	2.2	.028				
13			7.4		2.2	.032				
14			7.4		2.2	.033				
15			7.4		2.2	.023				
16					2.2	.032				
17						.028				
18			7.3		2.2	.028				
19			7.3		2.2	.028				
20			7.3		2.2	.028				
21			7.4		2.2	.032				
22			7.4		2.2	.021				
23					2.2	.028				
24						.035				
25			7.2		1.9	.034				
26			7.3		2.2	.028				
27			7.3		2.2	.026				
28			7.3		2.2	.028				
29			7.5		2.2	.026				
30					2.2	.027				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	*Class:*	B	*Certificate No:*	7113	*Name:*	*Will Fontaine*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

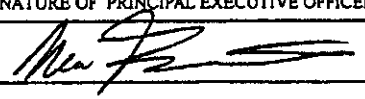
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				2.1	2.1		mg/l	0	Monthly	Grab
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				1.5			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 7/1/07 To 7/31/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				270			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.7			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 7/1/07 To: 7/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.030				
2			7.5		2.2	.030				
3			7.3		2.2	.026				
4			7.4		2.2	.025				
5			7.3		2.0	.034				
6			7.5		2.2	.021				
7					2.2	.025				
8						.029				
9			7.3		2.2	.029				
10			7.4		2.2	.025				
11			7.3		2.0	.028				
12			7.4		2.2	.028				
13			7.3		2.2	.024				
14					2.2	.020				
15						.028				
16			7.3		2.2	.028				
17	2.1	<1.0	7.5	<1.0	2.2	.021				
18			7.4		2.2	.036				
19			7.4		2.2	.026				
20			7.3		2.2	.031				
21					2.2	.028				
22						.028				
23			7.3		2.2	.027				
24			7.2		2.2	.028				
25			7.3		2.2	.028				
26			7.2		2.2	.027				
27			7.2		2.2	.031				
28					2.2	.024				
29						.030				
30			7.3		2.2	.029				
31			7.3		2.2	.028				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 8/1/07 To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.5			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/09/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/07 To 8/31/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				302			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				210			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 8/1/07 To: 8/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.2		2.2	.030				
2			7.3		2.2	.026				
3			7.2		2.2	.029				
4						.027				
5					2.2	.028				
6			7.3		2.2	.028				
7	<2.0	<1.0	7.2	<1.0	2.2	.028				
8			7.2		2.2	.025				
9			7.3		2.2	.029				
10			7.3		2.2	.020				
11					2.2	.020				
12						.029				
13			7.2		2.2	.028				
14			7.3		2.2	.031				
15			7.2		2.2	.029				
16			7.3		2.2	.031				
17			7.2		2.2	.026				
18					2.2	.023				
19						.033				
20			7.1		2.2	.033				
21			7.4		2.2	.025				
22			7.3		2.2	.038				
23			7.3		2.2	.027				
24			7.3		2.2	.027				
25					2.2	.039				
26						.030				
27			7.4		2.2	.029				
28			7.5		2.2	.028				
29			7.5		2.2	.028				
30			7.4		2.2	.029				
31			7.4		2.2	.021				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

COUNTY: Lake

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.28	2.28		mg/l	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.5			mg/l	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/07 To 9/30/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				386			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				190			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.07			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 9/1/07 To: 9/30/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1					2.2	.023				
2						.026				
3			7.4		2.2	.025				
4			7.5		2.2	.028				
5			7.6		2.2	.025				
6	2.28	1.00	7.6	<1.00	2.2	.021				
7			7.5		2.2	.025				
8					2.2	.026				
9						.029				
10			7.4		2.2	.028				
11			7.5		2.2	.024				
12			7.4		2.2	.027				
13			7.4		2.2	.028				
14			7.3		2.2	.023				
15					2.2	.023				
16						.029				
17			7.3		2.2	.028				
18			7.4		2.2	.022				
19			7.5		2.2	.028				
20			7.4		2.2	.027				
21			7.4		2.2	.026				
22					2.2	.025				
23						.024				
24			7.4		2.2	.024				
25			7.3		2.2	.020				
26			7.4		2.2	.021				
27			7.6		2.2	.021				
28			7.3		2.2	.027				
29					2.2	.028				
30						.031				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.5			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010533

MONITORING PERIOD From: October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				260			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				190			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: October 1, 2007 To: October 31, 2007

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.3		2.2	0.030				
2	<2.0	<1.0	7.3	2.6	2.2	0.020				
3			7.4		2.2	0.036				
4			7.3		2.2	0.030				
5			7.3		2.2	0.025				
6					2.2	0.027				
7						0.028				
8			7.4		2.2	0.028				
9			7.3		2.2	0.022				
10			7.3		2.2	0.022				
11			7.3		2.2	0.030				
12			7.3		2.2	0.027				
13					2.2	0.027				
14						0.028				
15			7.3		2.2	0.028				
16			7.3		2.2	0.027				
17			7.3		2.2	0.027				
18			7.3		2.2	0.031				
19			7.2		2.2	0.027				
20					2.2	0.028				
21						0.029				
22			7.2		2.2	0.028				
23			7.2		2.2	0.034				
24			7.2		2.2	0.025				
25			7.2		2.2	0.024				
26			7.2		2.2	0.020				
27					2.2	0.024				
28						0.031				
29			7.3		2.2	0.031				
30			7.2		2.2	0.028				
31			7.2		2.2	0.032				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

Summit Chase

October-07	Flow	PH	Final CL2 Combine	Eff. CBOD	Eff. TSS	Fecal	Inf. CBOD	Inf. TSS
10/1/2007	0.030	7.3	2.2					
10/2/2007	0.020	7.3	2.2	<2.0	2.6	<1.0	260	190
10/3/2007	0.036	7.4	2.2					
10/4/2007	0.030	7.3	2.2					
10/5/2007	0.025	7.3	2.2					
10/6/2007	0.027		2.2					
10/7/2007	0.028							
10/8/2007	0.028	7.4	2.2					
10/9/2007	0.022	7.3	2.2					
10/10/2007	0.022	7.3	2.2					
10/11/2007	0.030	7.3	2.2					
10/12/2007	0.027	7.3	2.2					
10/13/2007	0.027		2.2					
10/14/2007	0.028							
10/15/2007	0.028	7.3	2.2					
10/16/2007	0.027	7.3	2.2					
10/17/2007	0.027	7.3	2.2					
10/18/2007	0.031	7.3	2.2					
10/19/2007	0.027	7.2	2.2					
10/20/2007	0.028		2.2					
10/21/2007	0.029							
10/22/2007	0.028	7.2	2.2					
10/23/2007	0.034	7.2	2.2					
10/24/2007	0.025	7.2	2.2					
10/25/2007	0.024	7.2	2.2					
10/26/2007	0.020	7.2	2.2					
10/27/2007	0.024		2.2					
10/28/2007	0.031							
10/29/2007	0.031	7.3	2.2					
10/30/2007	0.028	7.2	2.2					
10/31/2007	0.032	7.2	2.2					
Total	0.854							
Avg Daily Flow	0.028							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			mg/l	0	Monthly	Grab
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				<2.0	<2.0		mg/l	0	Monthly	Grab
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				1.4			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.3	1.3		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	07/12/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/01/07 To 11/30/07

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				260			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 11/1/07 To: 11/30/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1	<2.0	<1.0	7.4	1.3	2.2	.025				
2			7.4		2.2	.039				
3					2.2	.036				
4						.035				
5			7.4		2.2	.035				
6			7.4		2.2	.031				
7			7.4		2.2	.032				
8			7.4		2.2	.030				
9			7.3		2.2	.028				
10						.021				
11					2.2+	.021				
12			7.3		2.2	.040				
13			7.4		2.2	.035				
14			7.4		2.2	.028				
15			7.4		2.2	.034				
16			7.4		2.2	.023				
17					2.2	.020				
18						.039				
19			7.3		2.2	.039				
20			7.3		2.2	.025				
21			7.4		2.2	.021				
22			7.3		2.2	.028				
23			7.3		2.2	.028				
24					2.2	.023				
25						.029				
26			7.4		2.2	.028				
27			7.4		2.2	.021				
28			7.3		2.2	.025				
29			7.3		2.2	.027				
30			7.3		2.2	.021				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
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				3.1	3.1		mg/l	0	Monthly	Grab
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				1.4			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.4	1.4		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	08/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010533

MONITORING PERIOD From: 12/1/07 To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				140			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				870			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
Monitoring Period From: 12/1/07 To: 12/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1					2.2	.020				
2						.026				
3			7.3		2.2	.026				
4			7.2		2.2	.026				
5			7.2		2.2	.019				
6			7.3		2.2	.023				
7			7.2		2.2	.021				
8					2.2	.025				
9						.035				
10			7.2		2.2	.035				
11	3.1	<1.0	7.2	1.4	2.2	.020				
12			7.2		2.2	.026				
13			7.1		2.2	.027				
14			7.2		2.2	.023				
15					2.2	.029				
16						.024				
17			7.1		2.2	.024				
18			7.2		2.2	.021				
19			7.3		2.2	.017				
20			7.3		2.2	.020				
21			7.3		2.2	.020				
22					2.2	.025				
23						.026				
24			7.4		2.2	.026				
25			7.4		2.2	.036				
26			7.4		2.2	.025				
27			7.3		2.2	.024				
28			7.3		2.2	.023				
29			7.3		2.2	.026				
30						.030				
31			7.3		2.2	.030				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 1/1/06 To 1/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Y Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
PARM Code 80082 A Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.8	3.8		mg/l	0	Monthly	Grab
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				1.9			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4	2.4		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/02/24

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

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

DOCUMENT NUMBER-DATE
04314 MAY 22 ⁰⁸
FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 1/1/06 To 1/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No EFA-1	Permit Requirement				200 (An Avg)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.9			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				1 (Min)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				100			mg/l	0	Annually	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				99			mg/l	0	Annually	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.2			mg/l	0	Annually	Grab
PARM Code 00620 A Mon Site No EFA-1	Permit Requirement				12.0 (Max)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 1/1/06 To: 1/31/06
Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)		CBOD5 (mg/l)	TSS (mg/l)	
Code	80082	74055	00400	00530	50060	50050		80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		INF - 1	INF - 1	
1						.034				
2			7.4		2.2	.033				
3			7.4		2.2	.035				
4			7.3		2.2	.035				
5	3.8	1.0U	7.5	2.4	2.2	.022		100	99	
6			7.4		2.2	.033				
7						.026				
8					2.0	.026				
9			7.5		1.9	.033				
10			7.4		2.2	.027				
11			7.3		2.2	.026				
12			7.4		2.2	.029				
13			7.3		2.2	.029				
14					2.2	.023				
15						.033				
16			7.4		2.2	.033				
17			7.4		2.2	.026				
18			7.5		2.2	.032				
19			7.4		2.2	.033				
20			7.3		2.2	.021				
21					2.2	.029				
22						.034				
23			7.3		2.2	.033				
24			7.3		2.2	.029				
25			7.4		2.2	.026				
26			7.3		2.2	.033				
27			7.4		2.2	.030				
28					2.2	.020				
29						.033				
30			7.5		2.2	.033				
31			7.6		2.2	.023				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 2/1/06 To 2/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. PEW-1	Permit Requirement	0.05 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.033		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 A Mon.Site No. PEW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				1.9			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/03/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 2/1/06 To 2/28/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				260			mg/l	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				230			mg/l	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. CAP-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 2/1/06 To: 2/28/06
Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1			7.5		2.2	.035				
2	2.0U	1.0U	7.5	1.1	2.2	.030	260	230		
3			7.6		2.2	.037				
4						.034				
5					2.2	.034				
6			7.6		2.2	.038				
7			7.4		2.2	.029				
8			7.6		2.2	.026				
9			7.4		2.2	.037				
10			7.4		2.2	.026				
11					2.2	.037				
12						.037				
13			7.4		2.2	.038				
14			7.3		2.2	.034				
15			7.4		2.2	.034				
16			7.1		2.2	.029				
17			7.3		2.2	.027				
18					2.2	.028				
19						.033				
20			7.5		2.2	.032				
21			7.3		2.2	.034				
22			7.1		2.2	.026				
23			7.2		2.2	.036				
24			7.0		2.2	.046				
25					2.2	.026				
26						.040				
27			7.3		2.2	.040				
28			7.3		2.2	.032				
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 3/1/06 To 3/31/06

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030			MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)			MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.031			MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)			MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			mg/l	0	Monthly	Grab
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					2.6	2.6		mg/l	0	Monthly	Grab
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					2.1			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total. Suspended	Sample Measurement					3.4	3.1		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 3/1/06 To 3/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				4.0	4.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				160			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 3/1/06 To: 3/31/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1		
1			7.2		2.2	.026				
2			7.3		2.2	.033				
3			7.2		2.2	.024				
4					2.2	.024				
5						.033				
6			7.6		2.2	.033				
7			7.6		2.2	.034				
8			7.6		2.2	.021				
9	2.6V	4.0	7.6	3.4	2.2	.028	160V	160		
10			7.4		2.2	.034				
11					2.2	.021				
12						.034				
13			7.4		2.2	.034				
14			7.5		2.2	.033				
15			7.6		2.2	.040				
16			7.4		2.2	.042				
17			7.3		2.2	.031				
18					2.2	.029				
19						.029				
20			7.3		2.2	.020				
21			7.4		2.2	.024				
22			7.4		2.2	.039				
23			7.4		2.2	.034				
24			7.2		2.2	.026				
25						.029				
26					2.2	.030				
27			7.4		2.2	.044				
28			7.3		2.2	.025				
29			7.3		2.2	.033				
30			7.4		2.2	.033				
31			7.2		2.2	.026				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

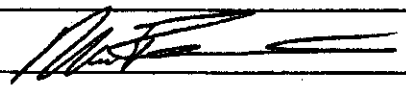
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 4/1/06 To 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.032		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			mg/l	0	Monthly	Grab
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				5.4	5.4		mg/l	0	Monthly	Grab
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				1.8			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1	2.1		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/05/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/06 To 4/30/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				110			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				85			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 4/1/06 To: 4/30/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1						.032				
2					2.2	.031				
3			7.2		2.2	.037				
4			7.5		2.2	.031				
5			7.5		2.2	.036				
6	5.4	1.0U	7.5	1.8	2.2	.031	110	85		
7			7.4		2.2	.030				
8					2.2	.031				
9						.035				
10			7.3		2.2	.035				
11			7.3		2.2	.036				
12			7.5		2.2	.037				
13			7.5		2.2	.018				
14			7.2		2.2	.027				
15					2.2	.034				
16						.035				
17			7.3		2.2	.035				
18			7.5		2.2	.031				
19			7.5		2.2	.040				
20			7.5		2.2	.042				
21			7.6		2.2	.020				
22					2.2	.031				
23						.027				
24			7.4		2.2	.027				
25			7.5		2.2	.027				
26			7.5		2.2	.030				
27			7.5		2.2	.033				
28			7.2		2.2	.032				
29					2.2	.026				
30						.040				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

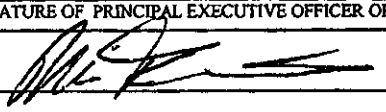
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 5/1/06 To 5/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				2.1			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/06/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 5/1/06 To 5/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (Arl.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.7			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				110			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				96			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				56%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 5/1/06 To: 5/31/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF – 1	INF - 1		
1			7.3		2.2	.040				
2			7.5		2.2	.033				
3			7.5		1.9	.040				
4			7.5		1.7	.026				
5			7.2		2.2	.037				
6					2.2	.025				
7						.033				
8			7.3		2.2	.033				
9			7.5		2.2	.026				
10			7.5		2.2	.028				
11			7.5		2.0	.031				
12			7.5		1.9	.026				
13					2.2	.028				
14						.028				
15			7.3		2.0	.029				
16			7.3		2.2	.033				
17	2.0U V	1.0U	7.4	1.0U	2.2	.012	110 V	96		
18			7.4		2.2	.041				
19			7.4		2.2	.072				
20					2.2	.029				
21						.020				
22			7.5		2.2	.021				
23			7.2		1.7	.015				
24			7.3		2.2	.028				
25			7.3		2.2	.017				
26			7.3		2.2	.022				
27					2.2	.019				
28						.020				
29			7.4		2.2	.020				
30			7.3		2.2	.029				
31			7.3		2.2	.017				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 6/1/06 To 6/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.024		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2			mg/l	0	Monthly	Grab
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				2.8	2.8		mg/l	0	Monthly	Grab
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				2.1			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.2		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/07/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 6/1/06 To 6/30/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				240			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				160			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.22			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 6/1/06 To: 6/30/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1			7.4		2.2	.026				
2			7.5		2.2	.018				
3					2.2	.020				
4						.027				
5			7.5		2.2	027				
6			7.5		2.0	.026				
7			7.4		2.2	.013				
8	2.8V	1.0U	7.3	1.2	2.2	.027	240V	160		
9			7.4		2.2	.023				
10					2.2	.019				
11						.030				
12			7.3		2.2	.030				
13			7.2		2.2	.028				
14			7.3		2.2	.024				
15			7.2		2.2	.028				
16			7.4		2.2	.026				
17			7.3		2.2	.016				
18						.031				
19			7.4		2.2	.031				
20			7.5		2.2	.029				
21			7.5		2.2	.011				
22			7.5		2.2	.025				
23			7.4		2.2	.029				
24			7.5		2.2	.019				
25						.023				
26			7.6		2.2	.023				
27			7.3		2.2	.019				
28			7.0		2.2	.021				
29			7.3		2.2	.024				
30			7.3		2.2	.020				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 7/1/06 To 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.024		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				2.2			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 7/1/06 To 7/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (Agr.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				160			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				47%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 7/1/06 To: 7/31/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1						.023				
2					2.2	.023				
3			7.3		2.2	.023				
4			7.5		2.2	.026				
5			7.4		2.2	.029				
6	2.0U	1.0U	7.4	2.0	2.2	.018	180	160		
7			7.2		2.2	.031				
8					2.2	.025				
9						.028				
10			7.3		2.2	.028				
11			7.3		2.2	.021				
12			7.4		2.2	.026				
13			7.4		2.2	.025				
14			7.3		2.2	.026				
15					2.2	.019				
16						.027				
17			7.4		2.2	.026				
18			7.4		2.2	.023				
19			7.3		2.2	.023				
20			7.4		2.2	.024				
21			7.2		2.2	.022				
22					2.2	.021				
23						.023				
24			7.3		2.2	.023				
25			7.3		2.2	.022				
26			7.2		2.2	.023				
27			7.4		2.2	.024				
28			7.5		2.2	.018				
29					2.2	.020				
30						.021				
31			7.4		2.2	.020				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 8/1/06 To 8/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.034 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.023		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				1.9			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 8/1/06 To 8/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				88			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				44%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 8/1/06 To: 8/31/06
Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.2	.020				
2			7.3		2.2	.019				
3	2.0U	1.0U	7.3	1.0U	2.2	.020				
4			7.5		2.2	.026				
5					2.2	.020				
6						.026				
7			7.5		2.2	.026				
8			7.5		2.2	.024				
9			7.4		2.2	.022				
10			7.1		2.2	.021				
11			7.4		2.2	.017				
12					2.2	.023				
13						.023				
14			7.8		2.2	.032				
15			7.7		2.2	.023				
16			7.6		2.2	.026				
17			7.7		2.2	.024				
18			7.7		2.2	.022				
19					2.2	.015				
20						.028				
21			7.8		2.2	.027				
22			7.7		2.2	.018				
23			7.7		2.2	.022				
24			7.7		2.2	.022				
25			7.8		2.2	.023				
26					2.2	.026				
27						.030				
28			7.6		2.2	.029				
29			7.3		2.2	.024				
30			7.5		2.2	.020				
31			7.4		2.2	.028				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 13614	Name:	Adam Michaelsen	
Evening Shift Operator	Class: B	Certificate No: 7243	Name:	John Worrell	
Night Shift Operator	Class:	Certificate No:	Name:		
Lead Operator	Class: B	Certificate No: 7113	Name:	Will Fontaine	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 9/1/06 To 9/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.029		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.054 (An Avg)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (Mo Avg)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-1C	Permit Requirement				Report (Mo Avg)	60.0 (Max)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.8			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.5	1.5		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EFA-1C	Permit Requirement				Report (Mo Avg)	60.0 (Max)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 9/1/06 To 9/30/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				320			mg/l	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				300			mg/l	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				44%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 H Mon Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 9/1/06 To: 9/30/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1			7.4		2.2	.017				
2					2.2	.019				
3						.026				
4			7.3		2.2	.026				
5			7.3		2.2	.028				
6			7.4		2.2	.026				
7			7.4		2.2	.026				
8			7.4		2.2	.025				
9					2.2	.022				
10						.026				
11			7.4		2.2	.025				
12			7.4		2.2	.022				
13			7.4		2.2	.031				
14	2.0U	1.0U	7.4	1.5	2.2	.022	320	300		
15			7.3		2.2	.030				
16					2.2	.018				
17						.029				
18			7.3		2.2	.029				
19			7.4		2.2	.025				
20			7.3		2.2	.024				
21			7.3		2.2	.020				
22			7.4		2.2	.023				
23					2.2	.023				
24						.029				
25			7.4		2.2	.029				
26			7.4		2.2	.023				
27			7.4		2.2	.023				
28			7.4		2.2	.028				
29			7.3		2.2	.018				
30					2.2	.024				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 10/1/06 To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				2.0			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.9	1.9		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon Site No EFA-1	Permit Requirement				Report (Mo Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/11/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 10/1/06 To 10/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement					180			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					45%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CALC-1	Permit Requirement					Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.5			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 10/1/06 To: 10/31/06
Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF – 1	INF - 1		
1						.030				
2			7.3		2.2	.030				
3			7.3		2.2	.026				
4			7.4		2.2	.019				
5	2.0U	1.0U	7.4	1.9	2.2	.025	220	180		
6			7.4		2.2	.026				
7						.026				
8						.030				
9			7.2		2.2	.030				
10			7.4		2.2	.029				
11			7.2		2.2	.023				
12			7.4		2.2	.026				
13			7.4		2.2	.018				
14						.018				
15						.031				
16			7.4		2.2	.030				
17			7.4		2.2	.018				
18			7.5		2.2	.025				
19			7.4		2.2	.027				
20			7.5		2.2	.019				
21						.027				
22						.025				
23			7.4		2.2	.025				
24			7.5		2.2	.026				
25			7.4		2.2	.026				
26			7.4		2.2	.023				
27			7.5		2.2	.021				
28						.021				
29						.030				
30			7.4		2.2	.030				
31			7.5		2.2	.028				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA010533

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 11/1/06 To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
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				2.5	2.5		mg/l	0	Monthly	Grab
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				2.1			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7	2.7		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	06/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/06
To

PERMIT NUMBER: FLA010533
11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				130			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				46			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 11/1/06 To: 11/30/06
Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.2	.019				
2	2.5	1.0 U	7.4	2.7	2.2	.023				
3			7.5		2.2	.030				
4					2.2	.023				
5						.026				
6			7.5		2.2	.025				
7			7.5		2.2	.029				
8			7.5		2.2	.026				
9			7.6		2.2	.025				
10			7.5		2.2	.026				
11					2.2	.026				
12						.026				
13			7.4		2.2	.026				
14			7.5		2.2	.027				
15			7.4		2.2	.020				
16			7.4		2.2	.025				
17			7.4		2.2	.026				
18					2.2	.029				
19						.029				
20			7.4		2.2	.028				
21			7.5		2.2	.020				
22			7.4		2.2	.024				
23			7.5		2.2	.022				
24			7.5		2.2	.029				
25					2.2	.024				
26						.028				
27			7.4		2.2	.027				
28			7.4		2.2	.026				
29			7.4		2.2	.021				
30			7.4		2.2	.026				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

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LIMIT: Final
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REPORT: Monthly
GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
LOCATION: Woodlea Road
Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 12/1/06 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.027		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
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				2.0	2.0		mg/l	0	Monthly	Grab
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				1.8			mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		(352) 787-0980	01/01/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/1/06 To 12/31/06

PERMIT NUMBER: FLA010533

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				200			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				MNR			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period From: 12/1/06 To: 12/31/06

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1		
1			7.5		2.2	.026				
2					2.2	.034				
3						.027				
4			7.4		2.2	.027				
5			7.5		2.2	.023				
6			7.5		2.2	.027				
7	2.0U	1.0	7.4	1.1	2.2	.026	190	200		
8			7.5		2.2	.034				
9					2.2	.024				
10						.029				
11			7.4		2.2	.028				
12			7.6		2.2	.020				
13			7.4		2.2	.028				
14			7.4		2.2	.034				
15			7.4		2.2	.027				
16					2.2	.024				
17						.030				
18			7.3		2.2	.029				
19			7.2		2.2	.026				
20			7.3		2.2	.028				
21			7.4		2.2	.027				
22			7.3		2.2	.028				
23					2.2	.028				
24						.031				
25			7.3		2.2	.030				
26			7.4		2.2	.033				
27			7.5		2.2	.025				
28			7.3		2.2	.031				
29			7.3		2.2	.032				
30						.032				
31					2.2	.032				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	13614	Name:	Adam Michaelsen
Evening Shift Operator	Class:	B	Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen Castille
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

Mr. Glenn Labrecque
President
1343 NE 17th Road
Ocala, FL 34470

(352) 369-4881

PERMIT NUMBER: FLA010533
PA FILE NUMBER: FLA010533-003-DW3P
ISSUANCE DATE: June 24, 2005
EXPIRATION DATE: June 23, 2010

FACILITY:

Summit Chase Villas WWTF
Woodlea Road
Tavares, FL 32778
Lake County
Latitude: 28° 47' 16" N Longitude: 81° 45' 04" W

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:

An existing 0.054 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chlorination, and aerobic digestion of residuals

REUSE:

Land Application: An existing 0.054 MGD AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation ponds with a total wetted area of 0.34 acres located approximately at latitude 28° 47' 16" N, longitude 81° 45' 4" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of this permit.

DOCUMENT NUMBER-DATE
04314 MAY 22 80
FPSC-COMMISSION CLERK

FACILITY: Summit Chase Villas WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA010533
EXPIRATION DATE: June 23, 2010

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
Flow, Total Through Plant	MGD	Maximum	0.054	-	-	-	5 Days/Week	Elapsed time meters on pumps	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.6.

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	Chlorine contact chamber effluent
FLW-1	Elapsed time meters on lift station pumps

3. Elapsed time meters on pumps will be utilized to measure flow and shall be calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. 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)]*

5. 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)]*

6. Nitrate nitrogen (NO_3) concentration in the water discharged to the rapid rate reuse system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. *[62-610.510]*

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

			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	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1	

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
CAL-1	Calculate from daily flow
INF-1	Raw influent to surge tank

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. 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)]*

5. 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)]*

6. 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 Central 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 Central District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

7. 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, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966
All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Central Process, d.b.a. American Pipe and Tank or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. 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. 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)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility
1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility
1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

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 two percolation ponds with a total wetted area of 0.34 acres shall be limited to a maximum of 5.8 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*

3. The two percolation ponds with a total wetted area of 0.34 acres 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)]*

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)]*

5. 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 Central 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

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category 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 visit each weekend. The lead operator must be a Class C operator, or higher.

   [62-620.630(3)] [62-699.310] [62-610.462]

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)]*

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

   d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

   e. A copy of the current permit;

   f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

   g. A copy of the facility record drawings;

h. Copies of the licenses of the current certified operators; and

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. 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 one-hundred 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)]*

3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in 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.

   Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

   [62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in Subsection 403.087(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;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

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.

    c. 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.

    e. 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.

    a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the 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 Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Dennise Judy
Program Manager
Domestic Waste

DATE :June 23, 2005

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA EMAIL TO: jmlihvarcik@aquaamerica.com

June 25, 2007

AQUA UTILITIES FLORIDA INC
1100 THOMAS AVENUE
LEESBURG FL 34749

OCD-C-WW-07-0574

ATTENTION JOHN LIHVARCIK
PRESIDENT

Lake County - DW
Morningview WWTF
Wastewater Facility - Permit No. FLA010610

Summit Chase WWTF
Wastewater Facility - Permit No. FLA010533

Venetian Village WWTF
Wastewater Facility - Permit No. FLA010567

Dear Mr. Lihvarik:

On June 6, 2007, Department personnel conducted routine inspections of the listed wastewater facilities. At the time of the inspections, the overall operations of your facilities were found to be in substantial compliance with the terms and conditions in each facility's permit. Please review the enclosed inspection reports and correct any deficiencies, which have been noted.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact me at the above address or at (407) 893-3313.

Sincerely,

Blake Vahlsing
Environmental Specialist
Wastewater Compliance/Enforcement

BV/ar

Enclosure: Inspection Reports

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us

DOCUMENT NUMBER-DATE
04314 MAY 22 80
FPSC-COMMISSION CLERK

COMET ENTRY DATE
__ / __ / __

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Summit Chase Villas WWTF	FLA010533	Lake	06/07/2007 @ 9:30:00 AM
Woodlea Road		Phone	@ Exit Date/Time
Fevares, FL			06/07/2007 @ 9:55:00 AM

Name(s) of Field Representatives(s)	Title	Phone
Patrick Farris	Environmental Compliance Specialist	(407) 947-1285
Will Fontaine	Field Coordinator	(352) 787-0980

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
John Lihvarcik	Presindent		
Aqua Utilities Florida Inc.	Email		
1100 Thomas Avenue	jmlihvarcik@aquaamerica.com		
Leesburg, FL 34749			

Inspection Type	C	E	1	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):

☒ Domestic ☐ Industrial Were Photos Taken(Y/N): N @ Log book Volume : VI @ Page 119

FACILITY COMPLIANCE AREAS EVALUATED

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

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

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Blake W. Vahlsing	Central District Office 407 – 893-3313	June 21, 2007
@ Signature of Reviewer	District Office/Phone Number	Date
Kalina Warren	Central District Office 407 – 893-3313	June 25, 2007

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

Transaction Code		NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5			1	2	3

ADDITIONAL NPDES COMMENTS

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

Revised: August 11, 2006

INSPECTION FINDINGS

Facility Name: Summit Chase Villas WWTF
Facility ID: FLA010533
Inspection Type: CEI
Date: 6/7/2007 9:30:00 AM

FACILITY BACKGROUND:

Address: Woodlea Road, Tavares, FL, LAKE COUNTY
Permit Information: Wastewater Permit issued: 06/24/2005, and expires: 06/23/2010.
Treatment Summary: Extended aeration treatment plant with effluent to two percolation pond.
Permitted Capacity: 0.054 MGD

1. **Permit**: IN COMPLIANCE
   - 1.1 Observation : A copy of the permit was on-site. It expires June 23, 2010.
2. **Compliance Schedules**: NOT APPLICABLE
3. **Laboratory**: NOT EVALUATED
4. **Sampling**: NOT EVALUATED
5. **Records and Reports**: **OUT OF COMPLIANCE**
   - 5.1 Observation : The operator log was bound and had numbered pages.
   - 5.2 Observation : Entries in the operator log were clear, concise, informative, and relevant.
   - 5.3 Observation : A copy of the current laboratory certification was on-site (Harbor Branch). It expires June 30, 2007.
   - 5.4 Observation : A copy of the operator certifications were kept on-site.
   - 5.5 Observation : A copy of the Operation and Maintenance manual was kept on-site.
   - 5.6 Observation : The facility had two RPZs and both were certified within the last year.
   - 5.7 DMR review: May 2006 – March 2007: All DMRs were received by the Department on time.
   - 5.8 DMR review: **The following discrepancies and transcription errors were noted:**
     - **Throughout the review period, values have been reported on Part A of the DMR without a "<" sign for CBOD5, TSS, and Fecal Coliform monthly maximum and monthly average. For example, a value reported as "2.0 U" on Part B should be transcribed as "< 2.0" on Part A.**
     - **March 2007: pH max was 7.7 on Part A and 7.5 on Part B, and pH min was 7.6 on Part A and 7.1 on Part B.**
6. **Facility Site Review**: IN COMPLIANCE
   - 6.1 Observation : The facility grounds were clean and well maintained.
   - 6.2 Observation : The facility grounds were completely fenced and secured properly, and an advisory sign was posted on the gate.
   - 6.3 Observation : *AerationBasins/Act.Sludge* - The contents in the aeration chambers appeared to be adequately mixed with no foam.
   - 6.4 Observation : *Blowers/Motors* – Working well.
   - 6.5 Observation : *Clarifiers* - The clarifier had good settling and clear effluent. The skimmer and weir were in good condition.
   - 6.6 Observation : *Disinfection* - The chlorine contact chamber was clean and the effluent leaving the plant was clear.
7. **Flow Measurement**: IN COMPLIANCE
   - 7.1 Observation : The elapsed time meter was last calibrated January 30, 2007.
8. **Operation and Maintenance**: IN COMPLIANCE
   - 8.1 Observation : No problems or deficiencies were observed.

9. **Effluent Quality**: IN COMPLIANCE

9.1 DMR review: No violations were reported during the review period.

10. **Effluent Disposal**: IN COMPLIANCE

10.1 Observation : The percolation/evaporation ponds appeared to be well maintained.

10.2 Observation : The ponds were completely dry.

11. **Residuals/Sludge**: IN COMPLIANCE

11.1 Observation : *General* - No problems or deficiencies were observed.

11.2 Observation : Hauling contract is with American Pipe & Tank. The last haul was 5/21/2007 of 1,200 gallons.

12. **Groundwater Quality**: NOT APPLICABLE

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Henry Dean, Executive Director
John R. Wehle, Assistant Executive Director

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904-329-4500 SUNCOM 904-860-4500
TDD 904-329-4450 TDD SUNCOM 860-4450
FAX (EXECUTIVE/LEGAL) 329-4125 (PERMITTING) 329-4315 (ADMINISTRATION/FINANCE) 329-4508

SERVICE CENTERS

618 E. South Street
Orlando, Florida 32801
407-897-4300
TDD 407-897-5960

7775 Baymeadows Way
Suite 102
Jacksonville, Florida 32256
904-730-6270
TDD 904-730-7900

PERMITTING:
305 East Drive
Melbourne, Florida 32904
407-984-4940
TDD 407-722-5368

OPERATIONS:
2133 N. Wickham Road
Melbourne, Florida 32935-8109
407-254-1762
TDD 407-253-1203

CONSUMPTIVE USE PERMIT
CHAPTER 40C-20, F.A.C.

PERMIT NO. 20-069-0090F DATE ISSUED: April 28, 1997

AUTHORIZATION:

USE OF GROUND WATER FROM THE FLORIDAN AQUIFER FOR PUBLIC SUPPLY FOR AN ESTIMATED POPULATION OF 648, AND FOR IRRIGATION OF ONE ACRE OF URBAN LANDSCAPE. FORMERLY KNOWN AS 2-069-0908AUV.

LOCATION: Section 31; Township 19; Range 26 EAST
Lake County
SUMMIT CHASE/TAVARES RIDGE

ISSUED TO:
(owner)

J. SWIDERSKI UTILITIES, INC.
ATTN: JOE SWIDERSKI
9800 US HWY 441
LEESBURG, FL 34788

This document shall serve as the formal permit for water use in accordance with Chapter 40C-20, F.A.C. This permit is issued by the St. Johns River Water Management District and subject to the enclosed limiting conditions.

This permit is a legal document and should be read and kept with your other important records. The referenced permit conditions may require submittal of additional information including water use reporting on form EN-50. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Permit issuance does not relieve the permittee from the reponsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction over this work. Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof. This permit does not convey to Permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the Permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

William M. Segal, CHAIRMAN MAITLAND
Dan Roach, VICE CHAIRMAN FERNANDINA BEACH
James T. Swann, TREASURER COCOA
Otis Mason, SECRETARY ST. AUGUSTINE
Kathy Chinoy JACKSONVILLE
Griffin A. Greene VERO BEACH
James H. Williams OCALA
Patricia T. Harden SANFORD
Reid Hughes DAYTONA BEACH

20-069-0090F
J. SWIDERSKI UTILITIES, INC.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has 19 days from the date on which the notice is received or 14 days from the date on which the notice is published, to file a petition for an administrative hearing pursuant to Chapter 120.57, F.S. Receipt of such a petition by the District may result in this permit becoming null and void.

This permit may be revoked or transferred at anytime pursuant to the appropriate provisions of Chapter 373, Florida Statues.

Sincerely,

Harold A. Wilkening III
Assistant Department Director
Department of Resource Management

Enclosures: Notice of Rights
Conditions for Issuance

CC: District Permit File

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 20-069-0090F

J. SWIDERSKI UTILITIES, INC.

DATED April 28, 1997

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.

2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, as declared by the District Governing Board, the permittee must adhere reductions in water withdrawals as specified by the District.

3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, Modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.

4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.

5. Legal uses of water existing at the time of permit application may not be significantly adversely impacted by the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, F.A.C..

8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.

9. The permittee must ensure that all service connections are metered.

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:

    A. Irrigation using a micro-irrigation system is allowed anytime.

    B. The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

    C. Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

    D. Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

    E. Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

11. Treated effluent must be used as irrigation water when it becomes available, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.

12. If chemicals are injected into the irrigation system, the well or surface pump must be equipped with backflow prevention devices installed pursuant to Section 5E-2.030, F.A.C.

13. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.

14. All submittals made to demonstrate compliance with this permit must include the CUP number 2-069-0090F plainly labeled.

15. This permit will expire 10 years from the date of issuance.

16. The total maximum annual ground water withdrawals must not exceed 12.79 million gallons.

17. Maximum daily ground water withdrawals must not exceed 0.077 million gallons.

18. Maximum annual ground water withdrawals used for landscape irrigation must not exceed 0.74 million gallons. The average annual water use should be less than this amount in all years except for a 2 in 10 year drought.

19. The permittee must assure that all service connections continue to be metered.

20. Within 3 months of issuance of this permit, the landscape irrigation system must be equipped with a totalizing flowmeter in such a manner that the water used for irrigation can be monitored separately from the water used in the potable system. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer s specifications. Documentation (i.e. manufacturer s specifications and a photo) of the proper installation of this meter must be submitted to the District within 30 days of meter installation. The permittee is encouraged to notify the local HRS or DEP office prior to modification of the piping system for meter installation.

21. All potable flows passing through the water plant must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer s specifications.

22. Total withdrawal from wells no. 1 and 2 (potable water passing through the plant), as well as irrigation flows, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using District Form No. EN-50. Water used for irrigation must be separately accounted for. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

23. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

24. The permittee must have all flowmeters checked for accuracy once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/recalibration.

25. The permittee must implement the Water Conservation Plan submitted to the District on November 8, 1996, in accordance with the schedule contained therein.

26. The permittee must conduct a water audit within 90 days of the first anniversary date of issuance of this permit. This audit must be based on service connection records and metered landscape irrigation flows to determine the water utility use percentage. If the water audit shows that the water utility use exceeds 10%, a leak detection and repair program must be implemented.

27. On or before July 1, 2000 and again on or before July 1, 2005, the permittee must submit a letter/report documenting the consistency of the permitted activities with actual water use. The permittee must verify the permittee address, project s service area, population and units served and the number and capacity of wells.

NOTICE OF RIGHTS

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to District rule 40C-1.511, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, Highway 100 West, Palatka, Florida 32178-1429 within nineteen (19) days of the District depositing notice of its intent in the mail (for those persons to whom the District mails actual notice) or within fourteen (14) days of newspaper publication of the notice of its intent (for those persons to whom the District does not mail actual notice). Such a petition must comply with District rule 40C-1.521, Florida Administrative Code.

2. If the Governing Board took action which substantially differs from the notice of intent to grant or deny the permit application, a person whose substantial interests are or may be determined has the right to request an administrative hearing. Pursuant to District rule 40C-1.511, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, Highway 100 West, Palatka, Florida 32178-1429, within nineteen (19) days of the District depositing notice of final agency action the the mail (for those persons to whom the District mails actual notice) or within fourteen (14) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with District rule 40C-1.521, Florida Administrative Code.

3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Section 40C-1.521(2), Florida Administrative Code.

4. A substantially interested person has the right to an informal hearing pursuant to Section 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Section 40C-1.521(2), Florida Administrative Code.

5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida. (Section 40C-1.013, Florida Administrative Code)

6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Section 40C-1.511, Florida Administrative Code)

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 40C-1, Florida Administrative Code.

NOTICE OF RIGHTS

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's intent to grant or deny a permit application, apply for a special master proceeding under section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, Highway 100 West, Palatka, Florida 32178-1429. A request for relief must contain the information listed in subsection 70.51(6), Florida Statutes.

9. A timely filed request for relief under section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes) However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding. (Subsection 70.51(10)(b), Florida Statutes)

10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding. (Subsection 70.51(3), Florida Statutes)

11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).

12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the district court of appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.

13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.

14. For appeals to the District courts of appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.

NOTICE OF RIGHTS

15. Failure to observe the relevant time frames for filing a petition for judicial reviews described in paragraphs #11 and #12 or for Commission review as described in paragraph #13 will result in waiver of that right to review.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

J. SWIDERSKI UTILITIES, INC.
ATTN: JOE SWIDERSKI
9800 US HWY 441
LEESBURG, FL 34788

at 4:00 p.m. this 29 day of APRIL, 1997

Gloria Jean Lewis

Permit Data Services
Director, Gloria Lewis

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4566

20-069-0090AF

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

2-9-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: January, 2007

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

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

Day of the Month	Day Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
[illegible]	X	24.0	143,900		1.3									1.0	
[illegible]	X	24.0	76,600		1.2									1.0	
[illegible]	X	24.0	86,800		1.2									0.9	
[illegible]	X	24.0	85,100		1.2									0.9	
[illegible]	X	24.0	70,200		1.2									0.9	
[illegible]	X	24.0	78,800		1.3										
[illegible]		24.0	80,700												
[illegible]	X	24.0	80,700		1.2									0.8	
[illegible]	X	24.0	65,800		1.2									1.0	
[illegible]	X	24.0	105,900		1.0									0.8	
[illegible]	X	24.0	85,900		1.1									0.8	
[illegible]	X	24.0	92,200		1.1									0.8	
[illegible]	X	24.0	83,700		1.1										
[illegible]		24.0	83,600												
[illegible]	X	24.0	83,600		1.0									0.7	
[illegible]	X	24.0	87,200		1.3									0.8	
[illegible]	X	24.0	83,800		1.3									1.0	
[illegible]	X	24.0	92,400		1.2									1.0	
[illegible]	X	24.0	57,200		1.3									1.0	
[illegible]	X	24.0	78,700		1.3										
[illegible]		24.0	102,050												
[illegible]	X	24.0	102,050		1.3									1.0	
[illegible]	X	24.0	57,200		1.2									0.8	
[illegible]	X	24.0	70,800		1.2									0.9	
[illegible]	X	24.0	70,400		1.2									0.9	
[illegible]	X	24.0	73,600		1.2									0.9	
[illegible]	X	24.0	63,400		1.2										
[illegible]		24.0	67,000												
[illegible]	X	24.0	67,000		1.2									0.9	
[illegible]	X	24.0	95,300		1.3									1.0	
[illegible]	X	24.0	58,800		1.2									0.8	
[illegible]			2,530,400												
[illegible]			81,626												
[illegible]			143,900												

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace		Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

3-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: February, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	85,900		1.1								0.8	
2	X	24.0	49,900		1.1								0.8	
3	X	24.0	63,800		1.1									
4		24.0	76,400											
5	X	24.0	76,400		1.0								0.7	
6	X	24.0	53,800		1.2								0.8	
7	X	24.0	79,300		1.0								0.7	
8	X	24.0	72,600		1.1								0.7	
9	X	24.0	78,500		1.2								0.9	
10	X	24.0	86,700		1.2									
11		24.0	79,300											
12	X	24.0	79,300		1.1								0.8	
13	X	24.0	63,500		1.2								0.9	
14	X	24.0	84,200		1.2								0.9	
15	X	24.0	66,500		1.2								0.9	
16	X	24.0	58,100		1.2								0.8	
17	X	24.0	87,700		1.3									
18		24.0	67,750											
19	X	24.0	67,750		1.2								0.8	
20	X	24.0	60,000		1.2								0.9	
21	X	24.0	98,500		1.1								0.9	
22	X	24.0	80,900		1.1								0.8	
23	X	24.0	88,700		1.1								0.8	
24	X	24.0	82,600		1.1									
25		24.0	88,050											
26	X	24.0	88,050		1.1								0.8	
27	X	24.0	87,100		1.2								0.8	
28	X	24.0	115,700		1.3								1.0	
29		24.0												
30		24.0												
31		24.0												
Total			2,167,000											
Average			69,903											
Maximum			115,700											

* 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 Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4-9-07	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: March, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	73,500		1.2									0.9	
2	X	24.0	84,500		1.3									0.9	
3		24.0	69,400												
4	X	24.0	69,400		1.4										
5	X	24.0	82,200		1.3									0.9	
6	X	24.0	85,500		1.3									1.0	
7	X	24.0	76,900		1.3									1.0	
8	X	24.0	88,100		1.2									0.8	
9	X	24.0	82,800		1.2									0.9	
10		24.0	103,200												
11	X	24.0	103,200		1.2										
12	X	24.0	85,000		1.1									0.8	
13	X	24.0	108,900		1.2									0.9	
14	X	24.0	74,200		1.3									1.0	
15	X	24.0	113,100		1.3									1.1	
16	X	24.0	122,100		1.1									0.9	
17	X	24.0	88,000		1.3										
18		24.0	89,100												
19	X	24.0	89,100		1.2									0.9	
20	X	24.0	73,100		1.2									0.9	
21	X	24.0	96,000		1.1									0.9	
22	X	24.0	79,200		1.1									0.8	
23	X	24.0	74,800		1.1									0.8	
24	X	24.0	109,000		1.2										
25		24.0	94,650												
26	X	24.0	94,650		1.1									0.8	
27	X	24.0	117,400		1.1									0.8	
28	X	24.0	97,200		1.0									0.8	
29	X	24.0	123,500		1.2									0.9	
30	X	24.0	93,600		1.2									0.9	
31	X	24.0	101,400		1.3										
Total			2,842,700												
Average			91,700												
Maximum			123,500												

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5-4-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: April, 2007

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*												
				CT Calculations								UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	108,150											
2	X	24.0	108,150		1.1								0.8	
3	X	24.0	86,400		1.1								0.8	
4	X	24.0	128,200		1.0								0.8	
5	X	24.0	115,400		1.2								1.0	
6	X	24.0	97,600		1.3								1.0	
7	X	24.0	115,700		1.3									
8		24.0	84,200											
9	X	24.0	84,200		1.4								1.1	
10	X	24.0	73,700		1.4								1.1	
11	X	24.0	60,800		1.3								1.1	
12	X	24.0	81,700		1.2								1.0	
13	X	24.0	64,900		1.3								1.0	
14	X	24.0	71,300		1.3									
15		24.0	84,650											
16	X	24.0	84,650		1.2								0.9	
17	X	24.0	63,000		1.3								0.9	
18	X	24.0	89,700		1.2								0.9	
19	X	24.0	86,500		1.2								0.9	
20	X	24.0	87,700		1.3								1.0	
21	X	24.0	117,300		1.3									
22		24.0	118,050											
23	X	24.0	118,050		1.3								1.0	
24	X	24.0	74,300		1.3								0.9	
25	X	24.0	114,600		1.2								0.9	
26	X	24.0	105,200		1.3								1.1	
27	X	24.0	95,700		1.2								0.9	
28		24.0	116,250											
29	X	24.0	116,250		1.3									
30	X	24.0	102,600		1.2								0.9	
31		24.0												
Total			2,854,900											
Average			92,094											
Maximum			128,200											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace	PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	357	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

6-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: May, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	106,600		1.2								1.0	
2	X	24.0	121,600		1.2								0.9	
3	X	24.0	136,900		1.1								0.7	
4	X	24.0	90,100		1.2								0.9	
5	X	24.0	120,500		1.3									
6		24.0	103,000											
7	X	24.0	103,000		1.2								0.9	
8	X	24.0	71,800		1.1								0.9	
9	X	24.0	149,400		1.3								1.0	
10	X	24.0	100,100		1.2								1.0	
11	X	24.0	86,700		1.3								1.0	
12	X	24.0	150,600		1.3									
13		24.0	79,400											
14	X	24.0	79,400		1.2								0.9	
15	X	24.0	58,900		1.2								0.9	
16	X	24.0	82,400		1.2								1.0	
17	X	24.0	91,900		1.1								1.0	
18	X	24.0	68,700		1.1								0.8	
19		24.0	83,400											
20	X	24.0	83,400		1.1									
21	X	24.0	81,700		1.0								0.8	
22	X	24.0	66,600		1.0								0.8	
23	X	24.0	112,600		1.0								0.8	
24	X	24.0	82,700		1.0								0.7	
25	X	24.0	85,300		1.2								1.0	
26	X	24.0	99,500		1.4									
27		24.0	89,100											
28	X	24.0	89,100		1.3								1.1	
29	X	24.0	84,600		1.4								1.2	
30	X	24.0	113,100		1.4								1.1	
31	X	24.0	96,600		1.4								1.1	
Total			2,968,700											
Average			95,765											
Maximum			150,600											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace		Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7-6-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: June, 2007

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	91,200		1.4								1.2	
2	X	24.0	65,300		1.4									
3		24.0	66,500											
4	X	24.0	66,500		1.3								1.1	
5	X	24.0	66,800		1.3								1.1	
6	X	24.0	95,200		1.4								1.2	
7	X	24.0	86,600		1.4								1.2	
8	X	24.0	56,100		1.5								1.2	
9	X	24.0	104,900		1.5									
10		24.0	74,400											
11	X	24.0	74,400		1.4								1.2	
12	X	24.0	56,900		1.3								1.1	
13	X	24.0	64,400		1.1								0.9	
14	X	24.0	81,400		1.1								0.9	
15	X	24.0	66,400		1.1								1.0	
16		24.0	95,100											
17	X	24.0	95,100		1.2									
18	X	24.0	79,100		1.2								1.1	
19	X	24.0	91,600		1.2								1.0	
20	X	24.0	61,500		1.2								1.0	
21	X	24.0	75,900		1.1								1.0	
22	X	24.0	72,400		1.2								1.0	
23	X	24.0	74,700		1.2									
24		24.0	92,250											
25	X	24.0	92,250		1.1								0.9	
26	X	24.0	82,100		1.1								1.0	
27	X	24.0	89,900		1.2								1.0	
28	X	24.0	97,300		1.2								1.1	
29	X	24.0	50,000		1.2								1.2	
30		24.0	91,800											
31		24.0												
Totals			2,358,000											
Average			76,065											
Maximum			104,900											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

8-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: July, 2007

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

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

Day of the Month	If Not Every Day, Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	91,800		1.3									
2	X	24.0	73,700		1.2								1.0	
3	X	24.0	57,000		1.1								1.0	
4	X	24.0	52,600		1.2								1.0	
5	X	24.0	71,400		1.2								1.1	
6	X	24.0	67,200		1.2								1.0	
7		24.0	62,650											
8	X	24.0	62,650		1.2									
9	X	24.0	81,700		1.3								1.1	
10	X	24.0	89,300		1.2								1.1	
11	X	24.0	77,300		1.2								1.0	
12	X	24.0	78,300		1.4								1.2	
13	X	24.0	70,500		1.3								1.2	
14		24.0	69,400											
15	X	24.0	69,400		1.3									
16	X	24.0	76,600		1.2								0.9	
17	X	24.0	58,600		1.1								0.9	
18	X	24.0	69,800		1.3								1.2	
19	X	24.0	71,200		1.3								1.0	
20	X	24.0	59,400		1.2								1.1	
21	X	24.0	71,200		1.2									
22		24.0	56,500											
23	X	24.0	56,500		1.2								0.9	
24	X	24.0	56,500		1.2								1.0	
25	X	24.0	54,300		1.1								0.9	
26	X	24.0	69,600		1.2								1.0	
27	X	24.0	67,700		1.1								0.9	
28		24.0	61,800											
29	X	24.0	61,800		1.3									
30	X	24.0	68,400		1.1								0.9	
31	X	24.0	54,400		1.0								0.9	
Total			2,089,200											
Average			67,394											
Maximum			91,800											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

9-7-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: August, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	56,200		1.0								0.8	
2	X	24.0	64,700		1.1								0.8	
3	X	24.0	57,700		1.0								0.9	
4	X	24.0	52,700		1.2									
5		24.0	76,800											
6	X	24.0	76,800		1.1								0.9	
7	X	24.0	121,200		1.1								1.0	
8	X	24.0	99,600		1.0								0.8	
9	X	24.0	120,000		1.2								1.1	
10	X	24.0	92,000		1.3								1.1	
11	X	24.0	102,300		1.4									
12		24.0	96,700											
13	X	24.0	96,700		1.5								1.2	
14	X	24.0	98,400		1.3								1.1	
15	X	24.0	108,700		1.1								1.0	
16	X	24.0	111,500		1.4								1.0	
17	X	24.0	79,100		1.5								1.3	
18	X	24.0	95,000		1.5									
19		24.0	101,500											
20	X	24.0	101,500		1.6								1.3	
21	X	24.0	109,100		1.4								1.3	
22	X	24.0	110,900		1.5								1.3	
23	X	24.0	98,200		1.5								1.3	
24	X	24.0	69,100		1.3								1.1	
25	X	24.0	57,800		1.3									
26		24.0	66,900											
27	X	24.0	66,900		1.2								1.0	
28	X	24.0	80,600		1.3								1.2	
29	X	24.0	85,800		1.2								0.9	
30	X	24.0	76,200		1.2								1.0	
31	X	24.0	83,900		1.3								1.2	
Total			2,714,500											
Avgerage			87,565											
Maximum			121,200											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

10-5-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: September, 2007

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	85,000		1.3									
2		24.0	63,350											
3	X	24.0	63,350		1.2								1.0	
4	X	24.0	55,200		1.2								1.0	
5	X	24.0	105,300		2.0								1.8	
6	X	24.0	80,900		2.0								1.9	
7	X	24.0	116,800		2.1								1.8	
8	X	24.0	100,700		2.0									
9		24.0	77,500											
10	X	24.0	77,500		2.1								1.8	
11	X	24.0	52,200		2.1								1.9	
12	X	24.0	59,100		2.2								2.1	
13	X	24.0	55,800		2.2								2.0	
14	X	24.0	47,500		2.5								2.0	
15	X	24.0	67,300		2.2									
16		24.0	72,000											
17	X	24.0	72,000		2.3								1.9	
18	X	24.0	44,500		2.2								1.7	
19	X	24.0	56,000		2.3								2.0	
20	X	24.0	50,800		2.3								1.9	
21	X	24.0	61,000		2.1								1.7	
22	X	24.0	49,700		2.1									
23		24.0	64,800											
24	X	24.0	64,800		2.2								2.1	
25	X	24.0	32,600		2.2								2.0	
26	X	24.0	58,400		2.2								2.1	
27	X	24.0	56,700		2.1								1.9	
28	X	24.0	48,200		2.2								2.1	
29	X	24.0	57,500		2.1									
30		24.0	51,100											
31		24.0												
Total			1,947,600											
Avgerage			62,826											
Maximum			116,800											

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II Certification by Lead/Chief Operator

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

11-28-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: October, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	51,100		2.2								2.1	
2	X	24.0	50,100		2.2								2.1	
3	X	24.0	51,700		2.2								2.0	
4	X	24.0	45,300		2.1								2.0	
5	X	24.0	50,000		2.1								1.9	
6	X	24.0	46,100		1.9									
7		24.0	53,600											
8	X	24.0	53,600		2.2								2.1	
9	X	24.0	37,500		2.2								2.0	
10	X	24.0	55,600		2.4								2.2	
11	X	24.0	55,800		2.5								2.2	
12	X	24.0	45,800		2.3								2.0	
13		24.0	55,850											
14	X	24.0	55,850		2.4									
15	X	24.0	61,800		2.5								2.3	
16	X	24.0	39,800		2.5								2.4	
17	X	24.0	59,900		2.5								2.3	
18	X	24.0	49,600		2.4								2.0	
19	X	24.0	91,300		2.7								2.4	
20	X	24.0	56,900		2.5									
21		24.0	49,000											
22	X	24.0	49,000		2.7								2.3	
23	X	24.0	51,000		2.5								2.5	
24	X	24.0	51,500		2.3								2.1	
25	X	24.0	48,200		2.2								2.1	
26	X	24.0	44,200		3.0								2.7	
27	X	24.0	40,600		2.8									
28		24.0	55,400											
29	X	24.0	55,400		2.4								2.1	
30	X	24.0	44,700		2.5								2.1	
31	X	24.0	53,200		2.2								1.9	
Total			1,609,400											
Average			51,916											
Maximum			91,300											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operator's	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12-6-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: November, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	43,800		2.2								2.0	
2	X	24.0	49,500		2.4								2.3	
3	X	24.0	56,400		2.5									
4		24.0	54,150											
5	X	24.0	54,150		2.2								2.0	
6	X	24.0	48,400		2.3								2.0	
7	X	24.0	67,600		2.3								2.1	
8	X	24.0	62,300		2.3								2.1	
9	X	24.0	67,100		2.5								2.3	
10	X	24.0	76,000		2.6									
11		24.0	74,500											
12	X	24.0	74,500		2.7								2.5	
13	X	24.0	32,600		2.5								2.2	
14	X	24.0	113,100		2.8								2.5	
15	X	24.0	62,900		3.0								2.6	
16	X	24.0	42,200		2.9								2.5	
17	X	24.0	72,100		2.2									
18		24.0	63,650											
19	X	24.0	63,650		2.7								2.5	
20	X	24.0	66,800		3.3								2.7	
21	X	24.0	73,400		3.0								2.7	
22	X	24.0	63,700		2.8								2.4	
23	X	24.0	51,600		2.8								2.5	
24		24.0	58,850											
25	X	24.0	58,850		2.6									
26	X	24.0	61,300		2.2								2.0	
27	X	24.0	44,100		2.8								2.3	
28	X	24.0	68,400		3.0								2.1	
29	X	24.0	65,600		2.5								2.1	
30	X	24.0	54,300		2.8								2.2	
31		24.0												
			1,845,500											
			59,532											
			113,100											

* 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	357			Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
1-9-08	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

III. Daily Data for the Month/Year of: December, 2007

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

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

				CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
					CT Calculations						UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	53,500		2.7									
2		24.0	60,250											
3	X	24.0	60,250		2.3								2.0	
4	X	24.0	32,900		2.8								2.3	
5	X	24.0	124,000		3.0								2.7	
6	X	24.0	74,400		2.8								2.6	
7	X	24.0	54,600		2.7								2.2	
8	X	24.0	59,800		2.8									
9		24.0	62,350											
10	X	24.0	62,350		2.6								2.2	
11	X	24.0	53,300		3.0								2.4	
12	X	24.0	72,400		2.8								2.1	
13	X	24.0	62,800		2.6								2.1	
14	X	24.0	56,400		2.7								2.1	
15	X	24.0	79,400		2.2									
16		24.0	44,500											
17	X	24.0	44,500		2.7								2.2	
18	X	24.0	52,100		2.5								2.2	
19		24.0	59,800											
20	X	24.0	59,800		2.8								2.3	
21	X	24.0	54,800		2.5								2.2	
22	X	24.0	37,300		2.5									
23	X	24.0	51,800		2.4								2.1	
24	X	24.0	58,300		2.4								2.2	
25	X	24.0	33,200		2.6								2.3	
26	X	24.0	58,800		2.7								2.1	
27	X	24.0	59,700		2.5								2.3	
28	X	24.0	51,000		2.6								2.2	
29	X	24.0	54,900		2.8									
30		24.0	62,500											
31	X	24.0	62,500		2.7								2.3	
Total			1,814,200											
Average			58,523											
Maximum			124,000											

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

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

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

Polymer Dose ppm =		Acrylamide Level, %[t] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[t] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	1.0mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

[t] 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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	32731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

2-6-06 — Will Fontaine — C-6813

Signature and Date — Printed or Typed Name — License Number

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	69,700											
2	X	24.0	69,700		1.6								1.3	
3	X	24.0	67,100		1.5								1.1	
4	X	24.0	65,300		1.5								1.2	
5	X	24.0	61,300		1.6								1.3	
6	X	24.0	83,300		1.7								1.3	
7	X	24.0	67,400		1.6									
8		24.0	68,850											
9	X	24.0	68,850		1.6								1.3	
10	X	24.0	56,500		1.7								1.3	
11	X	24.0	110,800		1.5								1.3	
12	X	24.0	60,600		1.4								1.1	
13	X	24.0	89,800		1.6								1.3	
14	X	24.0	61,800		1.7									
15		24.0	68,400											
16	X	24.0	68,400		1.6								1.3	
17	X	24.0	50,700		1.6								1.3	
18	X	24.0	76,900		1.5								1.3	
19	X	24.0	63,600		1.5								1.2	
20	X	24.0	78,300		1.7								1.3	
21		24.0	79,950											
22	X	24.0	79,950		1.6									
23	X	24.0	75,600		1.4								1.1	
24	X	24.0	77,500		1.4								1.1	
25	X	24.0	67,800		1.6								1.2	
26	X	24.0	76,200		1.6								1.3	
27	X	24.0	78,600		1.7								1.3	
28	X	24.0	82,100		1.6									
29		24.0	84,350											
30	X	24.0	84,350		1.5								1.2	
31	X	24.0	60,400		1.6								1.3	
Total			2,254,100											
Avgerage			72,713											
Maximum			110,800											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	32731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of Month	Was Plant Operated? (Yes or No)	Hours Plant Operated	Total Quantity Finished Water Produced (gallons)	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Peak Hourly Flow Rate (gpm)	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Measured Disinfectant Concentration (mg/L) Before or at First Customer During Peak Hourly Flow	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Disinfectant Contact Time During Peak Hourly Flow (minutes)	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Ratio of Measured Residual Disinfectant Concentration to Disinfectant Dose	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Log Inactivation Provided by Disinfectant Residual	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Minimum Required Log Inactivation	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Calculated CT Value	CT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable: Minimum CT Value Required	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Comments: Significant Interruptions, Unusual Water Characteristics, Other Operational Information, or Explanation for Any Failure to Collect Required Samples
1	X	24.0	73,000		1.6							1.3	
2	X	24.0	70,800		1.5							1.3	
3	X	24.0	68,400		1.6							1.3	
4		24.0	54,400										
5	X	24.0	54,400		1.4								
6	X	24.0	69,200		1.6							1.2	
7	X	24.0	62,700		1.6							1.2	
8	X	24.0	72,400		1.7							1.4	
9	X	24.0	51,200		1.7							1.4	
10	X	24.0	89,900		1.6							1.3	
11	X	24.0	46,900		1.7								
12		24.0	67,650										
13	X	24.0	67,650		1.7								
14	X	24.0	72,200		1.7							1.3	
15	X	24.0	78,700		1.7							1.4	
16	X	24.0	55,900		1.7							1.4	
17	X	24.0	98,000		1.4							1.3	
18	X	24.0	88,600		1.5							1.1	
19		24.0	83,900										
20	X	24.0	83,900		1.3								
21	X	24.0	77,800		1.3							1.0	
22	X	24.0	88,300		1.3							1.0	
23	X	24.0	75,900		1.3							1.0	
24	X	24.0	60,500		1.4							0.9	
25	X	24.0	84,800		1.5							1.1	
26		24.0	81,900										
27	X	24.0	81,900		1.4								
28	X	24.0	68,300		1.3							1.1	
29		24.0										1.0	
30		24.0											
31		24.0											
Total			2,029,200										
Average			65,458										
Maximum			98,000										

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	32731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4-6-06	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Was Disinfectant Contact Time (CT) Calculations Used to Demonstrate Four-Log Virus Inactivation? (Y or N)	Hours of Operation	Total Finished Water Produced (gallons)	Peak Hourly Flow Rate (gallons per minute)	Lowest Disinfectant Residual Concentration (mg/L) Entering the Distribution System	Time When Lowest Disinfectant Residual Concentration Entering the Distribution System Occurred	Lowest Disinfectant Residual Concentration (mg/L) Measured in the Distribution System	Time When Lowest Disinfectant Residual Concentration Measured in the Distribution System Occurred	Number of Routine Coliform Samples Required	Number of Routine Coliform Samples Collected	Number of Routine Coliform Samples Positive	Number of Repeat Coliform Samples Required	Number of Repeat Coliform Samples Collected	Number of Repeat Coliform Samples Positive	Lowest Disinfectant Residual Concentration (mg/L) Measured in the Distribution System	Was Turbidity Measured Every 4 Hours While in Operation? (Y or N)
1	X	24.0	87,700		1.3										1.0	
2	X	24.0	76,200		1.3										0.9	
3	X	24.0	84,300		1.2										0.9	
4		24.0	81,950													
5	X	24.0	81,950		1.3											
6	X	24.0	94,300		1.3										1.0	
7	X	24.0	57,500		1.3										1.0	
8	X	24.0	97,300		1.4										1.1	
9	X	24.0	105,800		1.7										1.4	
10	X	24.0	95,400		1.7										1.4	
11	X	24.0	107,900		1.5											
12		24.0	102,950													
13	X	24.0	102,950		1.8										1.4	
14	X	24.0	69,200		1.6										1.3	
15	X	24.0	127,900		1.5										1.2	
16	X	24.0	97,700		1.5										1.2	
17	X	24.0	96,600		1.6										1.2	
18	X	24.0	111,000		1.5											
19		24.0	97,550													
20	X	24.0	97,550		1.3										1.0	
21	X	24.0	94,100		1.5										1.2	
22	X	24.0	108,100		1.5										1.2	
23	X	24.0	101,100		1.6										1.3	
24	X	24.0	82,900		1.6										1.3	
25		24.0	86,400													
26	X	24.0	86,400		1.5											
27	X	24.0	106,200		1.6										1.3	
28	X	24.0	85,300		1.5										1.2	
29	X	24.0	130,600		1.3										1.0	
30	X	24.0	108,300		1.4										1.1	
31	X	24.0	103,200		1.4										1.1	
Total			2,966,300													
Average			95,687													
Maximum			130,600													

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace	PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	352	Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5.5.06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Entering Finished Water Sample? (Yes or No)	Hours of Operation	Finished Water Pumped (gallons)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation If Applicable*									
				Disinfectant Residual Measured (mg/L)	Lowest Disinfectant Residual Measured in Contact Time Prior to First Customer (mg/L)	Disinfectant Contact Time Used for Calculation (minutes)	Lowest Prior to First Customer Temperature Measured (°C)	Value of CT Achieved	Minimum CT Required	Log Virus Inactivation Achieved	Minimum Log Virus Inactivation Required	Highest Disinfectant Residual Measured in Distribution System (mg/L)	Explanation of Actions Taken to Restore Adequate Disinfectant Residual in the Water System (if Applicable)
1		24.0	116,200										
2	X	24.0	116,200		1.4								
3	X	24.0	108,900		1.4							1.1	
4	X	24.0	93,500		1.4							1.1	
5	X	24.0	116,900		1.4							1.1	
6	X	24.0	109,900		1.5							1.3	
7	X	24.0	91,500		1.5							1.2	
8	X	24.0	113,200		1.5								
9		24.0	76,650										
10	X	24.0	76,650		1.4							1.1	
11	X	24.0	56,300		1.4							1.1	
12	X	24.0	119,400		1.4							1.1	
13	X	24.0	77,800		1.4							1.0	
14	X	24.0	90,000		1.4							1.1	
15	X	24.0	123,000		1.5								
16		24.0	89,600										
17	X	24.0	89,600		1.3							1.0	
18	X	24.0	76,800		1.2							0.9	
19	X	24.0	61,700		1.2							0.9	
20	X	24.0	65,600		1.2							0.9	
21	X	24.0	86,100		1.1							0.8	
22	X	24.0	61,900		1.3								
23		24.0	77,850										
24	X	24.0	77,850		1.2							0.9	
25	X	24.0	59,900		1.3							0.9	
26	X	24.0	118,500		1.2							0.9	
27	X	24.0	87,700		1.1							0.8	
28	X	24.0	70,100		1.4							1.0	
29	X	24.0	93,000		1.5								
30		24.0	76,750										
31		24.0											
Total			2,679,050										
Average			86,421										
Maximum			123,000										

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUNDWATER DRINKING WATER

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace	PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352	Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Name	License Class	License Number	Days Worked This Month
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

6-5-'06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

	X	24.0	76,750		1.5							1.1
	X	24.0	70,000		1.5							1.1
	X	24.0	103,200		1.4							1.0
	X	24.0	99,500		1.4							1.0
	X	24.0	85,100		1.5							1.0
	X	24.0	129,100		1.5							
		24.0	95,500									
	X	24.0	95,500		1.4							1.1
	X	24.0	70,600		1.3							1.0
	X	24.0	70,600		1.2							0.9
	X	24.0	57,200		1.3							1.1
	X	24.0	68,200		1.4							1.1
	X	24.0	56,900		1.4							
		24.0	77,650									
	X	24.0	77,650		1.5							1.1
	X	24.0	52,800		1.5							1.2
	X	24.0	61,800		1.4							1.1
	X	24.0	53,100		1.5							1.3
	X	24.0	83,600		1.4							1.1
	X	24.0	132,300		1.4							
		24.0	91,950									
	X	24.0	91,950		1.4							1.1
	X	24.0	65,600		1.5							1.2
	X	24.0	91,800		1.4							1.1
	X	24.0	100,100		1.3							1.1
	X	24.0	76,500		1.4							1.2
	X	24.0	102,100		1.5							
		24.0	84,250									
	X	24.0	84,250		1.3							1.0
	X	24.0	82,400		1.4							1.1
	X	24.0	93,800		1.4							1.1
			2,578,750									
			83,185									
			132,300									

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace		Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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7-7-06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	97,700		1.5								1.3	
2	X	24.0	72,700		1.5								1.2	
3		24.0	67,950											
4	X	24.0	67,950		1.5									
5	X	24.0	88,700		1.5								1.2	
6	X	24.0	68,200		1.5								1.2	
7	X	24.0	103,200		1.6								1.4	
8	X	24.0	93,000		1.4								1.2	
9	X	24.0	115,000		1.5								1.2	
10	X	24.0	102,600		1.5									
11		24.0	86,500											
12	X	24.0	86,500		1.3								1.0	
13	X	24.0	58,300		1.4								1.0	
14	X	24.0	91,000		1.4								1.1	
15	X	24.0	65,100		1.3								1.0	
16	X	24.0	75,900		1.4								1.1	
17	X	24.0	111,800		1.4									
18		24.0	72,750											
19	X	24.0	72,750		1.3								1.0	
20	X	24.0	53,100		1.3								1.0	
21	X	24.0	132,700		1.5								1.1	
22	X	24.0	94,900		1.6								1.3	
23	X	24.0	94,300		1.5								1.1	
24	X	24.0	94,600		1.5									
25		24.0	67,950											
26	X	24.0	67,950		1.4								1.1	
27	X	24.0	52,200		1.6								1.2	
28	X	24.0	83,600		1.8								1.5	
29	X	24.0	57,700		1.5								1.2	
30	X	24.0	57,100		1.3								1.1	
31		24.0												
Total			2,453,700											
Average			79,152											
Maximum			132,700											

*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 Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8-3-06	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Stayed on Finished Water Storage* (Enter X)	Hours Plant Operated	Net Quantity of Finished Water Produced (gallons)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Reason for Any Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Chlorination						UV Dose				
				Peak Hourly Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hourly Flow (minutes)	Product of CT Before or at First Customer During Peak Hourly Flow (C x T) (min/L)	Temperature of Water (°C)	pH of Water, if Applicable	Minimum CT Required for 4-log Virus Inactivation (min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required for 4-log Virus Inactivation (mW-sec/cm²)		
1	X	24.0	87,200		1.3									
2		24.0	79,700											
3	X	24.0	79,700		1.3								1.0	
4	X	24.0	74,100		1.3								1.0	
5	X	24.0	141,700		1.3								1.0	
6	X	24.0	85,700		1.3								1.1	
7	X	24.0	59,900		1.4								1.1	
8	X	24.0	60,400		1.3									
9		24.0	79,500											
10	X	24.0	79,500		1.3								1.0	
11	X	24.0	63,000		1.4								1.0	
12	X	24.0	108,200		1.3								1.0	
13	X	24.0	68,200		1.3								1.0	
14	X	24.0	76,800		1.3								0.9	
15		24.0	92,300											
16	X	24.0	92,300		1.3									
17	X	24.0	76,500		1.2								0.9	
18	X	24.0	53,600		1.2								1.0	
19	X	24.0	113,000		1.3								1.0	
20	X	24.0	84,100		1.3								1.1	
21	X	24.0	108,800		1.3								1.1	
22	X	24.0	106,700		1.4									
23		24.0	98,500											
24	X	24.0	98,500		1.3								1.0	
25	X	24.0	70,900		1.3								1.0	
26	X	24.0	116,500		1.3								1.1	
27	X	24.0	72,600		1.4								1.1	
28	X	24.0	100,000		1.3								1.0	
29	X	24.0	119,400		1.4									
30		24.0	90,650											
31	X	24.0	90,650		1.5								1.1	
Total			2,728,600											
Average			88,019											
Maximum			141,700											

• 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 Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Operator Type	Name	License Class	License Number	Days & Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
9-7-06	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

	X	24.0	79,100		1.5							1.2	
	X	24.0	125,000		1.4							1.2	
	X	24.0	103,700		1.5							1.3	
	X	24.0	81,900		1.4							1.2	
	X	24.0	68,000		1.4								
		24.0	79,650										
	X	24.0	79,650		1.5							1.2	
	X	24.0	76,500		1.3							1.0	
	X	24.0	95,300		1.4							1.0	
	X	24.0	56,300		1.3							1.1	
	X	24.0	119,100		1.3							1.0	
	X	24.0	107,500		1.3								
		24.0	87,600										
	X	24.0	87,600		1.2							0.9	
	X	24.0	71,600		1.3							0.9	
	X	24.0	98,500		1.3							1.0	
	X	24.0	97,000		1.3							1.0	
	X	24.0	78,500		1.3							1.1	
	X	24.0	94,100		1.2								
		24.0	88,050										
	X	24.0	88,050		1.2							0.8	
	X	24.0	87,600		1.3							1.0	
	X	24.0	95,800		1.4							1.0	
	X	24.0	101,200		1.3							1.0	
	X	24.0	55,300		1.4							1.1	
		24.0	70,450										
	X	24.0	70,450		1.4								
	X	24.0	91,000		1.3							1.0	
	X	24.0	66,200		1.4							1.1	
	X	24.0	81,700		1.4							1.1	
	X	24.0	69,400		1.5							1.1	
			2,651,800										
			85,542										
			125,000										

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

MONTHLY OPERATION REPORT FOR PWS ...

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Name	Licensed Class	License Number	Day(s) Shift(s) Worked
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

10-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of Month	Was Water Produced? (Yes or No)	Hours of Operation	Finished Water Pumped (gallons)	Disinfectant Residual Concentration for Peak Hourly Flow (mg/L)	Disinfectant Residual Concentration for Minimum Hourly Flow (mg/L)	Disinfectant Residual Concentration for Average Daily Flow (mg/L)	Temp of Water (°C)	Log of Virus Inactivation Required	Minimum Required CT Value	Log of Virus Inactivation Provided	Actual CT Value Provided	Lowest Free Chlorine Residual in Distribution System (mg/L)	Explanation of Actions Taken to Correct Violations of Free Chlorine Residual Requirements
1	X	24.0	84,000		1.5							1.0	
2	X	24.0	77,000		1.5								
3		24.0	73,000										
4	X	24.0	73,000		1.4							1.0	
5	X	24.0	64,800		1.3							1.0	
6	X	24.0	85,500		1.4							1.1	
7	X	24.0	72,100		1.4							1.0	
8	X	24.0	72,600		1.4							1.0	
9	X	24.0	109,200		1.4								
10		24.0	72,050										
11	X	24.0	72,050		1.4							1.1	
12	X	24.0	52,900		1.4							1.1	
13	X	24.0	84,700		1.4							1.2	
14	X	24.0	79,600		1.4							1.1	
15	X	24.0	47,500		1.3							1.0	
16	X	24.0	61,100		1.3								
17		24.0	88,600										
18	X	24.0	88,600		1.5							1.1	
19	X	24.0	71,000		1.3							1.0	
20	X	24.0	62,500		1.3							1.0	
21	X	24.0	82,900		1.2							1.0	
22	X	24.0	67,400		1.2							0.9	
23	X	24.0	82,900		1.4								
24		24.0	85,450										
25	X	24.0	85,450		1.3							1.0	
26	X	24.0	65,200		1.2							0.9	
27	X	24.0	88,800		1.2							0.9	
28	X	24.0	87,300		1.2							0.9	
29	X	24.0	68,600		1.2							0.8	
30	X	24.0	84,800		1.4								
31		24.0											
Total			2,270,600										
Average			73,245										
Maximum			109,200										

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUNDWATER DRAWN FROM SHALLOW AQUIFERS

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: October/2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace	PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	352	Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brad Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Shift Operator	Marty Neals	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

11-3-06	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

	X	24.0	96,600									1.0	
	X	24.0	96,600									1.0	
	X	24.0	76,300									1.1	
	X	24.0	94,500									1.0	
	X	24.0	118,800									0.9	
	X	24.0	94,500										
	X	24.0	110,000										
		24.0	95,200									1.0	
	X	24.0	95,200									1.0	
	X	24.0	80,400									1.1	
	X	24.0	90,500									0.9	
	X	24.0	108,700									0.9	
	X	24.0	82,000										
	X	24.0	100,400										
		24.0	105,650									0.9	
	X	24.0	105,650									1.1	
	X	24.0	59,700									0.9	
	X	24.0	129,300									0.9	
		24.0	94,200									0.9	
	X	24.0	89,700										
		24.0	125,850										
	X	24.0	125,850									0.8	
	X	24.0	137,600									1.0	
	X	24.0	82,100									1.0	
	X	24.0	93,700									1.0	
	X	24.0	104,600									0.9	
	X	24.0	106,400										
	X	24.0	81,400										
		24.0	53,050									1.0	
	X	24.0	53,050									1.0	
	X	24.0	92,000										
			3,067,800										
			98,961										
			133,700										

* 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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12-8-06

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of Month	Was Plant Staffed or Was Raw Water Pumped This Day? (Yes or No)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced This Day* (gal.)	CT Calculations for UV Dose to Demostrate Four-Log Virus Inactivation if Applicable: Peak Hourly Flow Rate (gpd)	CT Calculation: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow (mg/L)	CT Calculation: Disinfectant Contact Time (T) in Minutes Measurement Point During Peak Hourly Flow	CT Calculation: Lowest Temperature Before or at First Customer During Peak Hourly Flow (°C)	CT Calculation: Lowest pH Before or at First Customer During Peak Hourly Flow	CT Calculation: Actual CT Value Provided by Water Treatment Plant	CT Calculation: Minimum CT Value Required for Four-Log Virus Inactivation	UV Dose: Lowest Operating UV Dose Applied (mW-sec/cm²)	UV Dose: Minimum UV Dose Required for Four-Log Virus Inactivation (mW-sec/cm²)	Lowest Residual Disinfectant Concentration in Water Entering Distribution System (mg/L)	Emergency or Unusual Operating Conditions, Repairs or Maintenance Work Done on Plant Units Involved in Treating Water, Start-Up Times, Shut-Downs, Etc.
1	X	24.0	90,500		1.3								1.1	
2	X	24.0	109,600		1.3								1.0	
3	X	24.0	85,200		1.4								1.0	
4	X	24.0	91,300		1.4									
5		24.0	114,750											
6	X	24.0	114,750		1.3								0.9	
7	X	24.0	65,000		1.2								0.8	
8	X	24.0	75,600		1.3								1.0	
9	X	24.0	89,600		1.4								1.0	
10	X	24.0	83,000		1.3								1.0	
11	X	24.0	101,800		1.3									
12		24.0	103,750											
13	X	24.0	103,750		1.3								1.0	
14	X	24.0	88,900		1.3								1.0	
15	X	24.0	101,700		1.4								1.2	
16	X	24.0	80,500		1.3								1.1	
17	X	24.0	84,900		1.3								1.0	
18	X	24.0	105,200		1.3									
19		24.0	94,750											
20	X	24.0	94,750		1.4								1.1	
21	X	24.0	87,400		1.4								1.1	
22	X	24.0	95,400		1.4								1.2	
23	X	24.0	82,200		1.4								1.1	
24	X	24.0	89,400		1.5								1.2	
25		24.0	94,900											
26	X	24.0	94,900		1.4									
27	X	24.0	104,500		1.5								1.2	
28	X	24.0	70,400		1.4								1.0	
29	X	24.0	116,900		1.4								1.1	
30	X	24.0	81,800		1.4								1.1	
31		24.0												
Total			2,797,100											
Average			90,229											
Maximum			116,900											

* 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6393	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	Grade Class	License Number	Days/Shift Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1-5-07

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

	X	24.0	70,200		1.4								1.1
	X	24.0	79,400		1.4								
		24.0	80,900										
	X	24.0	80,900		1.3								1.0
	X	24.0	60,900		1.3								1.0
	X	24.0	103,500		1.5								1.1
	X	24.0	79,800		1.4								1.1
	X	24.0	60,600		1.4								1.1
	X	24.0	76,800		1.4								
		24.0	90,450										
	X	24.0	90,450		1.4								1.0
	X	24.0	64,100		1.3								1.0
	X	24.0	108,200		1.5								1.2
	X	24.0	76,400		1.4								1.2
	X	24.0	92,700		1.4								1.0
	X	24.0	78,200		1.4								
		24.0	86,600										
	X	24.0	86,600		1.3								1.0
	X	24.0	67,000		1.3								1.0
	X	24.0	88,800		1.4								1.0
	X	24.0	70,300		1.3								1.1
	X	24.0	83,300		1.4								1.1
	X	24.0	62,000		1.4								
		24.0	73,150										
	X	24.0	73,150		1.5								1.3
	X	24.0	69,900		1.3								1.1
	X	24.0	83,200		1.3								1.0
	X	24.0	69,900		1.2								1.0
	X	24.0	69,900		1.3								1.0
	X	24.0	100,000		1.3								
		24.0	71,980										
			2,449,280										
			79,009										
			108,200										

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

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

Polymer Dose ppm =		Acrylamide Level, %=	

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

Polymer Dose ppm =		Epichlorohydrin Level, %=	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	1.0mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

M[illegible]THLY OPERATION REPORT FOR PWSs TREATING [illegible]W GROUND WATER OR PURCHASED FINISHED W[illegible]ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	32731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Lead/Chief Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
[redacted]	Will Fontaine	C	6813	Days 1st Shift
[redacted]	Marty Neal	C	10027	Days 1st Shift
[redacted]	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Day Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
		24.0	69,700											
	X	24.0	69,700		1.6								1.3	
	X	24.0	67,100		1.5								1.1	
	X	24.0	65,300		1.5								1.2	
	X	24.0	61,300		1.6								1.3	
	X	24.0	83,300		1.7								1.3	
	X	24.0	67,400		1.6									
		24.0	68,850											
	X	24.0	68,850		1.6								1.3	
	X	24.0	56,500		1.7								1.3	
	X	24.0	110,800		1.5								1.3	
	X	24.0	60,600		1.4								1.1	
	X	24.0	89,800		1.6								1.3	
	X	24.0	61,800		1.7									
		24.0	68,400											
	X	24.0	68,400		1.6								1.3	
	X	24.0	50,700		1.6								1.3	
	X	24.0	76,900		1.5								1.3	
	X	24.0	63,600		1.5								1.2	
	X	24.0	78,300		1.7								1.3	
		24.0	79,950											
	X	24.0	79,950		1.6									
	X	24.0	75,600		1.4								1.1	
	X	24.0	77,500		1.4								1.1	
	X	24.0	67,800		1.6								1.2	
	X	24.0	76,200		1.6								1.3	
	X	24.0	78,600		1.7								1.3	
	X	24.0	82,100		1.6									
		24.0	84,350											
	X	24.0	84,350		1.5								1.2	
	X	24.0	60,400		1.6								1.3	
			2,254,100											
			72,713											
			110,800											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace	PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	352	Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park State: Florida	Zip Code: 32731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator ID Number	Name	License Class	License Number	Day(s) Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.*	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation*
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24.0	73,000		1.6								1.3	
	X	24.0	70,800		1.5								1.3	
	X	24.0	68,400		1.6								1.3	
		24.0	54,400											
	X	24.0	54,400		1.4									
	X	24.0	69,200		1.6								1.2	
	X	24.0	62,700		1.6								1.2	
	X	24.0	72,400		1.7								1.4	
	X	24.0	51,200		1.7								1.4	
	X	24.0	89,900		1.6								1.3	
	X	24.0	46,900		1.7									
		24.0	67,650											
	X	24.0	67,650		1.7								1.3	
	X	24.0	72,200		1.7								1.4	
	X	24.0	78,700		1.7								1.4	
	X	24.0	55,900		1.7								1.3	
	X	24.0	98,000		1.4								1.1	
	X	24.0	88,600		1.5									
		24.0	83,900											
	X	24.0	83,900		1.3								1.0	
	X	24.0	77,800		1.3								1.0	
	X	24.0	88,300		1.3								1.0	
	X	24.0	75,900		1.3								0.9	
	X	24.0	60,500		1.4								1.1	
	X	24.0	84,800		1.5									
		24.0	81,900											
	X	24.0	81,900		1.4								1.1	
	X	24.0	68,300		1.3								1.0	
		24.0												
		24.0												
		24.0												
			2,029,200											
			65,458											
			98,000											

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

MC 'HLY OPERATION REPORT FOR PWSs TREATING ' W GROUND WATER OR PURCHASED FINISHED W 'ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	32731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

..ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATL..

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24.0	87,700		1.3								1.0	
	X	24.0	76,200		1.3								0.9	
	X	24.0	84,300		1.2								0.9	
		24.0	81,950											
	X	24.0	81,950		1.3									
	X	24.0	94,300		1.3								1.0	
	X	24.0	57,500		1.3								1.0	
	X	24.0	97,300		1.4								1.1	
	X	24.0	105,800		1.7								1.4	
	X	24.0	95,400		1.7								1.4	
	X	24.0	107,900		1.5									
		24.0	102,950											
	X	24.0	102,950		1.8								1.4	
	X	24.0	69,200		1.6								1.3	
	X	24.0	127,900		1.5								1.2	
	X	24.0	97,700		1.5								1.2	
	X	24.0	96,600		1.6								1.2	
	X	24.0	111,000		1.5									
		24.0	97,550											
	X	24.0	97,550		1.3								1.0	
	X	24.0	94,100		1.5								1.2	
	X	24.0	108,100		1.5								1.2	
	X	24.0	101,100		1.6								1.3	
	X	24.0	82,900		1.6								1.3	
		24.0	86,400											
	X	24.0	86,400		1.5									
	X	24.0	106,200		1.6								1.3	
	X	24.0	85,300		1.5								1.2	
	X	24.0	130,600		1.3								1.0	
	X	24.0	108,300		1.4								1.1	
	X	24.0	103,200		1.4								1.1	
			2,966,300											
			95,687											
			130,600											

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

M[illegible]THLY OPERATION REPORT FOR PWSs TREATING [illegible]W GROUND WATER OR PURCHASED FINISHED W[illegible]ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Name of Operators	License Class	License Number	Day(s) / Shift(s) Worked
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
		24.0	116,200											
	X	24.0	116,200		1.4									
	X	24.0	108,900		1.4								1.1	
	X	24.0	93,500		1.4								1.1	
	X	24.0	116,900		1.4								1.1	
	X	24.0	109,900		1.5								1.3	
	X	24.0	91,500		1.5								1.2	
	X	24.0	113,200		1.5									
		24.0	76,650											
	X	24.0	76,650		1.4								1.1	
	X	24.0	56,300		1.4								1.1	
	X	24.0	119,400		1.4								1.1	
	X	24.0	77,800		1.4								1.0	
	X	24.0	90,000		1.4								1.1	
	X	24.0	123,000		1.5									
		24.0	89,600											
	X	24.0	89,600		1.3								1.0	
	X	24.0	76,800		1.2								0.9	
	X	24.0	61,700		1.2								0.9	
	X	24.0	65,600		1.2								0.9	
	X	24.0	86,100		1.1								0.8	
	X	24.0	61,900		1.3									
		24.0	77,850											
	X	24.0	77,850		1.2								0.9	
	X	24.0	59,900		1.3								0.9	
	X	24.0	118,500		1.2								0.9	
	X	24.0	87,700		1.1								0.8	
	X	24.0	70,100		1.4								1.0	
	X	24.0	93,000		1.5									
		24.0	76,750											
		24.0												
			2,679,050											
			86,421											
			123,000											

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

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

See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATL..

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations for UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations										
				Peak Flow Rate, gpd.	Lowest Residual* Disinfectant Concentration, (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	76,750		1.5								1.1	
	X	24.0	70,000		1.5								1.1	
	X	24.0	103,200		1.4								1.0	
	X	24.0	99,500		1.4								1.0	
	X	24.0	85,100		1.5								1.0	
	X	24.0	129,100		1.5									
		24.0	95,500											
	X	24.0	95,500		1.4								1.1	
	X	24.0	70,600		1.3								1.0	
	X	24.0	70,600		1.2								0.9	
	X	24.0	57,200		1.3								1.1	
	X	24.0	65,200		1.4								1.1	
	X	24.0	56,900		1.4									
		24.0	77,650											
	X	24.0	77,650		1.5								1.1	
	X	24.0	52,800		1.5								1.2	
	X	24.0	61,800		1.4								1.1	
	X	24.0	53,100		1.5								1.3	
	X	24.0	83,600		1.4								1.1	
	X	24.0	132,300		1.4									
		24.0	91,950											
	X	24.0	91,950		1.4								1.1	
	X	24.0	65,600		1.5								1.2	
	X	24.0	91,800		1.4								1.1	
	X	24.0	100,100		1.3								1.1	
	X	24.0	76,500		1.4								1.2	
	X	24.0	102,100		1.5									
		24.0	84,250											
	X	24.0	84,250		1.3								1.0	
	X	24.0	82,400		1.4								1.1	
	X	24.0	93,800		1.4								1.1	
			2,578,750											
			83,185											
			132,300											

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

MC 'HLY OPERATION REPORT FOR PWSs TREATING ' 'W GROUND WATER OR PURCHASED FINISHED W 'ER

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATL..

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited for Operation (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation*
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	97,700		1.5								1.3	
	X	24.0	72,700		1.5								1.2	
		24.0	67,950											
	X	24.0	67,950		1.5									
	X	24.0	88,700		1.5								1.2	
	X	24.0	68,200		1.5								1.2	
	X	24.0	103,200		1.6								1.4	
	X	24.0	93,000		1.4								1.2	
	X	24.0	115,000		1.5								1.2	
	X	24.0	102,600		1.5									
		24.0	86,500											
	X	24.0	86,500		1.3								1.0	
	X	24.0	58,300		1.4								1.0	
	X	24.0	91,000		1.4								1.1	
	X	24.0	65,100		1.3								1.0	
	X	24.0	75,900		1.4								1.1	
	X	24.0	111,800		1.4									
		24.0	72,750											
	X	24.0	72,750		1.3								1.0	
	X	24.0	53,100		1.3								1.0	
	X	24.0	132,700		1.5								1.1	
	X	24.0	94,900		1.6								1.3	
	X	24.0	94,300		1.5								1.1	
	X	24.0	94,600		1.5									
		24.0	67,950											
	X	24.0	67,950		1.4								1.1	
	X	24.0	52,200		1.6								1.2	
	X	24.0	83,600		1.8								1.5	
	X	24.0	57,700		1.5								1.2	
	X	24.0	57,100		1.3								1.1	
		24.0												
			2,453,700											
			79,152											
			132,700											

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

M[illegible]THLY OPERATION REPORT FOR PWSs TREATING [illegible]W GROUND WATER OR PURCHASED FINISHED W[illegible]ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s) / Shift(s) Worked
[redacted]	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	87,200		1.3									
		24.0	79,700											
	X	24.0	79,700		1.3								1.0	
	X	24.0	74,100		1.3								1.0	
	X	24.0	141,700		1.3								1.0	
	X	24.0	85,700		1.3								1.1	
	X	24.0	59,900		1.4								1.1	
	X	24.0	60,400		1.3									
		24.0	79,500											
	X	24.0	79,500		1.3								1.0	
	X	24.0	63,000		1.4								1.0	
	X	24.0	108,200		1.3								1.0	
	X	24.0	68,200		1.3								1.0	
	X	24.0	76,800		1.3								0.9	
		24.0	92,300											
	X	24.0	92,300		1.3									
	X	24.0	76,500		1.2								0.9	
	X	24.0	53,600		1.2								1.0	
	X	24.0	113,000		1.3								1.0	
	X	24.0	84,100		1.3								1.1	
	X	24.0	108,800		1.3								1.1	
	X	24.0	106,700		1.4									
		24.0	98,500											
	X	24.0	98,500		1.3								1.0	
	X	24.0	70,900		1.3								1.0	
	X	24.0	116,500		1.3								1.1	
	X	24.0	72,600		1.4								1.1	
	X	24.0	100,000		1.3								1.0	
	X	24.0	119,400		1.4									
		24.0	90,650											
	X	24.0	90,650		1.5								1.1	
			2,728,600											
			88,019											
			141,700											

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

MC HLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED W ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s) / Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATE. .

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	X	24.0	79,100		1.5								1.2	
	X	24.0	125,000		1.4								1.2	
	X	24.0	103,700		1.5								1.3	
	X	24.0	81,900		1.4								1.2	
	X	24.0	68,000		1.4									
		24.0	79,650											
	X	24.0	79,650		1.5								1.2	
	X	24.0	76,500		1.3								1.0	
	X	24.0	95,300		1.4								1.0	
	X	24.0	56,300		1.3								1.1	
	X	24.0	119,100		1.3								1.0	
	X	24.0	107,500		1.3									
		24.0	87,600											
	X	24.0	87,600		1.2								0.9	
	X	24.0	71,600		1.3								0.9	
	X	24.0	98,500		1.3								1.0	
	X	24.0	97,000		1.3								1.0	
	X	24.0	78,500		1.3								1.1	
	X	24.0	94,100		1.2									
		24.0	88,050											
	X	24.0	88,050		1.2								0.8	
	X	24.0	87,600		1.3								1.0	
	X	24.0	95,800		1.4								1.0	
	X	24.0	101,200		1.3								1.0	
	X	24.0	55,300		1.4								1.1	
		24.0	70,450											
	X	24.0	70,450		1.4									
	X	24.0	91,000		1.3								1.0	
	X	24.0	66,200		1.4								1.1	
	X	24.0	81,700		1.4								1.1	
	X	24.0	69,400		1.5								1.1	
			2,651,800											
			85,542											
			125,000											

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

MC THLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED W ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace		PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	352		Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace		Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator(s)	Name	License Class	License Number	Day(s) Shift(s) Worked
[redacted]	Will Fontaine	C	6813	Days 1st Shift
[redacted]	Marty Neal	C	10027	Days 1st Shift
[redacted]	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATE..

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations								UV Dose		
Day of the Month	Day Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at $C^{99.9}$ Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	X	24.0	64,000		1.5								1.0	
	X	24.0	77,000		1.5									
		24.0	73,000											
	X	24.0	73,000		1.4								1.0	
	X	24.0	64,800		1.3								1.0	
	X	24.0	85,500		1.4								1.1	
	X	24.0	72,100		1.4								1.0	
	X	24.0	72,600		1.4								1.0	
	X	24.0	109,200		1.4									
		24.0	72,050											
	X	24.0	72,050		1.4								1.1	
	X	24.0	52,900		1.4								1.1	
	X	24.0	84,700		1.4								1.2	
	X	24.0	79,600		1.4								1.1	
	X	24.0	47,500		1.3								1.0	
	X	24.0	61,100		1.3									
		24.0	88,600											
	X	24.0	88,600		1.5								1.1	
	X	24.0	71,000		1.3								1.0	
	X	24.0	62,500		1.3								1.0	
	X	24.0	82,900		1.2								1.0	
	X	24.0	67,400		1.2								0.9	
	X	24.0	82,900		1.4									
		24.0	85,450											
	X	24.0	85,450		1.3								1.0	
	X	24.0	65,200		1.2								0.9	
	X	24.0	88,800		1.2								0.9	
	X	24.0	87,300		1.2								0.9	
	X	24.0	68,600		1.2								0.8	
	X	24.0	84,800		1.4									
		24.0												
			2,270,600											
			73,245											
			109,200											

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

M' 'THLY OPERATION REPORT FOR PWSs TREATING \W GROUND WATER OR PURCHASED FINISHED V 'ER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s) / Shift(s) Worked
[redacted]	Will Fontaine	C	6813	Days 1st Shift
[redacted]	Marty Neal	C	10027	Days 1st Shift
[redacted]	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
		24.0	96,600												
	X	24.0	96,600		1.3									1.0	
	X	24.0	76,500		1.3									1.0	
	X	24.0	94,500		1.3									1.1	
	X	24.0	118,800		1.3									1.0	
	X	24.0	94,500		1.2									0.9	
	X	24.0	110,000		1.3										
		24.0	95,200												
	X	24.0	95,200		1.3									1.0	
	X	24.0	80,400		1.3									1.0	
	X	24.0	90,500		1.3									1.1	
	X	24.0	103,700		1.2									0.9	
	X	24.0	82,000		1.3									0.9	
	X	24.0	100,400		1.3										
		24.0	105,650												
	X	24.0	105,650		1.2									0.9	
	X	24.0	59,700		1.3									1.1	
	X	24.0	129,300		1.2									0.9	
	X	24.0	94,200		1.2									0.9	
	X	24.0	89,700		1.2									0.9	
		24.0	125,850												
	X	24.0	125,850		1.3										
	X	24.0	131,100		1.2									0.8	
	X	24.0	82,100		1.3									1.0	
	X	24.0	133,700		1.3									1.0	
	X	24.0	104,600		1.2									1.0	
	X	24.0	106,100		1.2									0.9	
	X	24.0	81,300		1.3										
		24.0	83,050												
	X	24.0	83,050		1.3									1.0	
	X	24.0	92,000		1.3									1.0	
			3,067,800												
			98,961												
			133,700												

* 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 Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
[redacted]	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

..ONTHLY OPERATION REPORT FOR PW"Ss TREATING . .AW GROUND WATER OR PURCHASED FINISHED WATE..

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

				CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									
				CT Calculations						UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
[redacted]	X	24.0	90,500		1.3								1.1	
[redacted]	X	24.0	109,600		1.3								1.0	
[redacted]	X	24.0	85,200		1.4								1.0	
[redacted]	X	24.0	91,300		1.4									
[redacted]		24.0	114,750											
[redacted]	X	24.0	114,750		1.3								0.9	
[redacted]	X	24.0	65,000		1.2								0.8	
[redacted]	X	24.0	75,600		1.3								1.0	
[redacted]	X	24.0	89,600		1.4								1.0	
[redacted]	X	24.0	83,000		1.3								1.0	
[redacted]	X	24.0	101,800		1.3									
[redacted]		24.0	103,750											
[redacted]	X	24.0	103,750		1.3								1.0	
[redacted]	X	24.0	88,900		1.3								1.0	
[redacted]	X	24.0	101,700		1.4								1.2	
[redacted]	X	24.0	80,500		1.3								1.1	
[redacted]	X	24.0	84,900		1.3								1.0	
[redacted]	X	24.0	105,200		1.3									
[redacted]		24.0	94,750											
[redacted]	X	24.0	94,750		1.4								1.1	
[redacted]	X	24.0	87,400		1.4								1.1	
[redacted]	X	24.0	95,400		1.4								1.2	
[redacted]	X	24.0	82,200		1.4								1.1	
[redacted]	X	24.0	89,400		1.5								1.2	
[redacted]		24.0	94,900											
[redacted]	X	24.0	94,900		1.4									
[redacted]	X	24.0	104,500		1.5								1.2	
[redacted]	X	24.0	70,400		1.4								1.0	
[redacted]	X	24.0	116,900		1.4								1.1	
[redacted]	X	24.0	81,800		1.4								1.1	
[redacted]		24.0												
[redacted]			2,797,100											
[redacted]			90,229											
[redacted]			116,900											

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

M' THLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED W ER

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name:	Valencia Terrace			PWS Identification Number:	3351421
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	352			Total Population Served at End of Month:	1,056
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Valencia Terrace			Plant Telephone Number:	352-787-0980
Plant Address:	Trout Lane	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operator(s)	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Will Fontaine	C-6813

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

PWS ID:	3351421	Plant Name:	Valencia Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations							UV Dose			Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time, (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24.0	70,200		1.4								1.1	
	X	24.0	79,400		1.4									
		24.0	80,900											
	X	24.0	80,900		1.3								1.0	
	X	24.0	60,900		1.3								1.0	
	X	24.0	103,500		1.5								1.1	
	X	24.0	79,800		1.4								1.1	
	X	24.0	60,600		1.4								1.1	
	X	24.0	76,800		1.4									
		24.0	90,450											
	X	24.0	90,450		1.4								1.0	
	X	24.0	64,100		1.3								1.0	
	X	24.0	108,200		1.5								1.2	
	X	24.0	76,400		1.4								1.2	
	X	24.0	92,700		1.4								1.0	
	X	24.0	78,200		1.4									
		24.0	86,600											
	X	24.0	86,600		1.3								1.0	
	X	24.0	67,000		1.3								1.0	
	X	24.0	88,800		1.4								1.0	
	X	24.0	70,300		1.3								1.1	
	X	24.0	83,300		1.4								1.1	
	X	24.0	62,000		1.4									
		24.0	73,150											
	X	24.0	73,150		1.5								1.3	
	X	24.0	69,900		1.3								1.1	
	X	24.0	83,200		1.3								1.0	
	X	24.0	69,900		1.2								1.0	
	X	24.0	69,900		1.3								1.0	
	X	24.0	100,000		1.3									
		24.0	71,980											
			2,449,280											
			79,009											
			108,200											

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

St. Johns River
Water Management District
Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at *www.sjrwmd.com.*

July 2, 2004

LETTER MODIFICATION ISSUED: November 30, 2006

Aqua Utilities Florida
PO Box 490310
Leesburg, FL 34749

SUBJECT: Consumptive Use Permit Number 2632
Aqua Utilities Florida - Valencia Terrace

Dear Sir/Madam:

Enclosed is your permit as authorized by the St. Johns River Water Management District on July 02, 2004 and modified on November 30, 2006.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Aqua Utilities Florida
Po Box 490310
Leesburg, FL 34749-0310

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

GOVERNING BOARD

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R. Clay Albright OCALA
Susan N. Hughes PONTE VEDRA
William W. Kerr MELBOURNE BEACH
Ometrias D. Long APOPKA
W. Leonard Wood FERNANDINA BEACH

16. All submittals made to demonstrate compliance with this permit must include the permit number 2632 plainly labeled on the submittals.

17. Total withdrawal from Well No. 1R (GRS #104616) and Well No. 2 (GRS #9707), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

18. The permittee must have the flow meter calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.

19. The permittee must propose and implement specific water conservation measures (e.g. on-going leak detection and main-line replacement programs) to try and reduce the amount of water being lost to main breaks. A report detailing the conservation measures implemented and summarizing their effectiveness (audit of potable system) must be submitted as part of the compliance report required every five years.

20. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by December 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:

    (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, October 20, 1996;

    (b) address the effectiveness of conservation measures implemented to reduce water losses to line breaks; and

    (c) summarize the status of any rate cases with the Public Service Commission.

21. The permittee must submit, for adoption, a District approved water conserving rate structure to the Florida Public Service Commission (FPSC) as part of their next water rate case.

22. Prior to beginning usage, the new 8-inch diameter Well 1R (104616) must be equipped with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. Documentation (i.e. manufacturer's specifications and photo) of the proper installation of this meter must be submitted within 30 days of meter placement.

23. The permittee shall plug and abandon Well 1 (9706) no later than July 1, 2007. Plugging and abandonment of these wells shall conform to District requirements under Rule 40 C – 3, F.A.C.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing notice of District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

2. If the Governing Board takes action that substantially differs from the notice of District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida. Petitions received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.

6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.

8. A person with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of their property, has the right to, within 30 days of receipt of the notice of District decision regarding a permit application, apply for a special magistrate proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the Office of the District Clerk located at District Headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, FL 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes. Requests for relief received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day.

9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph nos. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph nos. 1 or 2 above waives the right to a special magistrate proceeding. (Subsection 70.51(10)(b), Florida Statutes).

10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special magistrate proceeding. (Subsection 70.51(3), Florida Statutes).

Notice Of Rights

11. Any person whose substantial interests are or may be affected who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of rendering of the final District action, (Section 373.617, Florida Statutes).

12. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.

13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Florida Department of Environmental Protection and any person named in the order within 20 days of the rendering of the District order.

14. A District action is considered rendered, as referred to in paragraph nos. 11, 12, and 13 above, after it is signed on behalf of the District, and is filed by the District Clerk.

15. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph nos. 11 and 12 above, or for Commission review as described in paragraph no. 13 above, will result in waiver of that right to review.

Notice Of Rights
Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Aqua Utilities Florida
PO Box 490310
Leesburg, FL 34749

At 4:00 p.m. this 5th day of December, 2006.

Gloria Lewis

Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 2632

St. Johns River
Water Management District
Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at *www.sjrwmd.com.*

July 2, 2004

LETTER MODIFICATION ISSUED: November 30, 2006

Aqua Utilities Florida
PO Box 490310
Leesburg, FL 34749

SUBJECT: Consumptive Use Permit Number 2632
Aqua Utilities Florida - Valencia Terrace

Dear Sir/Madam:

Enclosed is your permit as authorized by the St. Johns River Water Management District on July 02, 2004 and modified on November 30, 2006.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Aqua Utilities Florida
Po Box 490310
Leesburg, FL 34749-0310

DOCUMENT NUMBER-DATE
04314 MAY 22 80
FPSC-COMMISSION CLERK

GOVERNING BOARD

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R. Clay Albright OCALA
Susan N. Hughes PONTE VEDRA
William W. Kerr MELBOURNE BEACH
Ometrias D. Long APOPKA
W. Leonard Wood FERNANDINA BEACH

PERMIT NO. 2632 **DATE ISSUED:** July 2, 2004
LETTER MODIFICATION ISSUED: November 30, 2006

PROJECT NAME: Aqua Utilities Florida - Valencia Terrace

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 42.56 million gallons per year of ground water from the Floridan aquifer for household type uses.

LOCATION:

Site: Lake Utilities/Valencia Terrace
Lake County

Section: 10 Township: 19 South Range: 24 East

ISSUED TO:

Aqua Utilities Florida
PO Box 490310
Leesburg, FL 34749

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities, which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights, nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 30, 2006

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____
Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2632
AQUA UTILITIES FLORIDA
DATED JULY 2, 2004
LETTER MODIFICATION ISSUED: November 30, 2006

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.

2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.

3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.

4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.

5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittee's. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.

6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.

8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.

9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
    (a) Irrigation using a micro-irrigation system is allowed anytime.

    (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

    (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

    (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

    (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

11. Well No.1 (GRS # 9706) and Well No. 2 (GRS #9707), as listed on the application, are coupled together and are equipped with an individual, totalizing flowmeter. This meter is installed too close to an elbow and a tee in the piping system. This meter must be relocated according to American Water Works Association (AWWA) standards. Documentation that this meter has been re-installed according to AWWA standards must be submitted to the District within 90-days of permit issuance. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.

12. This permit will expire on August 11, 2020.

13. Maximum annual ground water withdrawals for household and water utility type uses must not exceed:

    39.61 million gallons in 2000;
    39.82 million gallons in 2001;
    40.03 million gallons in 2002;
    40.24 million gallons in 2003;
    40.45 million gallons in 2004.
    40.66 million gallons in 2005;
    40.87 million gallons in 2006;
    41.08 million gallons in 2007;
    41.29 million gallons in 2008;
    41.50 million gallons in 2009;
    41.72 million gallons in 2010.
    41.92 million gallons in 2011;
    42.14 million gallons in 2012;
    42.34 million gallons in 2013;
    42.56 million gallons in 2014 through 2020.

14. The permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.

15. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

16. All submittals made to demonstrate compliance with this permit must include the permit number 2632 plainly labeled on the submittals.

17. Total withdrawal from Well No. 1R (GRS #104616) and Well No. 2 (GRS #9707), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

18. The permittee must have the flow meter calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.

19. The permittee must propose and implement specific water conservation measures (e.g. on-going leak detection and main-line replacement programs) to try and reduce the amount of water being lost to main breaks. A report detailing the conservation measures implemented and summarizing their effectiveness (audit of potable system) must be submitted as part of the compliance report required every five years.

20. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by December 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:

    (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, October 20, 1996;

    (b) address the effectiveness of conservation measures implemented to reduce water losses to line breaks; and

    (c) summarize the status of any rate cases with the Public Service Commission.

21. The permittee must submit, for adoption, a District approved water conserving rate structure to the Florida Public Service Commission (FPSC) as part of their next water rate case.

22. Prior to beginning usage, the new 8-inch diameter Well 1R (104616) must be equipped with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. Documentation (i.e. manufacturer's specifications and photo) of the proper installation of this meter must be submitted within 30 days of meter placement.

23. The permittee shall plug and abandon Well 1 (9706) no later than July 1, 2007. Plugging and abandonment of these wells shall conform to District requirements under Rule 40 C – 3, F.A.C.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing notice of District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

2. If the Governing Board takes action that substantially differs from the notice of District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida. Petitions received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.

6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.

8. A person with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of their property, has the right to, within 30 days of receipt of the notice of District decision regarding a permit application, apply for a special magistrate proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the Office of the District Clerk located at District Headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, FL 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes. Requests for relief received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day.

9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph nos. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph nos. 1 or 2 above waives the right to a special magistrate proceeding. (Subsection 70.51(10)(b), Florida Statutes).

10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special magistrate proceeding. (Subsection 70.51(3), Florida Statutes).

Notice Of Rights

11. Any person whose substantial interests are or may be affected who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of rendering of the final District action, (Section 373.617, Florida Statutes).

12. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.

13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Florida Department of Environmental Protection and any person named in the order within 20 days of the rendering of the District order.

14. A District action is considered rendered, as referred to in paragraph nos. 11, 12, and 13 above, after it is signed on behalf of the District, and is filed by the District Clerk.

15. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph nos. 11 and 12 above, or for Commission review as described in paragraph no. 13 above, will result in waiver of that right to review.

Notice Of Rights
Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Aqua Utilities Florida
PO Box 490310
Leesburg, FL 34749

At 4:00 p.m. this 5th day of December, 2006.

Gloria Lewis

Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 2632

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐ 5600 US 1 North, Fort Pierce, FL 34946, FDOH # E96080	☑ 4155 St. Johns Parkway, Suite 1300, Sanford, FL 32771, FDOH # E83509	☐ 307 Coolidge Ave., Lehigh Acres, FL 33936, FDOH # E85370	☐ 16331 Cortez Blvd., Brooksville, FL 3460, FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2534

HBEL Report Number: 2130059 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/4/07 1230

Received for Laboratory By: PAM

Analysis Date and Time: 12/4/07 1655

Analysis Method Requested:
☑ Colilert ☐ Membrane Filtration PWS I.D. 3 3 5 1 4 2 1

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 4.7 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

System Name: 6423 VALENCIA TERRACE (AUF-LAKE Co.)

System Address: 0361B TROUT LANE

City: LEESBURG System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: Jonny Morgan Collector's Phone #: SAME

Relinquished By: _____ Received By: _____ Relinquished By: _____

Date/Time: 12/4/07 Date/Time: 12/4/07 Date/Time: 12/4/07 12:38

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient-Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date(s): 12/4/07

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type [1]	Disinfect Res'd mg/L	pH
W1	Well 1	8:55A	R	—	—
W2	Well 2	8:50A	R	—	—
R1	34325 Black Bass	8:20A	D	2.7	—
R2	65 Eden Dr.	8:35A	D	2.3	—

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.5

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other
Person performing analysis is:
☑ A certified operator (# CL697) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748
Attn: Patrick Farris

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B
Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
	A			2130059001
	A			002
	A			003
	A			2130059004

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid

Analyst: PAM

Report authorized by: _____ Technical Director or Designee

Date: 12/7/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

Page 1 of 1

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)
2 Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE
04314 MAY 22
FPSC-COMMISSION CLERK

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: October 30, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Venetian Village THM/HAA5 **[2129695]**
Received: 10/16/07 13:27

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Venetian Village THM/HAA5 **[2129695]**
Received: 10/16/07 13:27

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2129695]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Venetian Village THM/HAA5

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2129695001** *Sample ID:* **28930 Tammi Dr (MRT) Grab**						*Sampled:* 10/16/07 9:15 *Matrix:* Water		*Received:* 10/16/07 13:27 Results reported on Wet Weight Basis		
Bromodichloromethane		6.2	ug/L	0.25	EPA 524.2	VOC2852		10/24/07 23:45	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2852		10/24/07 23:45	WR	E96080
Chloroform		15	ug/L	0.25	EPA 524.2	VOC2852		10/24/07 23:45	WR	E96080
Dibromochloromethane		2.1	ug/L	0.30	EPA 524.2	VOC2852		10/24/07 23:45	WR	E96080
Total THMs		24	ug/L	0.25	EPA 524.2	VOC2852		10/24/07 23:45	WR	E96080
Dibromoacetic Acid		0.66	ug/L	0.18	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Dichloroacetic Acid		6.2	ug/L	0.66	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Total HAAs		9.9	ug/L	0.18	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Trichloroacetic acid		3.1	ug/L	0.20	EPA 552.1	PEST5009	10/24/07 11:00	10/25/07 0:50	JL	E96080
Laboratory ID: **2129695002** *Sample ID:* **Trip Blank**						*Sampled:* *Matrix:* Water		*Received:* 10/16/07 13:27 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2852		10/25/07 0:18	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2852		10/25/07 0:18	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2852		10/25/07 0:18	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2852		10/25/07 0:18	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2852		10/25/07 0:18	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: February 27, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace NO2/NO3 **[2127966]**
Received: 2/20/07 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace NO2/NO3
Received: 2/20/07 13:00

[2127966]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
500 U.S. I North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2127966]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terrace NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127966001**						*Sampled:* 02/20/07 8:40		*Received:* 02/20/07 13:00		
Sample ID: **Point of Entry**						*Matrix:* Water		Results reported on Wet Weight Basis		
Nitrate as N		**0.032**	mg/L	0.0030	EPA 300.0	IC7128		02/21/07 13:42	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7128		02/21/07 13:42	JL	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

Date issued: November 15, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village HAA5 **[2127253]**
Received: 11/07/06 15:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village HAA5 **[2127253]**
Received: 11/07/06 15:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2127253001	28930 Tammi Dr "MRT" Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127253]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6425 Venetian Village HAA5

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127253001**										
Sample ID: **28930 Tammi Dr "MRT" Grab**										
Sampled: 11/07/06 9:30 *Received:* 11/07/06 15:00										
Matrix: Water					Results reported on Wet Weight Basis					
Dibromoacetic Acid		**0.18 U**	ug/L	0.18	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080
Dichloroacetic Acid		**5.9**	ug/L	0.66	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080
Monobromoacetic Acid		**0.28 U**	ug/L	0.28	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080
Monochloroacetic Acid		**0.88 U**	ug/L	0.88	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080
Total HAAs		**9.4**	ug/L	0.18	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080
Trichloroacetic acid		**3.5**	ug/L	0.20	EPA 552.1	PEST4822	11/9/06 12:48	11/9/06 18:34	JL	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 27, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace Odor DE **[2127159]**
Received: 10/26/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

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ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace Odor DE **[2127159]**
Received: 10/26/06 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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CERTIFICATE OF ANALYSIS

[2127159]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terrace Odor DE

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127159001**							*Sampled:* 10/26/06 9:05	*Received:* 10/26/06 13:00		
Sample ID: ***Point of Entry Grab***							*Matrix:* Water	Results reported on Wet Weight Basis		
Odor - Dechlorinated		**1.0 U**	T.O.N.	1.0	EPA 140.1	WCDE15298		10/26/06 15:50	PA	E83509

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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Date issued: November 10, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terr Tri-Annual **[2127126]**
Received: 10/19/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terr Tri-Annual
Received: 10/19/06 13:00

[2127126]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2127126001	Point of Entry Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST4814		
2127126001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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CERTIFICATE OF ANALYSIS

[2127126]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terr Tri-Annual

Laboratory ID: **2127126001**
Sample ID: **Point of Entry Grab**

Sampled: 10/19/06 11:50 *Received:* 10/19/06 13:00
Matrix: Water
Results reported on Wet Weight Basis

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
pH	Q	7.69	SU	0.200	EPA 150.1	WCGE26476		10/21/06 17:10	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Barium		0.016	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Iron		0.27	mg/L	0.025	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Manganese		0.015	mg/L	0.0037	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Sodium		5.8	mg/L	0.50	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8196		11/7/06 16:43	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:34	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:54	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8187		10/27/06 13:10	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8194	10/31/06 9:45	11/1/06 15:51	DM	E96080
Chloride		17	mg/L	5.0	EPA 300.0	IC6989		10/20/06 14:39	JL	E96080
Fluoride		0.090	mg/L	0.011	EPA 300.0	IC6990		10/20/06 17:09	JL	E96080
Nitrate as N		0.050	mg/L	0.0030	EPA 300.0	IC6990		10/20/06 17:09	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6990		10/20/06 17:09	JL	E96080
Sulfate		6.0	mg/L	1.4	EPA 300.0	IC6989		10/20/06 14:39	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 23:57	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 23:57	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:33	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:25	JL	E96080
,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080

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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

CERTIFICATE OF ANALYSIS

[2127126]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terr Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2717		10/27/06 18:15	WR	E96080
Alachlor		0.59 U	ug/L	0.59	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
bis(2-ethylhexyl)phthalate		0.82 U	ug/L	0.82	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 9:35	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 21:57	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 21:57	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2344		10/23/06 15:57	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2449	10/23/06 9:43	10/24/06 2:31	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/23/06 9:44	10/31/06 13:24	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26463		10/20/06 15:25	TCL	E96080
Total Dissolved Solids		190	mg/L	16	SM2540 C	WCGE26497		10/25/06 15:15	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26554	11/1/06 10:00	11/2/06 17:05	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26474	10/20/06 14:15	10/20/06 16:46	GG	E96080

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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127126]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terr Tri-Annual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127126002**					*Sampled:*		*Received:* 10/19/06 13:00			
Sample ID: **TRIP BLANK**					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC2717		10/27/06 18:49	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

HARBOR BRANCH
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LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 10, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Valencia 6423 THM/HAA5 Grab **[2126881]**
Received: 9/21/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Valencia 6423 THM/HAA5 Grab
Received: 9/21/06 13:00

[2126881]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
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CERTIFICATE OF ANALYSIS

[2126881]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Valencia 6423 THM/HAA5 Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126881001**							*Sampled:* 09/21/06 9:50	*Received:* 09/21/06 13:00		
Sample ID: **65 Lake Griffin Dr MRT**							*Matrix:* Water	Results reported on Wet Weight Basis		
Bromodichloromethane		**1.8**	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 0:14	WR	E96080
Bromoform		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2702		10/3/06 0:14	WR	E96080
Chloroform		**1.2**	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 0:14	WR	E96080
Dibromochloromethane		**1.7**	ug/L	0.30	EPA 524.2	VOC2702		10/3/06 0:14	WR	E96080
Total THMs		**5.0**	ug/L	0.50	EPA 524.2	VOC2702		10/3/06 0:14	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: March 20, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village NO2/NO3 **[2125109]**
Received: 3/16/06 13:45

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village NO2/NO3 **[2125109]**
Received: 3/16/06 13:45

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS
[2125109]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6425 Venetian Village NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125109001**					*Sampled:* 03/16/06 8:25		*Received:* 03/16/06 13:45			
Sample ID: **POEntry "Venetian Vill" Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
Nitrate as N		0.010	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 15:48	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 15:48	RS	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Date issued: March 17, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace NO2/NO3 **[2125019]**
Received: 3/09/06 13:30

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6423 Valencia Terrace NO2/NO3 **[2125019]**
Received: 3/09/06 13:30

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2125019]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6423 Valencia Terrace NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125019001** *Sample ID:* **P.O.E. Grab**						*Sampled: 03/09/06 9:00* *Matrix: Water*		*Received: 03/09/06 13:30* Results reported on Wet Weight Basis		
Nitrate as N		**0.048**	mg/L	0.0030	EPA 300.0	IC6715		03/10/06 18:44	RS	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC6715		03/10/06 18:44	RS	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined belo Statement of Estimated Uncertainty available upon request.

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL
[PAFarris@aquaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0474

Lake County – PW	PWS ID Number
Fern Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 29, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo
Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name VALENCIA TERRACE S/D County Lake PWS ID # 3351421
Plant Location 03618 Trout Lane, Fruitland Park, FL 34731 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone (352) 435-4029
This Survey Date 04/11/07 Last Survey Date 04/29/04 Last C.I. Date 8/24/99

PWS TYPE & CLASS
- ☒ Community (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date HRS #8412, 11/8/72, HRS #B-14673, 7/26/73, WC35-2019, 1/12/78, WC35-261196, 12/19/94
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Will Fontaine C-6813 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 5 + 1 *Actual* 5 + 1
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Population and number of service connections reported on MORs differs from Department records.
Number of Service Connections 357
Population Served: 1,250 Basis Operator
Average Day (from MORs) 83,916 gpd
Max. Day (from MORs) 143,900 gpd 01/07
Max-day Design Capacity 720,000 gpd

WRITTEN PROGRAMS
O & M Manual Yes Located Water treatment plant
Written Preventive Maintenance Program Yes
Flushing Plan ☒ Yes ☐ No Records No
Valve Maint Plan ☒ Yes ☐ No Records No
Emergency Response Plan ☒ Yes ☐ No ☐ N/A
Comments

RAW WATER SOURCE
- ☒ GROUND; Number of Wells 2
- ☐ SURFACE/UDI; Source
- ☐ PURCHASED from PWS ID #
- ☐ Emergency Water Source
  Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Kohler Diesel
Capacity of Standby (kW) 85
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

Satisfy average day demand? ☒ Yes ☐ No ☐ Unk
Comments Audio-visual alarm and remote telemetry in the event of a power loss.

TREATMENT PROCESSES IN USE
Disinfection
Iron sequestration (Aquadene)
What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 6" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
DDBP Monitoring Plan: ☒ Yes ☐ No ☐ N/A
Distribution System Map ☒ Yes ☐ No ☐ N/A
Written Cross-connection Control Program:
Inadequate
Comments Flow meter last calibrated 04/13/05 by Central Florida Controls, Inc.

PWS ID # 3351421
Date 04/11/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1(back- up) (AAC3240)	2 (AAC3241)	3 Not permitted	
Year Drilled		1973	1977		
Depth Drilled		285'	350'		
Drilling Method		Unknown	Cable tool		
Type of Grout		Unknown	Cement		
Static Water Level		Unknown	50'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		130'	190'		
Diameter (outside casing)		8"	8"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		Microbial	No		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vertical turbine	Submersible		
	Manufacturer Name	Goulds	Jacuzzi		
	Model Number	8DHHC	2056-H5-TZ		
	Rated Capacity (gpm)	750	250		
	Motor Horsepower	50	20		
Well casing 12" above grade?		Yes	No		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Housing	Fence		
Well Vent Protection		Yes	Yes		

COMMENTS The Department will accept the upper terminus of the well casing of well #2 unless the well is shown to be microbially or chemically contaminated. Due to repeated total-coliform positive raw samples, disinfection and a 20 sample bacteriological survey was required to determine if well #1 is susceptible to microbial contamination. Based on results of January 2006 bacteriological survey, well #1 is considered susceptible to microbial contamination and treatment that reliably achieves at least four-log inactivation or removal of viruses before or at the first customer at all flow rates must be provided; documentation was submitted to the Department on 04/26/07 and is currently under review.

PWS ID # 3351421
Date 04/11/07

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity 100 ppd
Chlorine Feed Rate 9-10 ppd
Avg. Amount of Cl_2 gas used 3 ppd
Chlorine Residuals: Plant 1.13 Remote 1.27
Remote tap location Lift Station
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info 1 HP Goulds mod 25GBC10
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☒	
Auto-switchover	☐	☒	Average consumption < 10 ppd
Alarms:			
Loss of Cl_2 capability	☒	☐	
Loss of Cl_2 residual	☐	☒	
Cl_2 leak detection	☐	☒	
Scale	☒	☐	
Chained Cylinders	☒	☐	
Reserve Supply	☒	☐	
Adequate Air-pak	☐	☒	Kept at office
Sign of Leaks	☐	☒	
Fresh Ammonia	☒	☐	
Ventilation	☒	☐	
Room Lighting	☒	☐	
Warning Signs	☒	☐	
Repair Kits	☒	☐	
Fitted Wrench	☒	☐	
Housing/Protection	☒	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	6,600		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments "Like-for-like" tank replacement on 03/08/06. Bacteriological evaluations were submitted to the Department.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3351421
Date 04/11/07

DEFICIENCIES:

1. **Failure to provide a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health.**

   At each treatment plant with gas chlorination facilities, the supplier of water shall provide in a convenient location, but not inside any room where chlorine is stored or handled, a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health. [Rule 62-555.320(13)(a)10a, F.A.C.]

2. **Failure to adequately establish and implement a cross-connection control program.**

   Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

   Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

   Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, www.frwa.net, also has a cross-connection control manual for your reference

3. **Failure to keep records documenting that isolation valves are being exercised.**

   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.]

4. **Failure to keep records documenting that dead-end water mains are being flushed.**

   Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

5. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records.** Population and the number of service connections reported on MORs differ from Department records.

   Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C]

COMMENTS/REMINDERS:

- **It was noted during the inspection that there is a well #3, which has not been permitted by this Department.**

  The following is a preliminary notice to advise you of this department's requirements that must be met after the St. Johns River Water Management District has issued the permit to construct your well.

  In accordance with Chapter 62-555, Florida Administrative Code (F.A.C.), it shall be necessary to provide, and obtain approval for, those items below prior to constructing any of the potable water system (raw water piping, pumping, treatment, distribution piping, etc.) beyond the well head:

  a. A legible copy of the well contractor's well completion report following completion of the drilling operation.

  b. THROUGH A FLORIDA-REGISTERED PROFESSIONAL ENGINEER, a completed application [DEP Form 62-555.900(1), copy enclosed] with one copy of signed and sealed engineering plans, specifications, appropriate fee and related documents (including pump curve and well yield test results) covering this well, pump, piping, and any treatment and distribution facilities for review towards approval for equipping & connecting this well beyond the well head.

REMINDERS/COMMENTS (continued):

c. Results of a chemical analysis of a sample of water from this well performed by a laboratory certified by the State of Florida, Department of Health for the following parameters:
   - o **Nitrate**
   - o **Nitrite**
   - o **Turbidity, NTU (Note: Well should be properly developed until a turbidity level of 1.0 NTU or less is demonstrated.)**
   - o **Hydrogen Sulfide**
   - o **Secondary Standards**

Following disinfection of the well and installation of the permanent pump, results of a 20-sample bacteriological survey will be required. No more than two samples, at least six hours apart, shall be collected per day. The samples of raw water from the well shall be submitted to a laboratory certified by the Department of Health for bacteriological analysis.

Any questions or documents pertaining to this issue should be addressed to Richard Lott or Osama Mahmoud, DEP Drinking Water Permitting, at 3319 Maguire Boulevard, Orlando, FL 32803 or via telephone at (407) 894-7555. [Rule 62-555.520(1)(b), F.A.C.]

Please be advised that failure to obtain written approval and/or a construction permit from the Department may result in enforcement action.

- Provide a copy of the written notification for the replacement of the hydropneumatic tank on 03/08/06.

  No construction permit is required for the types of work or alterations listed in subparagraph 1 below. However, suppliers of water shall submit written notification to the Department before beginning such work or alterations. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements in Part III of Chapter 62-555, F.A.C., including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required because the work/alterations is/are not of a type listed under this paragraph.

  1. Replacement of any existing drinking water pumping, storage, or treatment facilities, including chemical application facilities and residuals handling facilities, with new facilities of the same design and capacity, and at the same general location, as the existing facilities. [Rule 62-555.520, (1), F.A.C.]

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

  For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

  All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.**

  Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

  Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, 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.]

PWS ID # 3351421
Date 04/11/07

REMINDERS/COMMENTS (continued):

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.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

- **Provide information for all items marked "unknown."**

Inspector Danielle D Owens Title Environmental Specialist I Date 05/10/07

Approved by _____ Title Environmental Manager Date 5/17/07

RESPONSE FORM

PWS ID Number: 3351421

PWS Name: **VALENCIA TERRACE S/D**

Mailing Address: _____

Date: _____

Please provide any changes to the following:

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: **Danielle D. Owens,** Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated April 11, 2007, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	**Corrective Action Done**	**Date Done**

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

AQUA
Utilities Florida

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 2, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

1. *Failure to adequately establish and implement a cross-connection control program.*

Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. *Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.*

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

Fern Terrace PWS 3350370:

1. *The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.*

Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 2/12/07 and 2/13/07, both passed.

Skycrest PWS 3351205:

1. *The maximum contaminant level for total coliform bacteria was exceeded during April 2007.*

Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 4/16/07 and 4/17/07, both passed.

Valencia Terrace PWS 3351421:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Grand Terrace PWS 3354697:

1. *The maximum contaminant level for total coliform bacteria was exceeded during November 2006.*

Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 11/6/06 and 11/7/06, both passed.

Western Shores PWS 3351464:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Silver Lake Estates PWS 3351182:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. *Failure to submit a capacity analysis report.*

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

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

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

Plant: Rio Terrace

Month/Year: April 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading Start	Hydrant Meter Reading End	Total Gallons Flushed	Location of Flush Points	Reason Flushed
4/24	clear	1.5	2"	15	50				bentley ph	FP

Flushing Legend:

Flushing Program FP — Line Repair LR
Customer Complaint CC — Main Clearance MC
Contractor Use CU — (explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: April 2007
Month/Year: Quarterly

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/12								2725	Well 2	Samples
4/26	clear	1.5	2"	10	50				Magnolia	FP

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Cleanance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Grand Terr
Month/Year: April 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/26	Clear	1.5	Hyd	10	50				Ashley	FP

Flushing Legend:

Flushing Program FP	Line Repair LR
Customer Complaint CC	Main Clearance MC
Contractor Use CU	(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: April 2007
Month/Year: Morningview

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/24	clear	1.3	2"	10	50				Ponds 6 & 10	FP
4/26	clear	1.3	2"	10	50				Locations	FP

Flushing Legend:

Flushing Program FP — Line Repair LR
Customer Complaint CC — Main Cleanout MC
Contractor Use CU — (explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

Plant: Quail Ridge

Month/Year: April 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/16	Clear	1.4	4 inch	60	50				Quail Ridge	FP

Flushing Legend:

Flushing Program FP — Line Repair LR
Customer Complaint CC — Main Clearance MC
Contractor Use CU — (explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

A UA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

Plant: Silver Lake Estates
Month/Year: April 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/16		1.5	2"	10	60				Green Meadows	FP

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

Plant: Skycrest
Month/Year: Apr 1 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/16								1000	Whse	FP Spot

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

Plant: Valencia Terrace

Month/Year: April 2017

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear. Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			

Flushing Legend:

Flushing Program FP — Line Repair LR
Customer Complaint CC — Main Clearance MC
Contractor Use CU — (explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

AUA
Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

Plant: Western Shores

Month/Year: April 2007

FLUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Meter Reading		Total Gallons Flushed	Location of Flush Points	Reason Flushed
						Start	End			
4/4								2,100	Well	Samples
4/19		1.5	2"	10	50				Island Dr	FP
4/19		1.5	Hyd	10	50				Linda Ln	FP

Flushing Legend:

Flushing Program FP
Customer Complaint CC
Contractor Use CU
Line Repair LR
Main Clearance MC
(explain others)

WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**
NO DISCHARGE FROM SITE:
MONITORING PERIOD--From: **01/01/07** To: **01/31/07**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.043**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.6**	**3.6**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.0**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/02/27

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

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 01/01/07 To: 01/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					4.7	4.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				6.9		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					4		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					3	3	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					49.6%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.4	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					280		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					190		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.040

MONITORING PERIOD--From: 01/01/07 To: 01/31/07 (TMADF/Permitted Capacity)x100: 50%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.044			7.3		2.2					
2	0.047			7.3		1.1					
3	0.040			7.4		2.2					
4	0.040			7.3		2.2					
5	0.042			7.3		2.2					
6	0.028					2.2					
7	0.050										
8	0.050			6.9		2.2					
9	0.031			7.3		2.2					
10	0.054			7.3		2.2					
11	0.034			7.4		2.2					
12	0.046			7.3		2.2					
13	0.026					2.2					
14	0.047										
15	0.046			7.3		2.2					
16	0.048			7.4		2.2					
17	0.038			7.4		2.2					
18	0.028	3.6	4.7	7.5	3	2.2	2.4	280.0	190.0		
19	0.055			7.4		2.2					
20	0.031					2.2					
21	0.055										
22	0.055			7.3		1.3					
23	0.036			7.4		2.2					
24	0.048			7.4		2.2					
25	0.040			7.4		2.2					
26	0.042			7.3		2.2					
27	0.032					2.2					
28	0.050										
29	0.050			7.4		2.2					
30	0.047			7.3		2.2					
31	0.040			7.2		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **02/01/07** To: **02/28/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.041**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**	**2.6**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.2**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/03/21

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 02/01/07 To: 02/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.4	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					4		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					2	2	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					50.8%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						2.5	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					270		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					170		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.041

MONITORING PERIOD–From: 02/01/07 To: 02/28/07 (TMADF/Permitted Capacity)x100: 51%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.041			7.3		2.2					
2	0.043			7.2		2.2					
3	0.030					2.2					
4	0.049										
5	0.049			7.2		2.2					
6	0.047			7.3		2.2					
7	0.036			7.4		2.2					
8	0.034	2.6	3.0	7.4	2	2.2	2.5	270.0	170.0		
9	0.053			7.4		2.2					
10	0.034					2.2					
11	0.053										
12	0.051			7.4		2.2					
13	0.044			7.3		2.2					
14	0.048			7.4		2.2					
15	0.048			7.3		2.2					
16	0.044			7.3		2.2					
17	0.031					2.2					
18	0.054										
19	0.053			7.4		2.2					
20	0.049			7.4		2.2					
21	0.043			7.3		2.2					
22	0.048			7.2		2.2					
23	0.047			7.3		2.2					
24	0.040					2.2					
25	0.050										
26	0.050			7.4		2.2					
27	0.043			7.3		2.2					
28	0.048			7.3		2.2					
29											
30											
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **03/01/07** To: **03/31/07**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.042**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.2**	**3.2**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.8**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/04/26

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 03/01/07 To: 03/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					9.5	9.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.1		7.4	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					3	3	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					52.5%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						0.5	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					240		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					180		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.041

MONITORING PERIOD--From: 03/01/07 To: 03/31/07 (TMADF/Permitted Capacity)x100: 51%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.043			7.3		2.2					
2	0.043			7.3		2.2					
3	0.037										
4	0.037					2.2					
5	0.060			7.2		2.2					
6	0.050			7.2		2.2					
7	0.030			7.2		2.2					
8	0.052			7.1		2.2					
9	0.036			7.1		2.2					
10	0.036					2.2					
11	0.044										
12	0.043			7.2		2.2					
13	0.046			7.2		2.2					
14	0.049			7.3		2.2					
15	0.025	3.2	9.5	7.3	3	2.2	0.49	240.0	180.0		
16	0.044			7.4		2.2					
17	0.037					2.2					
18	0.050										
19	0.050			7.4		2.2					
20	0.044			7.2		2.2					
21	0.041			7.2		2.2					
22	0.041			7.1		2.2					
23	0.040			7.1		2.2					
24	0.038					2.2					
25	0.047										
26	0.046			7.1		2.2					
27	0.044			7.1		2.2					
28	0.042			7.1		2.2					
29	0.040			7.1		2.2					
30	0.042			7.2		2.2					
31	0.031					2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **04/01/07** To: **04/30/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**<2.0**	**<2.0**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.9**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/05/22

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 04/01/07 To: 04/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.1		7.4	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					50.0%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						6.6	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					270		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					190		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.040

MONITORING PERIOD–From: 04/01/07 To: 04/30/07 (TMADF/Permitted Capacity)x100: 50%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.046										
2	0.046			7.1		2.2					
3	0.037			7.1		2.2					
4	0.032			7.4		2.2					
5	0.052			7.2		2.2					
6	0.038			7.1		2.2					
7	0.035					2.2					
8	0.042										
9	0.042			7.2		2.2					
10	0.040			7.3		2.2					
11	0.037			7.3		2.2					
12	0.029	<2.0	2.8	7.4	<1.0	2.2	6.6	270.0	190.0		
13	0.052			7.3		2.2					
14	0.028					2.2					
15	0.046										
16	0.044			7.3		2.2					
17	0.035			7.2		2.2					
18	0.040			7.2		2.2					
19	0.034			7.2		2.2					
20	0.038			7.3		2.2					
21	0.036					2.2					
22	0.035										
23	0.041			7.3		2.2					
24	0.038			7.2		2.2					
25	0.032			7.2		2.2					
26	0.038			7.3		2.2					
27	0.038			7.2		2.2					
28	0.031					2.2					
29	0.031										
30	0.047			7.3		2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

NO DISCHARGE FROM SITE:

MONITORING PERIOD–From: **05/01/07** To: **05/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.037		mgd					0	6 Days/week	Flow Meter
	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow PARM Code 50050 I Mon.Site No. EFF-1	Sample Measurement	0.032		mgd					0	6 Days/week	Flow Meter
	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement					2.7		mg/L	0	Monthly	Grab
	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement					4.0		mg/L	0	Monthly	Grab
	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/06/20

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD–From: 05/01/07 To: 05/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					4.9	4.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					4	4	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					46.3%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						13.0	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					280		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.037

MONITORING PERIOD--From: 05/01/07 To: 05/31/07 (TMADF/Permitted Capacity)x100: 46%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.036			7.3		2.2					
2	0.032			7.3		2.2					
3	0.034			7.2		2.2					
4	0.031			7.2		2.2					
5	0.032					2.2					
6	0.040										
7	0.040			7.3		2.2					
8	0.034			7.2		2.2					
9	0.026			7.4		2.2					
10	0.028	2.2	4.9	7.4	4	2.2	13.0	280.0	220.0		
11	0.030			7.3		2.2					
12	0.046					2.2					
13	0.034										
14	0.032			7.3		2.2					
15	0.024			7.3		2.2					
16	0.029			7.3		2.2					
17	0.029			7.4		2.2	0.56				
18	0.034			7.3		2.2					
19	0.024					2.2					
20	0.035										
21	0.034			7.5		2.2					
22	0.030			7.3		2.2					
23	0.029			7.3		2.2					
24	0.029			7.2		2.2					
25	0.031			7.2		2.2					
26	0.024					2.2					
27	0.030										
28	0.029			7.2		2.2					
29	0.042			7.2		2.2					
30	0.025			7.2		2.2					
31	0.028			7.2		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **06/01/07** To: **06/30/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.029**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**<2.0**	**<2.0**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.7**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/07/27

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 06/01/07 To: 06/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement					1.1	1.1	mg/L	0	Monthly	Grab
	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement					2		#/100ml	0	Monthly	Grab
	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement					<1.0	<1.0	#/100ml	0	Monthly	Grab
	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. EFF-1	Sample Measurement					40.8%		%	0	Monthly	Calculated
	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N) PARM Code 00620 I Mon.Site No. EFA-1	Sample Measurement						2.1	mg/L	0	Monthly	Grab
	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement					260		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement					160		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.033

MONITORING PERIOD--From: 06/01/07 To: 06/30/07 (TMADF/Permitted Capacity)x100: 41%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.026			7.4		2.2					
2	0.030					2.2					
3	0.036										
4	0.036			7.2		2.2					
5	0.029			7.3		2.2					
6	0.029			7.3		2.2					
7	0.031			7.3		2.2					
8	0.028			7.2		2.2					
9	0.017					2.2					
10	0.034										
11	0.034			7.5		2.2					
12	0.038			7.4		2.2					
13	0.025			7.4		2.2					
14	0.022	<2.0	<1.1	7.3	<1.0	2.2	2.1	260.0	160.0		
15	0.032			7.3		2.2					
16	0.036					2.2					
17	0.032										
18	0.031			7.3		2.2					
19	0.031			7.3		2.2					
20	0.028			7.3		2.2					
21	0.023			7.5		2.2					
22	0.041			7.4		2.2					
23	0.022					2.2					
24	0.036										
25	0.035			7.3		2.2					
26	0.030			7.3		2.2					
27	0.028			7.3		2.2					
28	0.029			7.3		2.2					
29	0.028			7.3		2.2					
30	0.024					2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **07/01/07** To: **07/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.031**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.1**	**3.1**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.8**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/08/16

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 07/01/07 To: 07/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.7	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					3		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					10	110	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					38.3%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.9	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					250		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.031

MONITORING PERIOD--From: 07/01/07 To: 07/31/07 (TMADF/Permitted Capacity)x100: 38%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.032										
2	0.031			7.3		2.2					
3	0.034			7.2		2.2					
4	0.022			7.2		2.2					
5	0.036			7.4		2.2					
6	0.034			7.3		2.2					
7	0.027										
8	0.027					2.2					
9	0.041			7.3		2.2					
10	0.029			7.4		2.2					
11	0.024			7.6		2.2					
12	0.025	3.1	3.6	7.6	110B	2.2	0.9				
13	0.043			7.4		2.2					
14	0.028					2.2					
15	0.028										
16	0.037			7.3		2.2					
17	0.038			7.4	<1	2.2					
18	0.019			7.7		2.2					
19	0.028			7.7		2.2					
20	0.031			7.7		2.2					
21	0.029					2.2					
22	0.032										
23	0.032			7.6		2.2					
24	0.031			7.5		2.2					
25	0.025			7.5		2.2					
26	0.032			7.6		2.2					
27	0.030			7.5		2.2					
28	0.025					2.2					
29	0.037										
30	0.036			7.2		2.2					
31	0.031			7.2		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD–From: **08/01/07** To: **08/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.030**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**<2**	**<2**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.9**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/09/20

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 08/01/07 To: 08/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.6	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					3		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1	<1	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					37.5%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						6.16	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					286		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					217		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.030

MONITORING PERIOD--From: 08/01/07 To: 08/31/07 (TMADF/Permitted Capacity)x100: 38%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.031			7.2		2.2					
2	0.031			7.2		2.2					
3	0.034			7.4		2.2					
4	0.019					2.2					
5	0.040										
6	0.038			7.5		2.2					
7	0.030			7.4		2.2					
8	0.031			7.5		2.2					
9	0.022	<2	2.8	7.6	<1	2.2	6.16	286.0	217.0		
10	0.040			7.5		2.2					
11	0.016					2.2					
12	0.038										
13	0.038			7.4		2.2					
14	0.023			7.6		2.2					
15	0.032			7.6		2.2					
16	0.030			7.5		2.2					
17	0.026			7.5		2.2					
18	0.029					2.2					
19	0.030										
20	0.029			7.4		2.2					
21	0.029			7.4		2.2					
22	0.022			7.5		2.2					
23	0.026			7.5		2.2					
24	0.036			7.5		2.2					
25	0.022					2.2					
26	0.030										
27	0.030			7.6		2.2					
28	0.031			7.6		2.2					
29	0.030			7.5		2.2					
30	0.023			7.5		2.2					
31	0.038			7.4		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

REPORT: **Monthly**
GROUP: **Domestic**

MONITORING PERIOD--From: **09/01/07** To: **09/30/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.031**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**<2**	**<2**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	-				**4.1**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/10/25

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 09/01/07 To: 09/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement					3.5	3.5	mg/L	0	Monthly	Grab
	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement				7.3		7.6	mg/L	0	5 Days/Week	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement					2		#/100ml	0	Monthly	Grab
	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement					<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. EFF-1	Sample Measurement					38.3%		%	0	Monthly	Calculated
	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon.Site No. EFA-1	Sample Measurement						3.5	mg/L	0	Monthly	Grab
	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement					283		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement					179		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.031

MONITORING PERIOD--From: 09/01/07 To: 09/30/07 (TMADF/Permitted Capacity)x100: 38%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.025					2.2					
2	0.025										
3	0.024			7.4		2.2					
4	0.042			7.4		2.2					
5	0.028			7.4		2.2					
6	0.028			7.5		2.2					
7	0.031			7.3		2.2					
8	0.023										
9	0.034										
10	0.032			7.5		2.2					
11	0.031			7.6		2.2					
12	0.031			7.5		2.2					
13	0.023	2U	3.5	7.5	1U	2.2	3.48				
14	0.038			7.4		2.2					
15	0.022					2.2					
16	0.037										
17	0.037			7.4		2.2					
18	0.034			7.3		2.2					
19	0.032			7.3		2.2					
20	0.032			7.4		2.2					
21	0.042			7.4		2.2					
22	0.024					2.2					
23	0.041										
24	0.041			7.3		2.2					
25	0.037			7.3		2.2					
26	0.031			7.3		2.2					
27	0.031			7.4		2.2					
28	0.038			7.3		2.2					
29	0.029					2.2					
30	0.040										
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**
NO DISCHARGE FROM SITE:
MONITORING PERIOD--From: **10/01/07** To: **10/31/07**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						6 Days/week	Flow Meter
Flow	Sample Measurement	0.047		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						6 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.0		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/11/20

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 10/01/07 To: 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.1		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					45.0%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.4	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					170		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					210		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.036

MONITORING PERIOD--From: 10/01/07 To: 10/31/07 (TMADF/Permitted Capacity)x100: 45%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.040			7.4		2.2					
2	0.033			7.3		2.2					
3	0.025			7.3		2.2					
4	0.042			7.4		2.2					
5	0.030			7.4		2.2					
6	0.025					2.2					
7	0.042										
8	0.042			7.4		2.2					
9	0.034			7.4		2.2					
10	0.026			7.4		2.2					
11	0.029	2U	1.4	7.5	1U	2.2	3.4				
12	0.037			7.3		2.2					
13	0.032										
14	0.032					2.2					
15	0.037			7.3		2.2					
16	0.036			7.4		2.2					
17	0.032			7.3		2.2					
18	0.035			7.3		2.2					
19	0.035			7.1		2.2					
20	0.034					2.2					
21	0.042										
22	0.042			7.2		2.2					
23	0.035			7.2		2.2					
24	0.034			7.4		2.2					
25	0.036			7.5		2.2					
26	0.410			7.5		2.2					
27	0.024					2.2					
28	0.040										
29	0.040			7.4		1.3					
30	0.037			7.5		2.2					
31	0.032			7.4		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **11/01/07** To: **11/30/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**	**2.7**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.8**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/12/13

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 11/01/07 To: 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.5	1.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.6	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1	<1	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					47.9%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						6.4	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					180		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.038

MONITORING PERIOD--From: 11/01/07 To: 11/30/07 (TMADF/Permitted Capacity)x100: 48%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.043			7.4		2.2					
2	0.029			7.4		2.2					
3	0.032					2.2					
4	0.038										
5	0.038			7.2		2.2					
6	0.042			7.5		2.2					
7	0.035			7.6		2.2					
8	0.032	2.7Y	1.5	7.5	<1	2.2	6.4	220.0	180.0		
9	0.047			7.5		2.2					
10	0.034					2.2					
11	0.044										
12	0.044			7.4		2.2					
13	0.065			7.4		2.2					
14	0.037			7.4		2.2					
15	0.038			7.5		2.2					
16	0.036			7.4		2.2					
17	0.025					2.2					
18	0.044										
19	0.044			7.4		2.2					
20	0.037			7.4		2.2					
21	0.044			7.3		2.2					
22	0.018			7.2		2.2					
23	0.034			7.4		2.2					
24	0.035					2.2					
25	0.035										
26	0.050			7.3		2.2					
27	0.038			7.3		2.2					
28	0.031			7.2		2.2					
29	0.034			7.2		2.2					
30	0.031			7.2		2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

\\ NO DISCHARGE FROM SITE:

MONITORING PERIOD–From: **12/01/07** To: **12/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.035**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.2**	**3.2**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.7**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	08/01/24

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 12/01/07 To: 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement					5.4	5.4	mg/L	0	Monthly	Grab
	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement					2		#/100ml	0	Monthly	Grab
	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement					<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. EFF-1	Sample Measurement					49.6%		%	0	Monthly	Calculated
	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N) PARM Code 00620 I Mon.Site No. EFA-1	Sample Measurement						4.3	mg/L	0	Monthly	Grab
	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement					260		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement					210		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.040

MONITORING PERIOD--From: 12/01/07 To: 12/31/07 (TMADF/Permitted Capacity)x100: 50%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.019					2.2					
2	0.041										
3	0.040			7.3		2.2					
4	0.035			7.4		2.2					
5	0.020			7.4		2.2					
6	0.052			7.3		2.2					
7	0.037			7.4		2.2					
8	0.025					2.2					
9	0.041										
10	0.041			7.4		2.2					
11	0.032			7.5		2.2					
12	0.038			7.4		2.2					
13	0.019	3.2	5.4	7.5	<1	2.2	4.3	260.0	210.0		
14	0.046			7.4		2.2					
15	0.024					2.2					
16	0.040										
17	0.039			7.5		2.2					
18	0.028			7.3		2.2					
19	0.042			7.3		2.2					
20	0.020			7.3		2.2					
21	0.046			7.2		2.2					
22	0.018					2.2					
23	0.042										
24	0.042			7.2		2.2					
25	0.024			7.2		2.2					
26	0.036			7.2		2.2					
27	0.036			7.2		1.5					
28	0.040			7.2		2.2					
29	0.026					2.2					
30	0.043										
31	0.042			7.2		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **01/01/06** To: **01/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.06 (An.Avg)		mgd						6 Days/week	Flow Meter
Flow	Sample Measurement	**0.045**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						6 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.3**	**3.3**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.2**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/02/21

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

DOCUMENT NUMBER-DATE
04314 MAY 22 08
FPSC-COMMISSION CLERK

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 01/01/06 To: 01/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.6	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					49.2%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						5.4	mg/L	0	Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					240		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					280		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.039

MONITORING PERIOD--From: 01/01/06 To: 01/31/06 (TMADF/Permitted Capacity)x100: 49%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.044										
2	0.044			7.4		2.2					
3	0.037			7.2		2.2					
4	0.041			7.3		2.2					
5	0.050			7.2		2.2					
6	0.031			7.4		2.2					
7	0.040										
8	0.040					2.2					
9	0.055			7.4		2.2					
10	0.028			7.3		2.2					
11	0.043			7.4		2.2					
12	0.040			7.3		2.2					
13	0.042			7.3		2.2					
14	0.040					2.2					
15	0.047										
16	0.047			7.4		2.2					
17	0.050			7.5		2.2					
18	0.037			7.5		2.2					
19	0.052	3.3V	3.9	7.5	1U	2.2	5.4	240V	280.0		
20	0.052			7.4		2.2					
21	0.028					2.2					
22	0.054										
23	0.054			7.6		2.2					
24	0.062			7.5		2.2					
25	0.043			7.5		2.2					
26	0.034			7.6		2.2					
27	0.046			7.5		2.2					
28	0.061					2.2					
29	0.059										
30	0.059			7.4		2.2					
31	0.034			7.5		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010599	REPORT: Monthly
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	GROUP: Domestic
	Leesburg, FL 34749	CLASS SIZE:	N/A	
		MONITORING GROUP NUMBER:	R-001 and Influent	
FACILITY:	*Valencia Terrace WWTF*			
LOCATION:	Black Bass Circle and Picciola Cut-Off Fruitland Park, FL	NO DISCHARGE FROM SITE:		
COUNTY:	Lake	MONITORING PERIOD–From:	02/01/06	To: 02/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.036		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.05 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	0.042		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					30.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					30.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/03/23

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 02/01/06 To: 02/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	88.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					52.1%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						15.0	mg/L	1	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.042

MONITORING PERIOD--From: 02/01/06 To: 02/28/06 (TMADF/Permitted Capacity)x100: 52%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.047			7.4		2.2					
2	0.054			7.3		2.2					
3	0.032			7.3		2.2					
4	0.053					2.2					
5	0.043										
6	0.042			7.4		2.2					
7	0.049			7.4		2.2					
8	0.060			7.3		2.2					
9	0.028	2U	1.1U	7.3	1U	2.2	15.0	220.0	220.0		
10	0.058			7.3		2.2					
11	0.026					2.2					
12	0.048										
13	0.048			7.3		2.2					
14	0.061			7.3		2.2					
15	0.034			7.3		2.2					
16	0.043			7.4		2.2					
17	0.040			7.4		2.2					
18	0.047					2.2					
19	0.053										
20	0.053			7.5		2.2					
21	0.044			7.4		2.2					
22	0.043			7.4		2.2					
23	0.044			7.3		2.2					
24	0.056			7.3		2.2					
25	0.026					2.2					
26	0.056										
27	0.056			7.4		2.2					
28	0.052			7.3		2.2	0.1				
29											
30											
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**
NO DISCHARGE FROM SITE:
MONITORING PERIOD--From: **03/01/06** To: **03/31/06**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.09 (An.Avg.)		mgd						6 Days/week	Flow Meter
Flow	Sample Measurement	**0.047**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						6 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.7**	**2.7**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**2.8**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/04/11

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 03/01/06 To: 03/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					55.8%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						3.1	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					300		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					260		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.045

MONITORING PERIOD--From: 03/01/06 To: 03/31/06 (TMADF/Permitted Capacity)x100: 56%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.046			7.3		2.2					
2	0.029	2.7V	2.6	7.4	1U	2.2	3.1	300V	260.0		
3	0.054			7.4		2.2					
4	0.022					2.2					
5	0.054										
6	0.054			7.3		2.2					
7	0.041			7.3		2.2					
8	0.062			7.2		2.2					
9	0.055			7.3		2.2					
10	0.035			7.4		2.2					
11	0.047					2.2					
12	0.060										
13	0.060			7.3		2.2					
14	0.047			7.4		2.2					
15	0.052			7.3		2.2					
16	0.034			7.2		2.2					
17	0.050			7.4		2.2					
18	0.047					2.2					
19	0.051										
20	0.051			7.4		2.2					
21	0.050			7.4		2.2					
22	0.049			7.3		2.2					
23	0.046			7.4		2.2					
24	0.044			7.4		2.2					
25	0.043										
26	0.043					2.2					
27	0.048			7.5		2.2					
28	0.062			7.4		2.2					
29	0.035			7.4		2.2					
30	0.035			7.5		2.2					
31	0.066			7.4		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD–From: **04/01/06** To: **04/30/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.036**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.06 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.039**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2U**	**2U**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/05/09

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 04/01/06 To: 04/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.7	1.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					53.3%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						2.5	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					200		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					75		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.043

MONITORING PERIOD--From: 04/01/06 To: 04/30/06 (TMADF/Permitted Capacity)x100: 53%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.042										
2	0.042					2.2					
3	0.047			7.4		2.2					
4	0.059			7.4		2.2					
5	0.049			7.4		2.2					
6	0.042	2U	1.7	7.5	1U	2.2	2.5	200.0	75.0		
7	0.022			7.4		2.2					
8	0.053					2.2					
9	0.044										
10	0.044			7.3		2.2					
11	0.025			7.3		2.2					
12	0.052			7.4		2.2					
13	0.035			7.4		2.2					
14	0.028			7.4		2.2					
15	0.047					2.2					
16	0.042										
17	0.042			7.4		2.2					
18	0.037			7.4		2.2					
19	0.046			7.4		2.2					
20	0.031			7.4		2.2					
21	0.048			7.3		2.2					
22	0.030					2.0					
23	0.046										
24	0.046			7.4		2.1					
25	0.025			7.5		2.2					
26	0.047			7.5		2.2					
27	0.034			7.4		2.2					
28	0.035			7.5		1.2					
29	0.034					2.2					
30	0.037										
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	**FLA010599**	REPORT: **Monthly**
MAILING ADDRESS:	PO Box 490310	LIMIT:	**Final**	GROUP: **Domestic**
	Leesburg, FL 34749	CLASS SIZE:	**N/A**	
		MONITORING GROUP NUMBER:	**R-001 and Influent**	
FACILITY:	**Valencia Terrace WWTF**			
LOCATION:	Black Bass Circle and Picciola Cut-Off Fruitland Park, FL	NO DISCHARGE FROM SITE:		
COUNTY:	Lake	MONITORING PERIOD--From:	**05/01/06**	To: **05/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.034**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2U**	**2U**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**2.7**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/06/07

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD–From: 05/01/06 To: 05/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.7	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					50.0%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						12.0	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					250		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					160		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.040

MONITORING PERIOD--From: 05/01/06 To: 05/31/06 (TMADF/Permitted Capacity)x100: 50%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.037			7.5		1.7					
2	0.037			7.5		2.2					
3	0.035			7.4		2.2					
4	0.035			7.4		2.0					
5	0.031			7.6		2.2					
6	0.037					1.9					
7	0.040										
8	0.040			7.7		0.7					
9	0.032			7.4		1.1					
10	0.032			7.4		1.5					
11	0.026			7.4		2.2					
12	0.043			7.4		2.2					
13	0.022					2.2					
14	0.036										
15	0.036			7.3		1.0					
16	0.037			7.3		2.2					
17	0.029			7.2		2.2					
18	0.025	2U	2.8	7.3	1U	2.2	12.0	250.0	160.0		
19	0.040			7.3		2.2					
20	0.026					2.2					
21	0.042										
22	0.043			7.2		2.2					
23	0.020			7.4		2.2					
24	0.028			7.6		2.2	4.9				
25	0.037			7.4		2.2					
26	0.030			7.4		2.2					
27	0.026					2.2					
28	0.033										
29	0.033			7.4		2.2					
30	0.042			7.6		1.2					
31	0.031			7.5		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **06/01/06** To: **06/30/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.037**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.040**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.8**	**2.8**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.0**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/07/18

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 06/01/06 To: 06/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					5.1	5.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					36	36	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					47.1%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						5.9	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					260		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					160		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.038

MONITORING PERIOD–From: 06/01/06 To: 11/30/04 (TMADF/Permitted Capacity)x100: 47%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.039			7.4		2.2					
2	0.026			7.4		2.2					
3	0.028										
4	0.029					2.2					
5	0.050			7.4		2.2					
6	0.036			7.3		2.2					
7	0.025			7.3		2.2					
8	0.280	2.8V	5.1	7.5	36	2.2	5.9	260V	160.0		
9	0.032			7.4		2.2					
10	0.033					2.2					
11	0.033										
12	0.034			7.4		2.2					
13	0.043			7.5		2.2					
14	0.037			7.5		2.2					
15	0.028			7.5		2.2					
16	0.026			7.4		2.2					
17	0.031			7.5		2.2					
18	0.035										
19	0.036			7.5		2.2					
20	0.029			7.4		2.2					
21	0.022			7.4		2.2					
22	0.031			7.4		2.2					
23	0.035			7.4		2.2					
24	0.035			7.4		2.2					
25	0.043										
26	0.042			7.3		2.2					
27	0.033			7.4		2.2					
28	0.032			7.3		2.2					
29	0.028			7.3		2.2					
30	0.042			7.3		2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: ***Final***
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: *Black Bass Circle and Picciola Cut-Off*
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **07/01/06** To: **07/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						6 Days/week	Flow Meter
Flow	Sample Measurement	**0.033**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.4**	**2.4**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report *(Mo.Avg)*	60.0 *(Max.)*	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.0**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/08/16

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

Signed copy was sent to DEP. CM

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: **07/01/06** To: **07/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.6	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (Ari.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					44.6%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						13.0	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					200		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					150		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.036

MONITORING PERIOD--From: 07/01/06 To: 07/31/06 (TMADF/Permitted Capacity)x100: 45%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.029					2.2					
2	0.031										
3	0.032			7.3		2.2					
4	0.034			7.3		2.2					
5	0.040			7.4		2.2					
6	0.052			7.3		2.2					
7	0.026			7.3		2.2					
8	0.035					2.2					
9	0.037										
10	0.037			7.5		2.2					
11	0.037			7.4		2.2					
12	0.025			7.5		2.2					
13	0.029	2.4	2.4	7.5	1U	2.2	13.0	200.0	150.0		
14	0.032			7.4		2.2					
15	0.024					2.2					
16	0.031										
17	0.030			7.5		2.2					
18	0.029			7.6		2.2					
19	0.029			7.5		2.2					
20	0.026			7.6		2.2	1.5				
21	0.029			7.6		2.2					
22	0.031					2.2					
23	0.040										
24	0.040			7.5		2.2					
25	0.046			7.6		2.2					
26	0.025			7.4		2.2					
27	0.029			7.4		2.2					
28	0.028			7.3		2.2					
29	0.030					2.2					
30	0.037										
31	0.037			7.4		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.033

MONITORING PERIOD--From: 10/01/06 To: 10/31/06 (TMADF/Permitted Capacity)x100: 41%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.040										
2	0.040			7.3		2.2					
3	0.032			7.4		2.2					
4	0.038			7.4		2.2					
5	0.036			7.3		2.2					
6	0.034			7.4		2.2					
7	0.022					2.2					
8	0.036										
9	0.036			7.3		2.2					
10	0.031			7.3		2.2					
11	0.035			7.4		2.2					
12	0.029	3.0	3.1	7.4	1U	2.2	0.2	240.0	210.0		
13	0.042			7.5		2.2					
14	0.024					2.2					
15	0.034										
16	0.034			7.4		2.2					
17	0.044			7.3		2.2					
18	0.037			7.3		2.2					
19	0.024			7.4		2.2					
20	0.042			7.3		2.2					
21	0.036					2.2					
22	0.041										
23	0.040			7.3		2.2					
24	0.038			7.3		2.2					
25	0.032			7.4		2.2					
26	0.032			7.4		2.2					
27	0.035			7.3		2.2					
28	0.025					2.2					
29	0.046										
30	0.046			7.2		2.2					
31	0.026			7.3		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**
NO DISCHARGE FROM SITE:
MONITORING PERIOD--From: **10/01/06** To: **10/31/06**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.035**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.0**	**3.0**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.1**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/11/16

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 10/01/06 To: 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.1	3.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					40.8%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						0.2	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					240		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					210		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.032

MONITORING PERIOD–From: 09/01/06 To: 09/30/06 (TMADF/Permitted Capacity)x100: 40%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.037			7.3		2.2					
2	0.023					2.2					
3	0.028										
4	0.028			7.4		2.2					
5	0.035			7.3		2.2					
6	0.031			7.4		2.2					
7	0.030	2U	1.4	7.4	3	2.2	0.7	220.0	140.0		
8	0.034			7.4		2.2					
9	0.041					2.2					
10	0.037										
11	0.037			7.5		2.2					
12	0.030			7.5		2.2					
13	0.031			7.6		2.2					
14	0.031			7.4		2.2					
15	0.030			7.4		2.2					
16	0.023					2.2					
17	0.035										
18	0.035			7.3		2.2					
19	0.036			7.3		2.2					
20	0.030			7.4		2.2					
21	0.031			7.4		2.2					
22	0.029			7.3		2.2					
23	0.034					2.2					
24	0.037										
25	0.036			7.4		2.2					
26	0.032			7.3		2.2					
27	0.031			7.3		2.2					
28	0.029			7.4		2.2					
29	0.041			7.3		2.2					
30	0.020					2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **09/01/06** To: **09/30/06**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg.)		mgd						6 Days/week	Flow Meter
Flow	Sample Measurement	0.031		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg.)		mgd						6 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/10/25

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 09/01/06 To: 09/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.6	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					3	3	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					40.0%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.7	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					140		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.035

MONITORING PERIOD--From: 08/01/06 To: 08/31/06 (TMADF/Permitted Capacity)x100: 44%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.029			7.4		2.2					
2	0.036			7.3		2.2					
3	0.030			7.4		2.2					
4	0.022			7.3		2.2					
5	0.029					2.2					
6	0.040										
7	0.038			7.3		2.2					
8	0.031			7.3		2.2					
9	0.029			7.3		2.2					
10	0.029	2U	1.4	7.4	1	2.2	0.8	210.0	120.0		
11	0.037			7.3		2.2					
12	0.025					2.2					
13	0.025										
14	0.046			7.4		2.2					
15	0.035			7.4		2.2					
16	0.031			7.3		2.2					
17	0.029			7.3		2.2					
18	0.035			7.4		2.2					
19	0.026					2.2					
20	0.036										
21	0.035			7.4		2.2					
22	0.032			7.4		2.2					
23	0.038			7.4		2.2					
24	0.030			7.4		2.2					
25	0.037			7.5		2.2					
26	0.023					2.2					
27	0.038										
28	0.037			7.4		2.2					
29	0.019			7.4		2.2					
30	0.041			7.4		2.2					
31	0.019			7.3		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **08/01/06** To: **08/31/06**

REPORT: **Monthly**
GROUP: **Domestic**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.032**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.5**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2U**	**2U**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.0**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/09/22

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: 08/01/06 To: 08/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					43.8%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						0.8	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					210		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					120		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010599**
LIMIT: **Final**
CLASS SIZE: **N/A**
MONITORING GROUP NUMBER: **R-001 and Influent**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Valencia Terrace WWTF**
LOCATION: Black Bass Circle and Picciola Cut-Off
Fruitland Park, FL
COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: **11/01/06** To: **11/30/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**3.9**	**3.9**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/12/20

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD–From: **11/01/06** To: **11/30/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.5	mg/L	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					5		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					43.3%		%	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N)	Sample Measurement						6.8	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					210		mg/L	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement					260		mg/L	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.035

MONITORING PERIOD--From: 11/01/06 To: 11/30/06 (TMADF/Permitted Capacity)x100: 43%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.042			7.4		2.2					
2	0.035			7.4		2.2					
3	0.029			7.4		2.2					
4	0.036										
5	0.035					2.2					
6	0.058			7.5		2.2					
7	0.029			7.5		2.2					
8	0.038			7.5		2.2					
9	0.035	3.9	2.8	7.5	1U	2.2	6.8	210.0	260.0		
10	0.041			7.4		2.2					
11	0.036					2.2					
12	0.048										
13	0.048			7.2		2.2					
14	0.043			7.4		2.2					
15	0.035			7.3		2.2					
16	0.037			7.3		2.2					
17	0.036			7.3		2.2					
18	0.040					2.2					
19	0.040										
20	0.040			7.3		2.2					
21	0.049			7.3		2.2					
22	0.041			7.4		2.2					
23	0.032			7.3		2.2					
24	0.040			7.3		2.2					
25	0.035										
26	0.035					2.2					
27	0.052			7.3		2.2					
28	0.036			7.3		2.2					
29	0.044			7.3		2.2					
30	0.036			7.3		2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	**FLA010599**	REPORT:	**Monthly**
MAILING ADDRESS:	PO Box 490310	LIMIT:	**Final**	GROUP:	**Domestic**
	Leesburg, FL 34749	CLASS SIZE:	**N/A**		
		MONITORING GROUP NUMBER:	**R-001 and Influent**		
FACILITY:	**Valencia Terrace WWTF**				
LOCATION:	Black Bass Circle and Picciola Cut-Off	NO DISCHARGE FROM SITE:			
	Fruitland Park, FL				
COUNTY:	Lake	MONITORING PERIOD--From:	**12/01/06**	To:	**12/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Measurement	0.08 (An.Avg)		mgd						5 Days/week	Flow Meter
Flow	Sample Measurement	**0.038**		mgd					0	6 Days/week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Measurement	Report (Mo.Avg)		mgd						5 Days/week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					**2.6**	**2.6**	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					**3.0**		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement					20.0 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/01/22

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Valencia Terrace WWTF Permit Number: FLA010599 MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD--From: **12/01/06** To: **12/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement					7.3	7.3	mg/L	0	Monthly	Grab
	Permit Measurement					Report (Mo.Avg)	60.0 (Max.)	mg/L		Monthly	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement				7.2		7.4	mg/L	0	5 Days/Week	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	mg/L		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement					4		#/100ml	0	Monthly	Grab
	Permit Measurement					200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement					1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement					Report (Mo.Geo.Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. EFF-1	Sample Measurement					46.3%		%	0	Monthly	Calculated
	Permit Measurement					Report		%		Monthly	Calculated
Nitrogen, Nirtate, Total (as N) PARM Code 00620 I Mon.Site No. EFA-1	Sample Measurement						4.9	mg/L	0	Monthly	Grab
	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement					220		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement					320		mg/L	0	Annually	Grab
	Permit Measurement					Report		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010599 Facility: Valencia Terrace WWTF WWTF Three-month Average Daily Flow 0.037

MONITORING PERIOD–From: 12/01/06 To: 12/31/06 (TMADF/Permitted Capacity)x100: 46%

	Flow (MGD)	$CBOD_5$ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	$CBOD_5$ (mg/L)	TSS (mg/L)		
Code	50050	80082	00530	00400	74055	50060	620	80082	530		
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1		
1	0.037			7.3		2.2					
2	0.035					2.2					
3	0.043										
4	0.043			7.3		2.2					
5	0.041			7.3		2.2					
6	0.042			7.2		2.2					
7	0.036			7.3		2.2					
8	0.029			7.4		2.2					
9	0.036					2.2					
10	0.041										
11	0.040			7.3		2.2					
12	0.044			7.3		2.2					
13	0.037			7.3		2.2					
14	0.031	2.6	7.3	7.3	1U	2.2	4.9	220.0	320.0		
15	0.042			7.3		2.2					
16	0.036					2.2					
17	0.046										
18	0.046			7.3		2.2					
19	0.040			7.3		2.2					
20	0.031			7.2		2.2					
21	0.047			7.3		2.2					
22	0.038			7.2		2.2					
23	0.026					2.2					
24	0.044										
25	0.043			7.3		2.2					
26	0.029			7.3		2.2					
27	0.052			7.4		2.2					
28	0.036			7.3		2.2					
29	0.035			7.3		2.2					
30	0.032					2.2					
31	0.032										

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

Florida Department of
Environmental Protection
Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik,
Chief Operating Officer
Post Office Box 490310
Leesburg, FL 34749

(352) 787-0980

PERMIT NUMBER: FLA010599
PA FILE NUMBER: FLA010599-004-DW3P
ISSUANCE DATE: January 31, 2007
EXPIRATION DATE: January 30, 2012

FACILITY:

Valencia Terrace WWTF
Black Bass Circle & Picciola Cut-Off Rd
Fruitland Park, FL 34731
Lake County
Latitude: 28° 50' 58" N Longitude: 81° 53' 52" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.08 mgd annual average daily flow (AADF) domestic wastewater extended aeration treatment facility consisting of one 0.050 mgd treatment train and one 0.030 mgd treatment train. Major process components include flow equalization, influent screening, aeration, secondary clarification, chlorination, and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.08 MGD AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of two rapid infiltration basins with a total wetted area of 0.45 acres located approximately at latitude 28° 50' 58" N, longitude 81° 53' 52" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 14 of this permit.

DOCUMENT NUMBER-DATE
03144 MAY 22 08
FPSC-COMMISSION CLERK

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 and reported in accordance with condition I.B.6:

			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
Flow	MGD	Maximum	0.08	-	-	-	5 Days/Week	Meter	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.6.

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	Chlorine contact chamber effluent
FLW-1	Elapsed time meters on lift station pumps

3. Elapsed time meters on lift station pumps shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. 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)]*

5. 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)]*

6. Nitrate nitrogen (NO_3) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. *[62-610.510]*

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

			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	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	FLW-1	

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	Effluent flow meter
INF-1	Raw influent to aeration tank

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. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *[62-620.320(6)]*

5. 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)]*

6. 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 Central 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 Central District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

7. 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, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966
All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelleys Septic Tanks RMF, 412 Biosolids Management Facility , Central Process RMF, or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. 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. 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)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility
1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility
1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

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 two rapid infiltration basins with a total wetted area of 0.45 acres shall be limited to a maximum of 6.5 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*

3. The two rapid infiltration basins with a total wetted area of 0.45 acres 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)]*

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)]*

5. 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 Central 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

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category 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 visit each weekend. The lead operator must be a Class C operator, or higher.

   [62-620.630(3)] [62-699.310] [62-610.462]

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)]*

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

   d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

   e. A copy of the current permit;

   f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

   g. A copy of the facility record drawings;

h. Copies of the licenses of the current certified operators; and

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Replace the easternmost air drop pipe valve within surge tank no. 1	June 1, 2007
2	Replace PVC air piping with galvanized steel air piping	June 1, 2007
3	Redesign and rebuild headworks (bar screen & splitter box)	June 1, 2007

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or

   e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

   [62-604.130(5)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(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 verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

10. The permittee shall provide adequate notice to the Department of the following:

    a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

    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.

    c. Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

    [62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Dennise Judy
Program Manager
Domestic Waste

DATE: January 31, 2007

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA EMAIL TO: jmlihvarcik@aquaamerica.com

August 6, 2007

AQUA UTILITIES FLORIDA INC
POST OFFICE BOX 490310
LEESBURG FL 34749

OCD-C-WW-07-0709

ATTENTION JOHN M LIHVARCIK
CHIEF OPERATING OFFICER

Lake County - DW
Kings Cove WWTF
Wastewater Facility - Permit No.FLA010590

Valencia Terrace WWTF
Wastewater Facility - Permit No.FLA010599

Dear Mr. Lihvarcik:

On July 25, 2007, Department personnel conducted routine inspections of your wastewater facilities. At the time of the inspection, the overall operation of your facilities was found to be in substantial compliance with the terms and conditions in the above referenced permits. Copies of the inspection reports are enclosed for your review.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact Michael J. Eckoff at the above address or at (407) 893-3313.

Sincerely,

Michael J. Eckoff
Environmental Specialist
Wastewater Compliance/Enforcement

MJE/ar

Enclosures: Inspection Reports

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us
Patrick Farris, Aqua Utilities Inc., PAFarris@aquaamerica.com

COMET ENTRY DATE
07 / 30 / 07

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Valencia Terrace WWTF	FLA010599	Lake	July 25, 2007 0910
Black Bass Circle & Picciola Cut-off Road		Phone	@ Exit Date/Time
Fruitland Park FL 34731			July 25, 2007 0940

Name(s) of Field Representatives(s)	Title	Phone
Patrick Farris	Environmental Compliance Specialist	(352) 435-4029

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
John M Lihvarcik	Chief Operating Officer	(352) 787-0980	
Aqua Utilities Florida Inc			
Post Office Box 490310	Email	Fax	
Leesburg FL 34749	jmlihvarcik@aquaamerica.com		

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
☒ Domestic ☐ Industrial				Were Photos Taken(Y/N): N	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

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

IC	1. ◆Permit	NE	3. Laboratory	IC	6. Facility Site Review	NC	9. ◆Effluent Quality
IC	2. ◆Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ◆Effluent Disposal
		NC	5. ◆Records & Reports	IC	8. ◆Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Michael Eckoff	CD 407 – 893-3313	July 30, 2007
@ Signature of Reviewer	District Office/Phone Number	Date
Kalina Warren	CD 407 – 893-7875	August 6, 2007

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

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3

ADDITIONAL NPDES COMMENTS

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

Revised: August 11, 2006

INSPECTION COMMENTS
VALENCIA TERRACE WWTF
CEI 07/25/2007

The facility is a 0.080 MGD extended aeration domestic wastewater treatment plant with land application via two rapid infiltration basin(s).

1. PERMIT: In Compliance
   - Permit FLA010599 expires on January 30, 2012.
   - A copy of the permit was on-site.

2. COMPLIANCE SCHEDULES: In Compliance
   - Replace the easternmost air drop pipe valve within surge tank no. 1 by June 1, 2007.
   - Replace PVC air piping with galvanized steel air piping by June 1, 2007.
   - Redesign and rebuild headworks (bar screen & splitter box) by June 1, 2007.
   - A request for a time extension of 3 months was approved on July 26, 2007 by Dennise Judy.

3. LABORATORY: Not Evaluated
   - Harbor Branch Laboratory analyzes samples.

4. SAMPLING: Not Evaluated

5. RECORDS & REPORTS: Out of Compliance
   - The operation and maintenance logbook contains sufficient entries.
   - A copy of the operation and maintenance manual was on-site.
   - A copy of the license for each certified operator that services this facility was on-site.
   - A copy of the laboratory certification was on-site.
   - DMRs were reviewed from March 2006 through May 2007.
     - **The following reporting deficiencies were noted:**
       - When reporting a result that is below detection limit do not use "U", use "<" followed by the detection limit value.
       - TRC: 2.2 mg/L on Part A and 1.2 mg/L on Part B 4/06. 2.2 mg/L on Part A and 0.7 mg/L on Part B 5/06. 2.2 mg/L on Part A and 1.1 mg/L on Part B 1/07.
       - FC: 1U fcc/100mL on Part A and 1 fcc/100mL on Part B 8/06.

6. FACILITY SITE REVIEW: In Compliance
   - Access control was sufficient.
   - Head-works consists of a splitter box to surge tank.
   - Aeration is provided by two blower(s)/plant, running. Even air distribution with no foam.
   - Mixed Liquor Suspended Solids (MLSS) was medium brown.
   - Stilling well was in satisfactory condition.
   - Clarifier was clear. No pop-ups present. The skimmer was running. The weir was level, clean, and effluent clear.
   - Return Activated Sludge (RAS) system was running.
   - Chlorine Contact Chamber (CCC) was clear. Final effluent was clear.
   - Disinfection is provided by liquid hypochlorite solution, pump running.
   - Digester had storage available.
   - Backflow Preventer was in satisfactory condition.

7. FLOW MEASUREMENT: In Compliance
   - FLW-1 Elapsed time meters on lift station pumps.
   - Current calibration was on-site dated 01/31/2007.

8. OPERATION & MAINTENANCE: In Compliance
   - The grounds surrounding the plant were well maintained.
   - No leaks noted in the wall(s) of the plant.

9. EFFLUENT QUALITY: Out of Compliance
   - DMRs were reviewed from March 2006 through May 2007.
     - **The following effluent deficiency was noted:**

- Nitrate: 13.0 mg/L 5/07, sampled again in the month, result: 0.56 mg/L.
- HACH Pocket Colorimeter: >2.20 mg/L.

10. EFFLUENT DISPOSAL: In Compliance
    - Access control was sufficient.
    - The percolation pond(s) were well maintained. The berm(s) were intact. >3 feet of freeboard.

11. RESIDUALS/ SLUDGE: In Compliance
    - The facility has agreements with Shelleys Septic Tanks RMF, 412 Biosolids Management Facility, and Central Process RMF.

12. GROUNDWATER: Not Applicable