POLK COUNTY

Gibsonia Estates
Lake Gibson Estates WTF
Orange Hill/Sugar Creek

Docket No. 080121-WS

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

Florida

Volume 5
Book 2
Set 11 of 16

Part 1 of 2

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

DOCUMENT NUMBER-DATE
04324 MAY 22 08
FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

PAINTER

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

See Pages 4 for Instructions. See Page 2 interuption of Service

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Steve Fuller 2-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

DOCUMENT NUMBER-DATE
04324 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 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	50,333		1.3								0.9	
2		24.0	44,500											
3	x	24.0	44,500		1.1								0.8	
4		24.0	50,000											
5	x	24.0	50,000		1.0								0.7	
6		24.0	46,000											
7		24.0	46,000											
8	x	24.0	46,000		0.9								0.7	
9		24.0	57,500											
10	x	24.0	57,500		1.2								1.0	
11		24.0	46,000											
12	x	24.0	46,000		1.3								0.9	
13		24.0	48,333											
14		24.0	48,333											
15	x	24.0	48,333		1.1								0.9	
16		24.0	56,000											
17	x	24.0	56,000		1.2								0.8	
18		24.0	47,500											
19	x	24.0	47,500		1.2								0.9	
20		24.0	56,667											
21		24.0	56,667											
22	x	24.0	56,667		1.1								0.7	
23		24.0	52,500											
24	x	24.0	52,500		1.4								1.0	
25		24.0	44,000											
26	x	24.0	44,000		0.9								0.7	
27		24.0	50,000											
28		24.0	50,000											
29	x	24.0	50,000		0.9								0.7	
30		24.0	54,000											
31	x	24.0	54,000		1.3								1.0	
Total			1,557,333											
Average			50,237											
Maximum			57,500											

* 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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

II Certification by Lead/Chief Operator

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Steve Fuller 3-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6530079	Plant Name	Gibsonia

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*										
				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	36,500											
2		24.0	36,500		1.4								1.0	
3		24.0	52,333											
4		24.0	52,333											
5		24.0	52,333		1.6								1.2	
6		24.0	53,500											
7		24.0	53,500		1.2								1.0	
8		24.0	55,500											
9		24.0	55,500		1.3								0.9	
10		24.0	50,000											
11		24.0	50,000											
12		24.0	50,000		1.1								0.8	
13		24.0	53,000											
14		24.0	53,000		1.0								0.8	
15		24.0	41,500											
16		24.0	41,500		1.5								1.2	
17		24.0	49,667											
18		24.0	49,667											
19		24.0	49,667		1.6								1.3	
20		24.0	64,500											
21		24.0	64,500		0.9								0.7	
22		24.0	46,500											
23		24.0	46,500		1.4								1.0	
24		24.0	61,000											
25		24.0	61,000											
26		24.0	61,000		1.1								0.8	
27		24.0	54,000											
28		24.0	54,000		1.4								0.9	
29														
30														
31														
Total			1,449,000											
Average			46,742											
Maximum			64,500											

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

PARKWAY

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, 2007

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	175	Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 4-9-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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		24.0	51,000											
2	X	24.0	51,000		1.2								1.0	
3		24.0	52,667											
4		24.0	52,667											
5	X	24.0	52,667		0.9								0.7	
6		24.0	57,000											
7	X	24.0	57,000		1.2								0.8	
8		24.0	59,000											
9	X	24.0	59,000		1.5								1.0	
10		24.0	57,000											
11		24.0	57,000											
12	X	24.0	57,000		1.1								0.8	
13		24.0	62,000											
14	X	24.0	62,000		0.8								0.6	
15		24.0	51,000											
16	X	24.0	51,000		1.5								1.0	
17		24.0	48,667											
18		24.0	48,667											
19	X	24.0	48,667		1.2								1.0	
20		24.0	51,000											
21	X	24.0	51,000		0.8								0.6	
22		24.0	50,500											
23	X	24.0	50,500		1.0								0.8	
24		24.0	57,667											
25		24.0	57,667											
26	X	24.0	57,667		1.3								1.0	Pipe Break Customers BWN
27		24.0	48,000											1st DAY Samples
28	X	24.0	48,000		0.9								0.7	2nd DAY Samples
29		24.0	66,500											
30	X	24.0	66,500		1.0								0.8	BWN Rescinded ALL OK
31														
Total			1,640,000											
Average			52,903											
Maximum			66,500											

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

PATRICK

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:	Gibsonia					PWS Identification Number:	6530079
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	175					Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida						
Contact Person:	BILL DEAN					Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444					Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Gibsonia					Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road		City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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Steve Fuller 5-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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*									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	100,000											
2	X	24.0	100,000		1.1								0.9	
3		24.0	65,500											
4	X	24.0	65,500		1.0								0.8	
5		24.0	64,500											
6	X	24.0	64,500		2.0								1.7	
7		24.0	53,000											
8		24.0	53,000											
9	X	24.0	53,000		1.7								1.4	
10		24.0	54,000											
11	X	24.0	54,000		0.5								0.4	
12		24.0	52,000											
13	X	24.0	52,000		1.2								0.9	
14		24.0	51,667											
15		24.0	51,667											
16	X	24.0	51,667		1.1								0.9	
17		24.0	54,000											
18	X	24.0	54,000		1.9								1.5	
19		24.0	52,000											
20	X	24.0	52,000		1.2								1.0	
21		24.0	61,333											
22		24.0	61,333											
23	X	24.0	61,333		2.0								1.5	
24		24.0	67,000											
25	X	24.0	67,000		0.6								0.4	
26		24.0	60,500											
27	X	24.0	60,500		1.0								0.9	
28		24.0	61,000											
29		24.0	61,000											
30	X	24.0	61,000		0.5								0.5	
31														
Total			1,820,000											
Average			58,710											
Maximum			100,000											

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PATRICK

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

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Steve Fuller 6-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PATRICK

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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		24.0	71,000											
2	X	24.0	71,000		1.2								0.9	
3		24.0	75,000											
4	X	24.0	75,000		0.7								0.5	
5		24.0	57,000											
6		24.0	57,000											
7	X	24.0	57,000		2.5								2.2	
8		24.0	56,000											
9	X	24.0	56,000		1.3								1.0	
10		24.0	55,000											
11	X	24.0	55,000		0.6								0.4	
12		24.0	63,333											
13		24.0	63,333											
14	X	24.0	63,333		0.7								0.5	
15		24.0	55,000											
16	X	24.0	55,000		0.6								0.6	
17		24.0	58,500											
18	X	24.0	58,500		0.5								0.5	
19		24.0	56,000											
20		24.0	56,000											
21	X	24.0	56,000		0.5								0.5	
22		24.0	60,500											
23	X	24.0	60,500		1.0								0.7	
24		24.0	67,500											
25	X	24.0	67,500		0.8								0.6	
26		24.0	63,000											
27		24.0	63,000											
28	X	24.0	63,000		1.1								0.8	
29		24.0	74,500											
30	X	24.0	74,500		1.6								1.2	
31														
Total			1,864,000											
Average			60,129											
Maximum			75,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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*									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		24.0	128,000		1.2								0.9	
2	X	24.0	48,667											
3		24.0	48,667											
4	X	24.0	48,667		1.0								0.7	
5		24.0	55,000											
6		24.0	55,000		1.5								1.2	
7	X	24.0	55,500											
8		24.0	55,500		1.1								0.9	
9	X	24.0	61,667											
10		24.0	61,667											
11	X	24.0	61,667		1.1								0.8	
12		24.0	56,500											
13		24.0	56,500		1.3								1.0	
14	X	24.0	39,500											
15		24.0	39,500		1.0								0.8	
16	X	24.0	60,333											
17		24.0	60,333											
18	X	24.0	60,333		0.6								0.5	
19		24.0	60,500											
20		24.0	60,500		1.3								0.9	
21	X	24.0	59,000											
22		24.0	59,000		1.4								1.0	
23	X	24.0	55,333											
24		24.0	55,333											
25	X	24.0	55,333		1.0								0.8	
26		24.0	68,000											
27		24.0	68,000		0.6								0.5	
28	X	24.0	71,500											
29		24.0	71,500		1.3								1.0	
30	X	24.0												
31														
Total			1,737,000											
Average			56,032											
Maximum			128,000											

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

PATRICIA

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: July, 2007

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 8-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 6530079 Plant Name: Gibsonia

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	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	78,500											
2	X	24.0	78,500		1.5								1.2	
3		24.0	48,500											
4	X	24.0	48,500		1.7								1.5	
5		24.0	48,000											
6	X	24.0	48,000		1.8								1.6	
7		24.0	51,333											
8		24.0	51,333											
9	X	24.0	51,333		1.2								1.0	
10		24.0	68,000											
11	X	24.0	68,000		2.0								1.7	
12		24.0	44,500											
13	X	24.0	44,500		1.6								1.3	
14		24.0	57,667											
15		24.0	57,667											
16	X	24.0	57,667		1.1								0.9	
17		24.0	61,500											
18	X	24.0	61,500		0.8								0.6	
19		24.0	55,500											
20	X	24.0	55,500		1.5								1.1	
21		24.0	53,333											
22		24.0	53,333											
23	X	24.0	53,333		1.3								1.0	
24		24.0	54,000											
25	X	24.0	54,000		1.8								1.5	
26		24.0	60,000											
27	X	24.0	60,000		1.0								0.8	
28		24.0	60,000											
29		24.0	60,000											
30	X	24.0	60,000		1.1								0.7	
31														
Total			1,704,000											
Average			54,968											
Maximum			78,500											

* 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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	175	Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 9-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 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	106,000		2.2								1.7	
2		24.0	46,000											
3	X	24.0	46,000		1.5								1.0	
4		24.0	58,667											
5		24.0	58,667											
6	X	24.0	58,667		1.3								0.9	
7		24.0	61,500											
8	X	24.0	61,500		1.4								1.0	
9		24.0	67,500											
10	X	24.0	67,500		1.5								1.0	
11		24.0	59,667											
12		24.0	59,667											
13	X	24.0	59,667		1.0								0.7	
14		24.0	64,000											
15	X	24.0	64,000		0.9								0.6	
16		24.0	62,500											
17	X	24.0	62,500		1.6								1.0	
18		24.0	53,667											
19		24.0	53,667											
20	X	24.0	53,667		1.4								1.0	
21		24.0	52,500											
22	X	24.0	52,500		1.5								1.2	
23		24.0	56,500											
24	X	24.0	56,500		1.1								1.1	
25		24.0	48,667											
26		24.0	48,667											
27	X	24.0	48,667		1.4								1.0	
28		24.0	52,000											
29	X	24.0	52,000		1.1								0.8	
30		24.0	51,000											
31	X		51,000		1.0								0.7	
Total			1,795,000											
Average			57,903											
Maximum			106,000											

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

PATRICK

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:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

D Steve Fuller 10/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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	44,667											
2		24.0	44,667											
3	X	24.0	44,667		0.9								0.7	
4		24.0	61,000											
5	X	24.0	61,000		1.2								0.9	
6		24.0	42,000											
7	X	24.0	42,000		0.5								0.4	
8		24.0	50,333											
9		24.0	50,333											
10	X	24.0	50,333		1.0								0.7	
11		24.0	51,000											
12	X	24.0	51,000		0.9								0.6	
13		24.0	39,000											
14	X	24.0	39,000		1.1								0.9	
15		24.0	51,000											
16		24.0	51,000											
17	X	24.0	51,000		1.0								0.6	
18		24.0	52,000											
19	X	24.0	52,000		1.0								0.6	
20		24.0	44,000											
21	X	24.0	44,000		1.3								0.8	
22		24.0	48,667											
23		24.0	48,667											
24	X	24.0	48,667		1.3								0.7	
25		24.0	59,000											
26	X	24.0	59,000		0.5								0.4	
27		24.0	53,500											
28	X	24.0	53,500		1.6								1.0	
29		24.0	55,000											
30		24.0	55,000											
Total			1,497,000											
Average			49,900											
Maximum			61,000											

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

PATRICK

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:	Gibsonia	PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	175	Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 11-6-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 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	55,000		1.5								1.2	
2		24.0	49,000											
3	X	24.0	49,000		1.5								1.3	
4		24.0	53,000											
5	X	24.0	53,000		1.3								1.0	
6		24.0	56,333											
7		24.0	56,333											
8	X	24.0	56,333		1.2								0.9	
9		24.0	48,000											
10	X	24.0	48,000		1.2								0.9	
11		24.0	61,000											
12	X	24.0	61,000		1.0								0.8	
13		24.0	59,667											
14		24.0	59,667											
15	X	24.0	59,667		1.0								0.7	
16		24.0	60,500											
17	X	24.0	60,500		1.4								1.0	
18		24.0	63,500											
19	X	24.0	63,500		2.2								1.5	
20		24.0	59,667											
21		24.0	59,667											
22	X	24.0	59,667		0.8								0.6	
23		24.0	46,000											
24	X	24.0	46,000		0.8								0.6	
25		24.0	53,500											
26	X	24.0	53,500		1.1								0.8	
27		24.0	50,000											
28		24.0	50,000											
29	X	24.0	50,000		1.0								0.7	
30		24.0	45,000											
31	X	24.0	45,000		1.0								0.7	
Total			1,691,000											
Average			54,548											
Maximum			63,500											

* 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: November, 2007

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 12-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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

				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		24.0	52,000											
2	X	24.0	52,000		1.1								0.7	
3		24.0	52,667											
4		24.0	52,667											
5	X	24.0	52,667		2.0								1.7	
6		24.0	52,000											
7	X	24.0	52,000		1.2								0.9	
8		24.0	48,500											
9	X	24.0	48,500		1.3								0.8	
10		24.0	61,000											
11		24.0	61,000											
12	X	24.0	61,000		1.5								1.0	
13		24.0	51,000											
14	X	24.0	51,000		1.2								1.1	
15		24.0	59,500											
16	X	24.0	59,500		1.5								1.0	
17		24.0	60,333											
18		24.0	60,333											
19	X	24.0	60,333		1.4								1.0	
20		24.0	59,500											
21	X	24.0	59,500		1.8								1.6	
22		24.0	67,000											
23	X	24.0	67,000		1.5								1.1	
24		24.0	62,667											
25		24.0	62,667											
26	X	24.0	62,667		1.4								1.1	
27		24.0	62,000											
28	X	24.0	62,000		1.2								1.0	
29		24.0	52,000											
30	X	24.0	52,000		1.8								1.6	
Total			1,717,000											
Average*			57,233											
Maximum			67,000											

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

PATRICK

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: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	175	Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 1-8-08

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	57,333											
2		24.0	57,333											
3	X	24.0	57,333		1.5								1.3	
4		24.0	51,500											
5	X	24.0	51,500		1.3								1.0	
6		24.0	57,000											
7	X	24.0	57,000		1.4								0.9	
8		24.0	64,667											
9		24.0	64,667											
10	X	24.0	64,667		1.5								0.8	
11		24.0	60,500											
12	X	24.0	60,500		1.4								0.7	
13		24.0	56,000											
14	X	24.0	56,000		1.2								1.0	
15		24.0	56,333											
16		24.0	56,333											
17	X	24.0	56,333		1.3								1.1	
18		24.0	51,500											
19	X	24.0	51,500		1.2								0.8	
20		24.0	55,500											
21	X	24.0	55,500		1.2								0.9	
22		24.0	51,333											
23		24.0	51,333											
24	X	24.0	51,333		1.0								0.7	
25		24.0	60,500											
26	X	24.0	60,500		1.5								1.2	
27		24.0	55,500											
28	X	24.0	55,500		1.3								1.0	
29		24.0	53,667											
30		24.0	53,667											
31	X		53,667		1.2								0.8	
Total			1,746,000											
Average			56,323											
Maximum			64,667											

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

CANCEL

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: January 2006

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East,	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941 907 7489	Contact Person's Fax Number:	941 907 7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	[redacted]
Plant Address:	931 Gibsonia Galloway Road	City: Lakeland State: Florida	Zip Code: 33813
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Licensed Operators	Name	License Class	License Number	Hours/Day(s)/Shift(s)/Week
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 2-9-06

Signature and Date

Steve Fuller

Printed or Typed Name

[redacted]

License Number

DEP Form 62-555.900(3)Alternate

DOCUMENT NUMBER-DATE
04324 MAY 22 06
FPSC-COMMISSION CLERK

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

PWS Identification Number: 6530079 Plant Name: Gibsonia

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 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 Events and Other Operating Conditions That Deviate from Normal Operation, Including Those That Involve Taking Water System Components Out of Operation
1		24.0	70,000											
2	X	24.0	70,000		1.1								0.8	
3		24.0	54,500											
4	X	24.0	54,500		1.6								1.4	
5		24.0	38,500											
6	X	24.0	38,500		1.4								1.1	
7		24.0	52,000											
8		24.0	52,000											
9	X	24.0	52,000		1.5								1.2	
10		24.0	47,000											
11	X	24.0	47,000		1.0								0.7	
12		24.0	49,500											
13	X	24.0	49,500		1.5								1.2	
14		24.0	43,000											
15		24.0	43,000											
16	X	24.0	43,000		1.3								1.1	
17		24.0	56,000											
18	X	24.0	56,000		1.0								0.8	
19		24.0	34,500											
20	X	24.0	34,500		1.0								0.7	
21		24.0	53,667											
22		24.0	53,667											
23	X	24.0	53,667		0.9								0.8	
24		24.0	53,000											
25	X	24.0	53,000		1.0								0.9	
26		24.0	53,000											
27	X	24.0	53,000		1.1								0.9	
28		24.0	53,333											
29		24.0	53,333											
30	X	24.0	53,333		1.3								1.0	
31		24.0												
			1,518,000											
			48,968											
			70,000											

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

Leesburg

MC HLY OPERATION REPORT FOR PWSs TREATING V GROUND WATER OR PURCHASED FINISHED W ER

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: [redacted]
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	[redacted]
Plant Address:	931 Crib Galloway Road	City: Lakeland State: Florida	Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Licensed Operator's Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator: Steve Fuller	B	7519	Days 1st Shift
Other Operators:			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 3-7-06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6530079 Plant Name: Gibsonia

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	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for 4-Log Virus Inactivation, if Applicable: 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) 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 Unusual Operating Conditions, Repair or Maintenance Work Performed Involving Taking Water System Components Out of Service, Source Operation, etc.
1	X	24.0	86,000		1.4								1.0	
2	X	24.0	53,500											
3	X	24.0	53,500		0.8								0.7	
4	X	24.0	60,333											
5	X	24.0	60,333											
6	X	24.0	60,333		1.0								0.8	
7	X	24.0	53,500											
8	X	24.0	53,500		1.0								0.8	
9	X	24.0	52,000											
10	X	24.0	52,000		1.8								1.4	
11	X	24.0	42,667											
12	X	24.0	42,667											
13	X	24.0	42,667		1.5								1.1	
14	X	24.0	52,000											
15	X	24.0	52,000		1.5								1.1	
16	X	24.0	47,500											
17	X	24.0	47,500		0.9								0.8	
18	X	24.0	51,000											
19	X	24.0	51,000											
20	X	24.0	51,000		1.0								0.7	
21	X	24.0	63,000											
22	X	24.0	63,000		1.1								0.8	
23	X	24.0	48,500											
24	X	24.0	48,500		1.2								0.9	
25	X	24.0	49,000											
26	X	24.0	49,000											
27	X	24.0	49,000		1.2								0.8	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
			Total: 435,000											
			Avg: 46,290											
			MAX: 86,000											

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

MO ILY OPERATION REPORT FOR PWSs TREATING V 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:	Gibsonia WTP	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7440	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia WTP	Plant Telephone Number:	[redacted]
Plant Address:	995 Gib Galloway Road	City: Lakeland State: Florida	Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 4/10/06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 in Box)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations to Demonstrate Four-Log Virus Inactivation, If Applicable: 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
[redacted]	X	24.0	139,000*		1.1								0.9	
		24.0	48,000											
	X	24.0	48,000		1.3								1.0	
		24.0	57,333											
		24.0	57,333											
	X	24.0	57,333		1.5								1.1	
		24.0	51,500											
	X	24.0	51,500		1.5								1.2	
		24.0	53,500											
	X	24.0	53,500		1.1								0.9	
		24.0	69,667											
		24.0	69,667											
	X	24.0	69,667		1.3								0.9	
		24.0	86,000											
	X	24.0	86,000		1.1								0.8	
		24.0	52,000											
	X	24.0	52,000		1.5								1.2	
		24.0	55,667											
		24.0	55,667											
	X	24.0	55,667		1.8								1.4	
		24.0	58,000											
	X	24.0	58,000		0.7								0.6	
		24.0	51,000											
	X	24.0	51,000		0.6								0.5	
		24.0	48,667											
		24.0	48,667											
	X	24.0	48,667		1.2								0.9	
		24.0	66,000											
		24.0	66,000		1.1								0.9	
		24.0	55,500											
		24.0	55,500		1.6								1.1	
[redacted]			1,876,000											
			60,516											
			139,000											

* 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 \ ER

Condoce

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:				Total Population Served at End of Month:	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida	Zip Code:
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	
Plant Address:	931 Gibsonia Road		City: Lakeland	State: Florida	Zip Code:
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):			Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Shift Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operator:				

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 feedrates; 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.

Steve Fuller 5-8-06

Signature and Date

Printed or Typed Name

License Number

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

PWS Identification Number: 6530079 Plant Name: Gibsonia

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	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations for Daily Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*							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 Raw Water System Components
1		24.0	66,333											
2		24.0	66,333											
3	X	24.0	66,333		1.8								1.2	
4	X	24.0	75,500											
5	X	24.0	75,500		0.9								0.8	
6		24.0	48,000											
7	X	24.0	48,000		0.9								0.9	
8		24.0	52,333											
9		24.0	52,333											
10	X	24.0	52,333		0.6								0.5	
11		24.0	56,500											
12	X	24.0	56,500		2.0								1.4	
13		24.0	43,000											
14	X	24.0	43,000		1.8								1.2	
15		24.0	63,667											
16		24.0	63,667											
17	X	24.0	63,667		1.0								0.7	
18		24.0	75,500											
19	X	24.0	75,500		1.2								0.9	
20		24.0	49,500											
21	X	24.0	49,500		0.8								0.6	
22		24.0	63,667											
23		24.0	63,667											
24	X	24.0	63,667		1.4								1.2	
25		24.0	71,500											
26	X	24.0	71,500		0.6								0.5	
27		24.0	72,000											
28	X	24.0	72,000		0.7								0.6	
29		24.0												
30		24.0												
Total			1,721,000											
Average			57,367											
Maximum			75,500											

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

MC HLY OPERATION REPORT FOR PWSs TREATING N GROUND WATER OR PURCHASED FINISHED W ER

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: [redacted]
Contact Person's Telephone Number:	941-907-[redacted]	Contact Person's Fax Number:	941-907-[redacted]
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	[redacted]
Plant Address:	931 Gib Galloway Road	City: Lakeland State: Florida	Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Licensed Operators	Name	Highest Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 6-8-06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6530079 | Plant Name: Gibsonia

III. Daily Data for the Month/Year of: [redacted] 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 Staffed for Operation	Net Quantity of Finished Water Produced* (gal.)	CT Calculations for 4-Log UV Dose of Demonstrate Four-Log Virus Inactivation, if Applicable							UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Unusual Events or Abnormal Operating Conditions (Repair or Maintenance Work that Involved Taking Water Out of Service, Loss of Power, Compliance Sampling Problems, etc.)
				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) at C Measurement Point During Peak Hourly Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Hourly Flow	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	85,000		1.0									0.8	
		24.0	83,500												
	X	24.0	83,500		1.5									1.2	
		24.0	48,000												
	X	24.0	48,000		0.9									0.6	
		24.0	79,667												
		24.0	79,667												
	X	24.0	79,667		1.0									0.8	
		24.0	73,500												
	X	24.0	73,500		0.7									0.7	
		24.0	44,500												
	X	24.0	44,500		0.7									0.7	
		24.0	54,333												
		24.0	54,333												
	X	24.0	54,333		2.5									1.8	
		24.0	57,000												
	X	24.0	57,000		1.4									1.2	
		24.0	42,500												
	X	24.0	42,500		0.8									0.7	
		24.0	68,000												
		24.0	68,000												
	X	24.0	68,000		0.7									0.7	
		24.0	60,000												
		24.0	60,000		1.0									0.9	
		24.0	47,000												
	X	24.0	47,000		1.2									0.9	
		24.0	52,667												
		24.0	52,667												
	X	24.0	52,667		0.7									0.4	
		24.0	75,500												
	[redacted]	24.0	75,500		0.9									0.4	
			2,012,000												
			64,903												
			85,000												

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

MONTHLY OPERATION REPORT FOR PWSs TREATING N 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:	Gibsonia	PWS Identification Number:	6580
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907	Contact Person's Fax Number:	941-90
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863-83
Plant Address:	931 Gibsonia Road	City: Lakeland State: Florida	Zip Code: 338
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,000,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operators	Name	License Class	License Number	Day(s) Worked / Shift Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days-1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 7-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 by Operator (Enter "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations for UV Dose to Demonstrate 4-Log Virus Inactivation, if Applicable: 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/cm	UV Dose: 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/Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	58,500											
2	X	24.0	58,500		0.5								0.6	
3		24.0	72,333											
4	X	24.0	72,333		0.6								0.6	
5		24.0	75,500											
6	X	24.0	75,500		0.7								0.8	
7		24.0	79,500											
8	X	24.0	79,500		0.6								0.6	
9		24.0	57,667											
10		24.0	57,667											
11	X	24.0	57,667		0.5								0.8	
12	X	24.0	47,000											
13	X	24.0	47,000		0.9								0.7	
14		24.0	64,000											
15	X	24.0	64,000		0.7								0.5	
16		24.0	52,000											
17		24.0	52,000											
18	X	24.0	52,000		1.4								1.0	
19		24.0	50,000											
20	X	24.0	50,000		1.0								0.8	
21		24.0	57,500											
22	X	24.0	57,500		0.7								0.7	
23		24.0	47,667											
24		24.0	47,667											
25	X	24.0	47,667		0.9								0.7	
26		24.0	42,500											
27	X	24.0	42,500		1.0								0.9	
28		24.0	43,000											
29	X	24.0	43,000		1.2								1.0	
Total			1,724,000											
Average			57,467											
Maximum			79,500											

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

MC HLY OPERATION REPORT FOR PWSs TREATING ' V GROUND WATER OR PURCHASED FINISHED W ER

Cordice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia	PWS Identification Number:	6530026
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1,254	Total Population Served at End of Month:	3,135
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941 907-7442	Contact Person's Fax Number:	941 907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia	Plant Telephone Number:	863 858-2511
Plant Address:	931 Gib Galloway Road	City: Lakeland	State: Florida Zip Code: 33813
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,000,000		
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	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 8-9-06

Signature and Date

Steven Fuller

Printed or Typed Name

B 7519

License Number

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

PWS Identification Number: 6530079 | Plant Name: Gibsonia

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 an "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations for Demonstrating Four-Log Virus Inactivation, if Applicable						UV Dose			Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Breaking Water System Components
				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
		24.0	46,667										
		24.0	46,667										
	X	24.0	46,667		0.9								0.7
		24.0	56,000										
	X	24.0	56,000		1.4								1.2
		24.0	38,000										
	X	24.0	38,000		1.5								1.1
		24.0	35,667										
		24.0	35,667										
	X	24.0	35,667		1.6								1.2
		24.0	44,000										
	X	24.0	44,000		0.8								0.9
		24.0	47,000										
	X	24.0	47,000		1.4								1.2
		24.0	42,333										
		24.0	42,333										
	X	24.0	42,333		1.0								0.7
		24.0	53,500										
	X	24.0	53,500		0.8								0.6
		24.0	52,000										
	X	24.0	52,000		0.7								0.7
		24.0	45,000										
		24.0	45,000										
	X	24.0	45,000		0.8								0.6
		24.0	50,500										
	X	24.0	50,500		1.4								1.1
		24.0	33,500										
	X	24.0	33,500		1.0								0.8
		24.0	45,333										
		24.0	45,333										
	X	24.0	45,333		1.2								0.9
			1,394,000										
			44,968										
			56,000										

* 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 V ER

CAMPUS

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia Area	PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	650	Total Population Served at End of Month:	1,625
PWS Owner:	Aqua Utilities Florida		
Contact Person:	BILL DEAN	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7494	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Gibsonia Area	Plant Telephone Number:	863-853-2505
Plant Address:	931 Old Galloway Road	City: Lakeland	State: Florida Zip Code: 33813
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,000,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	CWS	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Type of Operator	Operator's Name	Class	License Number	Days Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 9-7-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number: 6530079 | Plant Name: Gibsonia

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 the Month	Days Plant Staffed or Visited by Operator (Place an "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations for CV Dose and Demonstration of Log Virus Inactivation (if Applicable)							UV Dose			If Emergency, by Abnormal Operating Conditions, Repair or Maintenance Work, Indicate Nature of Work, Where Conducted and Duration
				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, mWsec/cm²	Minimum UV Dose Required, mWsec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
		24.0	43,000											
	X	24.0	43,000		0.8								0.7	
		24.0	50,000											
	X	24.0	50,000		1.5								1.2	
		24.0	45,000											
		24.0	45,000											
	X	24.0	45,000		0.5								0.5	
		24.0	56,500											
	X	24.0	56,500		0.5								0.4	
		24.0	38,500											
	X	24.0	38,500		0.7								0.6	
		24.0	55,000											
		24.0	55,000											
	X	24.0	55,000		1.0								0.9	
		24.0	51,500											
	X	24.0	51,500		1.2								1.0	
		24.0	43,500											
	X	24.0	43,500		1.3								1.0	
		24.0	44,333											
		24.0	44,333											
	X	24.0	44,333		0.8								0.7	
		24.0	44,500											
	X	24.0	44,500		1.1								1.0	
		24.0	41,000											
	X	24.0	41,000		1.1								0.7	
		24.0	41,333											
		24.0	41,333											
	X	24.0	41,333		1.1								0.8	
		24.0	47,500											
	X	24.0	47,500		1.6								1.0	
		24.0												
			1,389,000											
			44,806											
			56,500											

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

MC 'HLY OPERATION REPORT FOR PWSs TREATING ' 'N GROUND WATER OR PURCHASED FINISHED W ER

candace

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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]	Steve Fuller	B	7519	Days 1st Shift
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				

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.

Steve Fuller 10-4-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

candace

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATE...

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 the Month	Days Plant Staffed or Visited by Operator (Indicate)	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 if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$	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	82,000		0.9								0.7	
		24.0	38,333											
		24.0	38,333											
	X	24.0	38,333		0.8								0.5	
		24.0	45,500											
	X	24.0	45,500		0.9								0.7	
		24.0	41,000											
	X	24.0	41,000		1.0								0.8	
		24.0	44,667											
		24.0	44,667											
	X	24.0	44,667		0.7								0.6	
		24.0	42,500											
	X	24.0	42,500		0.4								0.6	
		24.0	36,500											
	X	24.0	36,500		0.5								0.5	
		24.0	43,000											
		24.0	43,000											
	X	24.0	43,000		0.9								0.7	
		24.0	38,000											
	X	24.0	38,000		0.8								0.6	
		24.0	60,000											
	X	24.0	60,000		1.4								1.0	
		24.0	53,667											
		24.0	53,667											
	X	24.0	53,667		0.9								0.7	
		24.0	51,500											
	X	24.0	51,500		1.0								0.8	
		24.0	44,500											
	X	24.0	44,500		0.9								0.7	
		24.0												
[redacted]			1,340,000											
[redacted]			44,667											
[redacted]			82,000											

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

CANDICE

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:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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 Shift Worked
[redacted]	Steve Fuller	B	7519	Days 1st Shift
	Jerry Hahn	C	14331	

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.

S Tem Fuller 11-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATE..

PWS Identification Number:	6530079	Plant Name:	Gibsonia

III. Daily Data for the Month/Year October | 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 for)	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 if Applicable	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		
		24.0	79,500											
		24.0	79,500		0.4								0.4	
		24.0	44,000											
		24.0	44,000		0.9								0.7	
		24.0	81,000		1.0								0.8	
		24.0	44,000		1.0								0.5	
		24.0	61,000		1.5								1.3	
		24.0	53,000											
		24.0	53,000		1.4								0.8	
		24.0	43,000											
		24.0	43,000		0.9								0.7	
		24.0	48,500											
		24.0	48,500		1.0								0.8	
		24.0	44,333											
		24.0	44,333											
		24.0	44,333		0.6								0.5	
		24.0	46,000											
		24.0	46,000		1.2								0.8	
		24.0	47,000											
		24.0	47,000		1.9								1.1	
		24.0	54,000											
		24.0	54,000											
		24.0	54,000		1.7								1.2	
		24.0	47,000											
		24.0	47,000		2.1								1.6	
		24.0	46,500											
		24.0	46,500		1.0								0.8	
		24.0	51,000											
		24.0	51,000											
		24.0	51,000		1.2								1.0	
		24.0												
			1,543,000											
			49,774											
			81,000											

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

MO' 'HLY OPERATION REPORT FOR PWSs TREATING F 'Y GROUND WATER OR PURCHASED FINISHED W/ 'R

CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Gibsonia				PWS Identification Number:	6530079	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	175				Total Population Served at End of Month:	414	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	BILL DEAN				Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida		Zip Code: 34240	
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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(s)	Steve Fuller	B	7519	Days 1st Shift
Other Operator(s)	Jerry Hahn	C	14331	

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.

Steve Fuller 12-7-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING ... ...V GROUND WATER OR PURCHASED FINISHED WATE.

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 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		
	X	24.0	106,000		1.3								0.9	
		24.0	46,500											
	X	24.0	46,500		1.1								0.8	
		24.0	52,333											
		24.0	52,333											
	X	24.0	52,333		1.3								0.9	
		24.0	48,000											
	X	24.0	48,000		1.5								1.0	
		24.0	43,000											
	X	24.0	43,000		1.4								0.8	
		24.0	50,667											
		24.0	50,667											
	X	24.0	50,667		1.2								0.9	
		24.0	51,500											
	X	24.0	51,500		1.4								1.0	
		24.0	51,000											
	X	24.0	51,000		1.9								1.2	
		24.0	43,667											
		24.0	43,667											
	X	24.0	43,667		1.4								1.0	
		24.0	44,000											
	X	24.0	44,000		1.4								0.8	
		24.0	45,500											
	X	24.0	45,500		1.3								0.7	
		24.0	42,667											
		24.0	42,667											
	X	24.0	42,667		1.4								1.0	
		24.0	51,000											
	X	24.0	51,000		1.0								0.8	
		24.0												
		24.0												
			1,435,000											
			46,290											
			106,000											

* 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

CANDICE

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:	Gibsonia			PWS Identification Number:	6530079
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	175			Total Population Served at End of Month:	414
PWS Owner:	Aqua Utilities Florida				
Contact Person:	BILL DEAN			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Gibsonia			Plant Telephone Number:	863-858-2504
Plant Address:	931 Gib-Galloway Road	City:	Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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	Steve Fuller	B	7519	Days 1st Shift
Other Operator(s)	Jerry Hahn	C	14331	

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.

Steve Fuller 1-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

...NTHLY OPERATION REPORT FOR PW"Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATE...

PWS Identification Number:	6530079	Plant Name:	Gibsonia

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 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 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	86,000		1.1								0.8	
2		24.0	47,667											
3		24.0	47,667											
4		24.0	47,667		1.0								0.6	
5		24.0	51,500											
6		24.0	51,500		1.7								1.4	
7		24.0	40,000											
8		24.0	40,000		1.0								0.7	
9		24.0	47,333											
10		24.0	47,333											
11		24.0	47,333		0.9								0.6	
12		24.0	51,500											
13		24.0	51,500		2.0								1.8	
14		24.0	46,500											
15		24.0	46,500		1.5								1.3	
16		24.0	58,667											
17		24.0	58,667											
18		24.0	58,667		1.5								1.4	
19		24.0	54,500											
20		24.0	54,500		1.3								1.0	
21		24.0	52,000											
22		24.0	52,000		1.2								0.9	
23		24.0	46,333											
24		24.0	46,333											
25		24.0	46,333		1.4								1.0	
26		24.0	45,500											
27		24.0	45,500		1.0								0.8	
28		24.0	53,500											
29		24.0	53,500		1.2								0.9	
30		24.0												
31		24.0												
			1,476,000											
			47,613											
			86,000											

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

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 209336.01

EXPIRATION DATE: January 14, 2009 **PERMIT ISSUE DATE: January 14, 1999**

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

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

PROJECT NAME: Gibsonia

GRANTED TO: Florida Water Services Corporation
Post Office Box 609520
Orlando, FL 32860-9520

TRANSFERRED ON: October 6, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 60,400 PEAK MONTHLY: 117,200

Use	Average	Peak Monthly
Public Supply:	60,400 gpd	117,200 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Polk County, approximately 2 miles north of the City of Lakeland on State Road 700.

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA: N/A

APPLICATION FILED: December 18, 1998

ACRES: 0.25 Owned
120.00 Serviced
120.25 Total

APPLICATION AMENDED: N/A

DOCUMENT NUMBER-DATE
04324 MAY 22 80
FPSC-COMMISSION CLERK

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Gibsonia

USE TYPE	POPULATION SERVED	PER CAPITA RATE
Residential Single Family Personal Sanitary Use		
Total Public Supply:	410	Gross = 130 gpd/person

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TTL./CSD.	USE	GALLONS PER DAY AVERAGE	GALLONS PER DAY PEAK MONTHLY
1 / 1	8	200 / UNK	PS	60,400	117,200

PS = Public Supply

DISTRICT I.D. NO.	SECTION/TOWNSHIP/RANGE	LOCATION LAT./LONG.
1	23/27/23	280650.31/815828.20

SPECIAL CONDITIONS:

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

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

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

   Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. Any wells not in use, and in which pumping equipment is not installed shall be capped or valved in a water tight manner in accordance with Chapter 62-532.500(3)(a)(4), F.A.C.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 209336.01

EXPIRATION DATE: January 14, 2009 **PERMIT ISSUE DATE:** January 14, 1999

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

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

PROJECT NAME: Gibsonia

GRANTED TO: Florida Water Services Corporation
Post Office Box 609520
Orlando, FL 32860-9520

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 60,400 PEAK MONTHLY: 117,200

Use	Average	Peak Monthly
Public Supply:	60,400 gpd	117,200 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Polk County, approximately 2 miles north of the City of Lakeland on State Road 700.

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA: N/A

APPLICATION FILED: December 18, 1998

ACRES: 0.25 Owned
120.00 Serviced
120.25 Total

APPLICATION AMENDED: N/A

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Gibsonia

USE TYPE	POPULATION SERVED	PER CAPITA RATE
Residential Single Family Personal Sanitary Use		
Total Public Supply:	410	Gross = 130 gpd/person

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TTL./CSD.	USE	GALLONS PER DAY AVERAGE	GALLONS PER DAY PEAK MONTHLY
1 / 1	8	200 / UNK	PS	60,400	117,200

PS = Public Supply

DISTRICT I.D. NO.	SECTION/TOWNSHIP/RANGE	LOCATION LAT./LONG.
1	23/27/23	280650.31/815828.20

SPECIAL CONDITIONS:

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

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

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

   Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. Any wells not in use, and in which pumping equipment is not installed shall be capped or valved in a water tight manner in accordance with Chapter 62-532.500(3)(a)(4), F.A.C.

3. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter, or other flow measuring device as approved by the Director, Records and Data Department, for District I.D. No. 1, Permittee I.D. No. 1. Such device shall have and maintain an accuracy within five percent of the actual flow as installed. The Permittee shall record and report meter readings from each metered withdrawal twice a year. The meter reading for pumpage from January through June shall be submitted on or before the 10th day of July; and the meter reading from July through December shall be submitted on or before the 10th day of January of the following year. If a metered withdrawal is not utilized during a given six-month period, the meter reading must be submitted to the District, and it should match the one submitted for the previous six months.

STANDARD CONDITIONS:

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

Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

40D-2
Exhibit "A"

WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.

2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.

3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.

5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.

6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.

7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.

8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.

9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.

10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:

    a. A reduction in water levels which impairs the ability of a well to produce water;
    b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
    c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:

    a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
    b. Sinkholes or subsidence caused by reduction in water levels;
    c. Damage to crops and other vegetation causing financial harm to the owner; and
    d. Damage to the habitat of endangered or threatened species.

14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.

15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.

16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.

17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

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) 467-2594

HBEL Report Number: 2407726 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 1255

Received for Laboratory By: MBennett

Analysis Date and Time: 12/6/07 1312

Analysis Method Requested:
☒ Colilert ☐ Membrane Filtration PWS I.D. 6530079

Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ .8 °C
Disinfectant Check: ☒ Not Detected ☐ >0.1 mg/l

System Name: Gibsonia Estates

System Address: 931 Gib Galloway

City: LAKELAND FL 33809 System or Owner's Phone #: 863-858-2504 Fax #: 863-853-4937

Collector: Steve Fuller Collector's Phone #: 813-267-3074

Relinquished By: Steve Fuller Received By: _____ Relinquished By: _____

Date/Time: 12-6-07 1145AM Date/Time: 12-6-07 Date/Time: 12-6-07 12:55

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): 12-6-07

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
1	Well ONE	1030AM	R		
2	Well Two	1040AM	R		
3	5423 Orange Ave	1050AM	D	0.9	
4	817 Fairlane	1100AM	D	1.2	

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.) 1.05

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other
Person performing analysis is:
☒ A certified operator (# 87519)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Steve Fuller
415 West Daughtery Rd
LAKELAND FLA. 33809

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			2407726.001
	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: MB

Report authorized by: MBennett
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 HEAFIN Middle Form - LABORATORY Bottom Form - CLIENT

DOCUMENT NUMBER-DATE 04324 MAY 22 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) 467-2384

Date issued: October 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Gibsonia Estates DW THM/HAA5 **[2025911]**
Received: 9/29/06 10:30

Dear Bill Dean;

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) 467-5884

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Gibsonia Estates DW THM/HAA5 **[2025911]**
Received: 9/29/06 10:30

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
2025911001	835 Princeton 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.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2354

CERTIFICATE OF ANALYSIS

[2025911]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates DW THM/HAA5

Parameter	Qualifier	Result [1]	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025911001**							*Sampled:* 09/28/06 12:32		*Received:* 09/29/06 10:30		
Sample ID: **835 Princeton Grab**							*Matrix:* Water		Results reported on Wet Weight Basis		
Bromodichloromethane		7.0	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 14:39	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2706		10/11/06 14:39	WR	E96080
Chloroform		12	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 14:39	WR	E96080
Dibromochloromethane		3.3	ug/L	0.30	1.2	EPA 524.2	VOC2706		10/11/06 14:39	WR	E96080
Total THMs		23	ug/L	0.50	2.0	EPA 524.2	VOC2706		10/11/06 14:39	WR	E96080
Dibromoacetic Acid		0.59 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	JL	E96080
Dichloroacetic Acid		3.8	ug/L	0.66	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	JL	E96080
Total HAAs		6.1	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	JL	E96080
Trichloroacetic acid		1.7	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:58	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.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Gibsonia Estates PWS I.D. #: 6530079

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 931 Gib-Galloway Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 20259|1001 Location Code (if known):

Sample Date: 09/28/06 Sample Time: 12:32 PM

Sample Location (be specific): 835 Princeton Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): 653-0079 Sample Number (From Page 1): 2025911001

Lab Assigned Report Number or Job ID: 2025911001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5884

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Gibsonia Estates DW THM/HAA5

Sample Location: 835 Princeton Grab

Disinfectant Residual (mg/L) 0.7

Sample Number: 2025911001

PWS ID 653-0079

Sampling Date: 9/28/06 12:32

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	10/06/06	5:58 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	3.8		EPA 552.1	0.66	10/06/06	5:58 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	1.7		EPA 552.1	0.20	10/06/06	5:58 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28	U	EPA 552.1	0.28	10/06/06	5:58 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.59	I	EPA 552.1	0.18	10/06/06	5:58 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	12		EPA 524.2	0.25	10/11/06	2:39 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/11/06	2:39 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	7.0		EPA 524.2	0.25	10/11/06	2:39 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	3.3		EPA 524.2	0.30	10/11/06	2:39 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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: September 8, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Gibsonia Estates, CN Recollect **[2025547]**
Received: 8/23/06 10:00

Dear Bill Dean;

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) 467-5594

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Gibsonia Estates CN Recollect
Received: 8/23/06 10:00

[2025547]

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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5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2025547]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates CN Recollect

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025547001**					*Sampled: 08/22/06 14:00*		*Received: 08/23/06 10:00*			
Sample ID: **POE Grab**					*Matrix: Water*		Results reported on Wet Weight Basis			
Cyanide		0.030	mg/L	0.0047	SM4500CN E	WCGE26234	09/1/06 11:45	09/1/06 17:21	GG	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 US 1 North Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Gibsonia Estates
Sampled By: SLF

Method(s) of Shipment: DHL

e-mail:

/ Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH: Checked Y N
LAB # 2025547

PRESERVATIVE
NAOH

ANALYSES REQUESTED
CN

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thiosulfate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	CN	COMMENTS
051	8/22/06	1200 PM	G	DW	1	P.O.E Cl2 1.1	X	

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 8/22/06 3:15 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 8.23.06 1000

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Gibsonia Estates PWS I.D. #: 6530079

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 931 Gib Galloway Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025547001 Location Code (if known):

Sample Date: 08/22/06 Sample Time: 2:00 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☒ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

☐ Quarterly (Which Qtr?_____)
☐ Special (not for compliance with 62-550)
☐ Violation Resolution
☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 8/23/06

PWS ID (From Page 1): 653-0079 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025547001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☒ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 08-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 283 Fax: (772) 467-6584

INORGANIC ANALYSIS
62 - 550.310 (1)
(PWS030)

Client:	Aqua Utilities Florida, Inc.	Workorder:	Gibsonia Estates CN Recollect
Sample Location:	POE Grab		
Sample Number:	2025547001		
Sampling Date:	8/22/06 14:00		
Preservative:	Nitric Acid, Sodium Hydroxide, or None		
Date Received:	8/23/06 10:00		

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1024	Cyanide	[0.2]	**0.030**	mg/L	SM4500CN E	0.0047	9/01/06	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2884

Date issued: September 12, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Gibsonia Estates Tri-annual DW **[2025299]**
Received: 7/28/06 11:45

Dear Bill Dean;

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: Gibsonia Estates Tri-annual DW **[2025299]**
Received: 7/28/06 11:45

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
2025299001	POE Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025299002	Dist. 835 Princeton 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
EPA 505			
	PEST4765		
2025299001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 552.1			
	PEST4783		
2025299002		2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
MBAS			
	WCGE26011		
2025299001		Surfactants as LAS, Mol.wt.3	Precision - Outside acceptance limits between the MS and MSD.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performace. Precision and Accuracy were determined with the LCS.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

CERTIFICATE OF ANALYSIS

[2025299]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025299001**					*Sampled:* 07/27/06 14:50		*Received:* 07/28/06 11:45			
Sample ID: **POE Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
pH [6.5-8.5]	Q	8.09	SU	0.200	EPA 150.1	WCGE26036		08/3/06 18:35	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Barium		0.0042	mg/L	0.0018	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Copper		0.0051	mg/L	0.0014	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Iron		0.11	mg/L	0.025	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Manganese		0.0083	mg/L	0.0037	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Sodium		8.3	mg/L	0.50	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8058		08/9/06 2:23	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8059		08/9/06 23:21	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 15:19	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/5/06 9:49	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8064	08/9/06 16:48	08/10/06 20:11	DM	E96080
Chloride		16	mg/L	5.0	EPA 300.0	IC6888		08/1/06 4:35	JL	E96080
Fluoride		0.27	mg/L	0.011	EPA 300.0	IC6884		07/28/06 15:34	JL	E96080
Nitrate as N		0.0069	mg/L	0.0030	EPA 300.0	IC6884		07/28/06 15:34	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6884		07/28/06 15:34	JL	E96080
Sulfate		4.0	mg/L	1.4	EPA 300.0	IC6888		08/1/06 4:35	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4766	08/7/06 13:48	08/7/06 22:26	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4766	08/7/06 13:48	08/7/06 22:26	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4765	08/3/06 12:53	08/3/06 22:33	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:19	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080

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

CERTIFICATE OF ANALYSIS

[2025299]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2673		08/7/06 2:58	WR	E96080
Alachlor		0.66 U	ug/L	0.66	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Atrazine		0.52 U	ug/L	0.52	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Benzo(a)pyrene		0.075 U	ug/L	0.075	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
bis(2-ethylhexyl)phthalate		0.91 U	ug/L	0.91	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Di(2-ethylhexyl)adipate		0.73 U	ug/L	0.73	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Hexachlorobenzene		0.33 U	ug/L	0.33	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Simazine		0.66 U	ug/L	0.66	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 17:21	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 22:05	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 22:05	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2321		08/8/06 15:36	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2427	08/2/06 13:52	08/3/06 20:08	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2322	08/3/06 8:26	08/10/06 11:36	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1018		08/14/06 14:37	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1018		08/10/06 15:20	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE25996		07/28/06 15:50	TCL	E96080
Odor - Dechlorinated		1.0	T.O.N.	1.0	SM2150 B	WCGE26003		07/28/06 13:00	EE	E96080
Total Dissolved Solids		180	mg/L	16	SM2540 C	WCGE26007		07/31/06 12:30	EE	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/4/06 8:30	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26011	07/28/06 16:00	07/28/06 18:14	GG	E96080

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CERTIFICATE OF ANALYSIS

[2025299]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025299002** *Sample ID:* **Dist. 835 Princeton Grab**					*Sampled: 07/27/06 15:06* *Matrix: Water*			*Received: 07/28/06 11:45* Results reported on Wet Weight Basis		
Bromodichloromethane		2.2	ug/L	0.25	EPA 524.2	VOC2673		08/7/06 3:32	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2673		08/7/06 3:32	WR	E96080
Chloroform		6.0	ug/L	0.25	EPA 524.2	VOC2673		08/7/06 3:32	WR	E96080
Dibromochloromethane		0.86	ug/L	0.30	EPA 524.2	VOC2673		08/7/06 3:32	WR	E96080
Total THMs		9.1	ug/L	0.50	EPA 524.2	VOC2673		08/7/06 3:32	WR	E96080
Dibromoacetic Acid	Q	0.21	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Dichloroacetic Acid	Q	0.66 U	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Total HAAs	Q	0.21	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Trichloroacetic acid	Q	0.20 U	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 10:32	JL	E96080
Laboratory ID: **2025299003** *Sample ID:* **Trip Blank**					*Sampled: 07/27/06 0:00* *Matrix: Water*			*Received: 07/28/06 11:45* Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2673		08/7/06 4:06	WR	E96080

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CERTIFICATE OF ANALYSIS

[2025299]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Gibsonia Estates Tri-annual DW

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID

[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.

Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

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Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: AQua Utilities of Fla
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Gibsonia Estates
Sampled By: Steve Fuller

Method(s) of Shipment: DHL OVER NIGHT

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush In ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: (Y) N
Custody Seals Intact: Y (N)
pH Checked: Y N

LAB # 2025299

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	A	B	C	D	E	F	H	J	COMMENTS
								1+2 Metals	Cyanide	NO2,NO3,Cl, Soil F	PH Color TDS	ODOR	mBAS	V OCs	504	
001	7/27/06	225-250 pm	G	DW	12	P.O.E Cl2 0.9	N	1	1	1	1	1	1	3	3	Cl2 0.9
003					3	TRIP BLANK	SH U U U U H ST									

Preservation Key: H=Hydrochloric Acid, P=Phosphoric Acid, N=Nitric Acid, ST=Sodium Thiosulfate, S=Sulfuric Acid, SH=Sodium Hydroxide, U=Unpreserved

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-27-06 340 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7.28.06 1145

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 3

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN
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Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: Aqua Utilities of Fla
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Gibsonia Estates
Sampled By: Steve Fuller

Method(s) of Shipment: DHL overnight

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N

LAB # 2025299

PRESERVATIVE: ST | ST | HCA | ST | ST | S | ST

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED: 515.1	525.2	531.1	547	548	549	505	COMMENTS
061	7/27/06	225-230 PM	G	DW	11	P.O.E Cl2 0.9	1	1	1	1	3	1	3	Cl2 0.9

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 14 of 17

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-27-06 340 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7.28.06 1145

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

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Chain-of-Custody
and
Agreement to Perform Services

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Laboratory not responsible for omitted information

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

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307 Coolidge Avenue
Lehigh Acres, FL 33936

___ FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

___ FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34607

Company: Aqua Utilities of Fla
Address: 415 W. Daughtrey Rd
Lakeland, Fla Zip: 33809
Phone: 863 858-2504 Fax: 863 853-4937
Client Contact: Steve Fuller
Project Name: Gibsonia Estates
Sampled By: Steve Fuller

Method(s) of Shipment: DHL Overnight

e-mail:

X Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: Y N
Custody Seals Intact: Y N
pH Checked: Y N
LAB # 2025299

PRESERVATIVE: NHyd, ST

ANALYSES REQUESTED: K, S

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	THM	COMMENTS
	7/20/06	306PM	G	DW	1	835 Princeton Cl2 0.7	X		Cl2 0.7
002	7/27/06	305PM	G	DW	3	835 Princeton Cl2 0.7		X	
3						TRIP BLANK with VOCs			

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7/27/06 340PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7.28.06 1145

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 3 of 5

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Gibsonia Estates PWS I.D. #: 6530079

System Type (check one) [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 931 Gib Galloway Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 20252990001 Location Code (if known):

Sample Date: 07/27/06 Sample Time: 2:50 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [X] Entry Point (to Distribution)
- [ ] Plant Tap not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedence*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:
- [ ] Quarterly (Which Qtr?)
- [ ] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/28/06

PWS ID (From Page 1): 653-0079 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025299001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☐ Trihalomethanes
☑ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			~~☒ All 14~~
			☑ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other: ___

Person Notified: ___ Date Notified: ___

Comments: ___

Date Reviewed: ___ DEP/DOH Reviewing Official: ___

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SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Gibsonia Estates Tri-annual DW

Sample Location: POE Grab

Sample Number: 2025299001

Sampling Date: 7/27/06 14:50

Date Received: 7/28/06 11:45

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.10 U	ug/L		EPA 505	0.10	8/03/06	8/03/06 22:33	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	8/03/06	8/03/06 22:33	E96080
2015	Methoxychlor	[40]	0.043 U	ug/L		EPA 505	0.043	8/03/06	8/03/06 22:33	E96080
2020	Toxaphene	[3]	0.60 U	ug/L		EPA 505	0.60	8/03/06	8/03/06 22:33	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	8/02/06	8/03/06 23:19	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	8/03/06	8/10/06 11:36	E96080
2033	Endothall	[100]	2.8 U	ug/L		EPA 548.1	2.8	8/02/06	8/03/06 20:08	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		8/08/06 15:36	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.73 U	ug/L		EPA 525.2	0.73	8/04/06	8/18/06 17:21	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		8/01/06 22:05	E96080
2037	Simazine	[4]	0.68 U	ug/L		EPA 525.2	0.68	8/04/06	8/18/06 17:21	E96080
2039	bis(2-ethylhexyl)phthelate	[6]	0.91 U	ug/L		EPA 525.2	0.91	8/04/06	8/18/06 17:21	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 23:19	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 23:19	E96080
2042	Hexachlorocyclopentadiene	[50]	0.25 U	ug/L		EPA 525.2	0.25	8/04/06	8/18/06 17:21	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		8/01/06 22:05	E96080
2050	Atrazine	[3]	0.52 U	ug/L		EPA 525.2	0.52	8/04/06	8/18/06 17:21	E96080
2051	Alachlor	[2]	0.66 U	ug/L		EPA 525.2	0.66	8/04/06	8/18/06 17:21	E96080
2065	Heptachlor	[0.4]	0.036 U	ug/L		EPA 505	0.036	8/03/06	8/03/06 22:33	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	8/03/06	8/03/06 22:33	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	8/02/06	8/03/06 23:19	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	8/02/06	8/03/06 23:19	E96080
2274	Hexachlorobenzene	[1]	0.33 U	ug/L		EPA 525.2	0.33	8/04/06	8/18/06 17:21	E96080
2306	Benzo(a)pyrene	[.2]	0.075 U	ug/L		EPA 525.2	0.075	8/04/06	8/18/06 17:21	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	8/02/06	8/03/06 23:19	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	8/03/06	8/03/06 22:33	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0020 U	ug/L		EPA 504.1	0.0020	8/07/06	8/07/06 22:26	E96080
2946	1,2-Dibromoethane	[.02]	0.0048 U	ug/L		EPA 504.1	0.0048	8/07/06	8/07/06 22:26	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	8/03/06	8/03/06 22:33	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Gibsonia Estates Tri-annual DW

Sample Location: POE Grab

Sample Number: 2025299001

Sampling Date: 7/27/06 14:50

Date Received: 7/28/06 11:45

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	**0.0069**	mg/L		EPA 300.0	0.0030	7/28/06 15:34	E96080
1041	Nitrite as N	[1]	**0.0022 U**	mg/L		EPA 300.0	0.0022	7/28/06 15:34	E96080
1005	Arsenic	[0.01]	**0.0010 U**	mg/L		SM 3113 B	0.0010	8/10/06 15:20	E84129
1010	Barium	[2]	**0.0042**	mg/L		EPA 200.7	0.0018	8/09/06 2:23	E96080
1015	Cadmium	[0.005]	**0.00070 U**	mg/L		EPA 200.7	0.00070	8/09/06 2:23	E96080
1020	Chromium	[0.1]	**0.0018 U**	mg/L		EPA 200.7	0.0018	8/09/06 2:23	E96080
1024	Cyanide	[0.2]	**0.0047 U**	mg/L	Y	SM4500CN E	0.0047	8/04/06 15:22	E96080
1025	Fluoride	[4]	**0.27**	mg/L		EPA 300.0	0.011	7/28/06 15:34	E96080
1030	Lead	[0.015]	**0.00061 U**	mg/L		EPA 200.9	0.00061	8/09/06 23:21	E96080
1035	Mercury	[0.002]	**0.000060 U**	mg/L		EPA 245.1	0.000060	8/10/06 20:11	E96080
1036	Nickel	[0.1]	**0.0020 U**	mg/L		EPA 200.7	0.0020	8/09/06 2:23	E96080
1045	Selenium	[0.05]	**0.0022 U**	mg/L		EPA 200.9	0.0022	8/04/06 15:19	E96080
1052	Sodium	[160]	**8.3**	mg/L		EPA 200.7	0.50	8/09/06 2:23	E96080
1074	Antimony	[0.006]	**0.0010 U**	mg/L		SM 3113 B	0.0010	8/14/06 14:37	E96080
1075	Beryllium	[0.004]	**0.00010 U**	mg/L		EPA 200.7	0.00010	8/09/06 2:23	E96080
1085	Thallium	[0.002]	**0.0010 U**	mg/L		EPA 200.9	0.0010	8/05/06 9:49	E96080

eporting Format 62-550.730
ffective January 1995, Revised January 2004

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

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

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Gibsonia Estates Tri-annual DW

Sample Location: POE Grab

Sample Number: 2025299001

Sampling Date: 7/27/06 14:50

Date Received: 7/28/06 11:45

ID	Parameter	MCL	Result	Units	Qual	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	**0.0030 U**	mg/L		EPA 200.7	0.0030	8/09/06 2:23	E96080
1017	Chloride	[250]	**16**	mg/L		EPA 300.0	5.0	8/01/06 4:35	E96080
1022	Copper	[1]	**0.0051**	mg/L		EPA 200.7	0.0014	8/09/06 2:23	E96080
1025	Fluoride	[2]	**0.27**	mg/L		EPA 300.0	0.011	7/28/067/28/06	E96080
1028	Iron	[0.3]	**0.11**	mg/L		EPA 200.7	0.025	8/09/06 2:23	E96080
1032	Manganese	[0.05]	**0.0083**	mg/L		EPA 200.7	0.0037	8/09/06 2:23	E96080
1050	Silver	[0.1]	**0.0010 U**	mg/L		EPA 200.7	0.0010	8/09/06 2:23	E96080
1055	Sulfate	[250]	**4.0**	mg/L		EPA 300.0	1.4	8/01/06 4:35	E96080
1095	Zinc	[5]	**0.010 U**	mg/L		EPA 200.7	0.010	8/09/06 2:23	E96080
1905	Color	[15]	**3.0**	CU		SM2120 B	1.8	7/28/06 15:50	E96080
1925	pH	[6.5-8.5]	**8.09**	SU		EPA 150.1	0.200	8/03/06 18:35	E96080
1930	Total Dissolved Solids	[500]	**180**	mg/L		SM2540 C	16	7/31/06 12:30	E96080
2905	Foaming Agents	[0.5]	**0.022 U**	mg/L		SM5540 C	0.022	7/28/06 18:14	E96080

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

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

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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Gibsonia Estates Tri-annual DW

Sample Location: POE Grab

Sample Number: 2025299001

Sampling Date: 7/27/06 14:50

Date Received: 7/28/06 11:45

ID	Parameter	MCL	Result	Units	Qual	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	8/07/06 2:58	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 2:58	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/07/06 2:58	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 2:58	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 2:58	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 2:58	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/07/06 2:58	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 2:58	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/07/06 2:58	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/07/06 2:58	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 2:58	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 2:58	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/07/06 2:58	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/07/06 2:58	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/07/06 2:58	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 2:58	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/07/06 2:58	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/07/06 2:58	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/07/06 2:58	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 2:58	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 2:58	E96080

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Gibsonia Estates PWS I.D. #: 6530079

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 931 Gib Galloway Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025299002 Location Code (if known):

Sample Date: 07/27/06 Sample Time: 3:06 PM

Sample Location (be specific): Dist. 835 Princeton Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(5) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/28/06

PWS ID (From Page 1): 6530079 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025299002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Gibsonia Estates Tri-annual DW

Sample Location: Dist. 835 Princeton Grab

Disinfectant Residual (mg/L): 0.7

Sample Number: 2025299002

PWS ID: 653-0079

Sampling Date: 7/27/06 15:06

Date Received: 7/28/06 11:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	**0.88 U**	Q	EPA 552.1	0.88	9/08/06	10:32 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**0.66 U**	Q	EPA 552.1	0.66	9/08/06	10:32 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.20 U**	Q	EPA 552.1	0.20	9/08/06	10:32 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28 U**	Q	EPA 552.1	0.28	9/08/06	10:32 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.21**	Q	EPA 552.1	0.18	9/08/06	10:32 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	**6.0**		EPA 524.2	0.25	8/07/06	3:32 AM	E96080
2942	Bromoform	[N/A]	ug/L	**0.41 U**		EPA 524.2	0.41	8/07/06	3:32 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	**2.2**		EPA 524.2	0.25	8/07/06	3:32 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**0.88**		EPA 524.2	0.30	8/07/06	3:32 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Gibsonia Estates PWS I.D. #: 6530079

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 931 Gib Galloway

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: sjfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025299003 Location Code (if known):

Sample Date: 07/27/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

☐ Quarterly (Which Qtr? _____)
☐ Special (not for compliance with 62-550)
☐ Violation Resolution
☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name:

Sampler's Phone #: Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/28/06

PWS ID (From Page 1): 653-0079 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025299003

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 288 Fax: (772) 467-2384

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client:	Aqua Utilities Florida, Inc.	Workorder:	Gibsonia Estates Tri-annual DW
Sample Location:	Trip Blank		
Sample Number:	2025299003		
Sampling Date:	7/27/06 0:00		
Date Received:	7/28/06 11:45		

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	**0.41 U**	ug/L		EPA 524.2	0.41	8/07/06 4:06	E96080
2380	cis-1,2-Dichloroethene	[70]	**0.21 U**	ug/L		EPA 524.2	0.21	8/07/06 4:6	E96080
2955	Total Xylenes	[10000]	**0.46 U**	ug/L		EPA 524.2	0.46	8/07/06 4:6	E96080
2964	Methylene chloride	[5]	**0.23 U**	ug/L		EPA 524.2	0.23	8/07/06 4:6	E96080
2968	1,2-Dichlorobenzene	[600]	**0.21 U**	ug/L		EPA 524.2	0.21	8/07/06 4:6	E96080
2969	1,4-Dichlorobenzene	[75]	**0.23 U**	ug/L		EPA 524.2	0.23	8/07/06 4:6	E96080
2976	Vinyl chloride	[1]	**0.32 U**	ug/L		EPA 524.2	0.32	8/07/06 4:6	E96080
2977	1,1-Dichloroethene	[7]	**0.23 U**	ug/L		EPA 524.2	0.23	8/07/06 4:6	E96080
2979	trans-1,2-Dichloroethene	[100]	**0.35 U**	ug/L		EPA 524.2	0.35	8/07/06 4:6	E96080
2980	1,2-Dichloroethane	[3]	**0.29 U**	ug/L		EPA 524.2	0.29	8/07/06 4:6	E96080
2981	1,1,1-Trichloroethane	[200]	**0.21 U**	ug/L		EPA 524.2	0.21	8/07/06 4:6	E96080
2982	Carbon tetrachloride	[3]	**0.24 U**	ug/L		EPA 524.2	0.24	8/07/06 4:6	E96080
2983	1,2-Dichloropropane	[5]	**0.40 U**	ug/L		EPA 524.2	0.40	8/07/06 4:6	E96080
2984	Trichloroethene	[3]	**0.36 U**	ug/L		EPA 524.2	0.36	8/07/06 4:6	E96080
2985	1,1,2-Trichloroethane	[5]	**0.44 U**	ug/L		EPA 524.2	0.44	8/07/06 4:6	E96080
2987	Tetrachloroethene	[3]	**0.24 U**	ug/L		EPA 524.2	0.24	8/07/06 4:6	E96080
2989	Chlorobenzene	[100]	**0.30 U**	ug/L		EPA 524.2	0.30	8/07/06 4:6	E96080
2990	Benzene	[1]	**0.20 U**	ug/L		EPA 524.2	0.20	8/07/06 4:6	E96080
2991	Toluene	[1000]	**0.22 U**	ug/L		EPA 524.2	0.22	8/07/06 4:6	E96080
2992	Ethylbenzene	[700]	**0.21 U**	ug/L		EPA 524.2	0.21	8/07/06 4:6	E96080
2996	Styrene	[70]	**0.21 U**	ug/L		EPA 524.2	0.21	8/07/06 4:6	E96080

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

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

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID Gibsonia Estates Tri-annual DW

Sample Location: Trip Blank

Disinfectant Residual (mg/L

Sample Number: 2025299003

PWS ID

Sampling Date: 7/27/06 0:00

Date Received: 7/28/06 11:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	**0.25 U**		EPA 524.2	0.25	8/07/06	4:06 AM	E96080
2942	Bromoform	[N/A]	ug/L	**0.41 U**		EPA 524.2	0.41	8/07/06	4:06 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	**0.25 U**		EPA 524.2	0.25	8/07/06	4:06 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**0.30 U**		EPA 524.2	0.30	8/07/06	4:06 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

porting Format 62-550.730
ective January 1995, Revised January 2004

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Don Hash

From: Eric Charest
Sent: Thursday, August 31, 2006 3:18 PM
To: Don Hash
Subject: FW: Holding time question

-----Original Message-----
From: Lable, Silky [mailto:Silky.Lable@dep.state.fl.us]
Sent: Sunday, August 27, 2006 5:38 PM
To: Steve_Arms@doh.state.fl.us; Eric Charest
Subject: RE: Holding time question

Eric - I agree with Steve.

-----Original Message-----
From: Steve_Arms@doh.state.fl.us [mailto:Steve_Arms@doh.state.fl.us]
Sent: Tue 8/22/2006 12:47 PM
To: Charest@hbol.edu; Lable, Silky
Cc:
Subject: RE: Holding time question

Eric,

I am pretty sure that Silky will agree when I say that, as you know, your obligation is to qualify the results if the holding time is exceeded. The data user can then make a decision about the usability of the data. I'm not sure whether the reason for the exceedance has much bearing on that decision except to understand that it could not be helped; the goal in the decision-making process is not to assess blame, but takes into account a number of other factors, including the value of the results, by how much the holding time was exceeded, the difficulty and applicability of a second sampling event, etc.

Depending on the client and their particular needs, you might want to direct them to Silky as the DEP contact and primary resource in helping to decide how to proceed.

Thanks,
Steve

Mission: To promote and protect the health and safety of all people in Florida through the delivery of quality public health services and promotion of health care standards.
Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request.
Your e-mail communications may therefore be subject to public disclosure.

-----Original Message-----
From: Eric Charest [mailto:Charest@hbol.edu]
Sent: Monday, August 21, 2006 2:51 PM
To: Arms, Steve A.; Lable, Silky
Subject: Holding time question

The HARBOR BRANCH Environmental Laboratories, Inc. in the Fort Pierce facility has been running the EPA 552.1 method for the Total Haloacetic Acid compounds for quite some time now. For our extraction approach on this method, we utilize a Speedisk designed for the extraction – and apparently only available from one manufacturer – JT Baker (product is Bakerbond Speedisk SAX).

Use of this method allows for a 28 day holding time – as opposed to the shorter 14 days for the 552.2 Method which HBEL does not maintain certification for.

We ordered our supply of Speedisks back in the first week of July – but due to manufacturer shortages – we still have not received any of our items. We have sought out other vendors and have been told that there is a National Shortage of the product. Our backordered supply was supposed to be received last week – and now they (JT Baker) has told us that they had additional manufacturer delays, so now we are bumped into next week.

The concern now is that we (HBEL) has subcontracted out several of our samples that are within the 14 day holding time window to a certified laboratory capable of running the 552.2 Method. By searching the State's database for certified laboratories capable of running the 552.1 method, I see there is only one other laboratory in the database capable of running the analysis – and they are in the same boat as we are in – lack of supply.

I am now faced with several samples that will have their holding time expire in advance of my shipment of supplies being delivered. I do see in the method that it states 28 days for a holding time. I was sending this e-mail to your offices in the situation where there is a national shortage of the necessary supplies, to see if your offices would evaluate qualified data (qualified with the FDEP Q Qualifier) with any leniency towards accepting the results based on this supply shortage.

I have been in constant communication with my clients regarding the supply shortage and the status of their samples, and it was only recently that I was told by the manufacturer that my promised ship date for materials was not going to be met. I have asked for a letter from the manufacturer and their reps explaining this shortage and can forward that to your offices should that be needed in any decision making.

We have also tried numerous other laboratories, even outside of the NELAC network to see if we could purchase some of their supplies, but everyone we are aware of utilizing these disks are all in the same position.

If any consideration on missed holding times for this analysis can be made during this supply shortage, please let me know, otherwise if qualified data would not meet any needs for my clients, I can ask for re-samples, but those may fall outside of any timeframes necessary for my clients?

Thank you for your consideration in this matter,

Eric Charest

HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD. OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

August 16, 2006
Project No: 61961

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2025299

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
61961.01	2026299001	07/27/06 14:50	07/31/06 15:00

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 RAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
2025299
Sample ID: 2025299001

August 16, 2006
Sample No.: 61961.01
PWS ID: _____

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	08/10/06	15:20	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	08/14/06	14:37	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

6196
Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed. Ex **to arrive on** 7.31.06. **TAT:** Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: 2025299

SAMPLE TYPE: Composite = C, Grab = G.

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = S, NaOH = SH, Unpreserved = U

MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O

	Client Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSES REQUIRED / PRESERVATIVE: N	45.56						COLLECTION REMARKS: SAMPLE COMMENTS
01	ALF	DW	7.27.06	1450	G	2025299001	1	✓	✓						125mlP; HNO3

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	7.28.06	1600	FedEx		
RELINQUISHED BY: Fed Ex	DATE	TIME	LABORATORY NAME AND RECEIVED BY: [signature]	DATE 7/31/06	TIME 1500

Page ___ of ___

RECEIVED
AUG - 8 2007
By

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

M. Rony François, MD, MSPH, PhD
Secretary

August 1, 2007

CS/Gibsonia Estates
PWS: Id. No. 6530079

RECEIVED
AUG 0 3 2007
Aqua Utilities
Florida Inc.

Dennis Mulldun
Aqua America Utilities
6960 Professional Parkway East, Ste. 400
Sarasota, FL 34240

Dear Mr. Mulldun:

A sanitary survey of your water system conducted on July 31, 2007 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

Deficiencies are listed below:

1. The cross connection control program was not available for review during the sanitary survey. Chapter 62-555.360(2) requires all community water systems to 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 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. Please contact the Florida Rural Water Association at (850) 668-2746 for assistance in developing a written cross-connection control program. A current copy of this plan must be submitted to this office for review.

2. The well casing and discharge piping have excessive corrosion. Chapter 62-555.350(2) indicates that all equipment must be maintained in good operating condition.

3. The water plant is not sufficiently staffed by a certified water plant operator. Category V water plant permitted to produce between 0.25 MGD and 3.0 MGD are required by Chapter 62-699.310(4)(e) to be staffed by a Class C or higher operator who is to perform 5 visits per week plus one weekend visit. Water systems may submit a letter requesting operator staffing reduction if the plant uses less then the plant's permitted design flow or treatment capacity. This letter must include why a reduction should be considered, and how much of a reduction is desired. Please note that the water system must be in

DOCUMENT NUMBER-DATE
04324 MAY 22 80
FPSC-COMMISSION CLERK

POLK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Daniel O. Haight
Director

Lynne M. Saddler, MD, MPH
Assistant Director

compliance with the drinking water regulation for at least one year's time before a reduction will be granted.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/clg

Cc: Steve Fuller

A UA
Utilities Florida.

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

August 29, 2007

Henry Taghiof
Engineering Specialist III
Polk County Health Department
Environmental Engineering Division
2090 East Clower St.
Bartow, FL 33830

RE: Reply to Sanitary Survey
Gibsonia Estates
PWS ID No. 6530079
Polk County

Dear Mr. Taghiof:

Thank you for your inspection on on July 31, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. Enclosed is the Aqua Utilities Florida, Inc. Cross Connection Control Policy. This policy was last updated in September 2006. The policy will be updated again soon, when the update is complete, the latest edition will be posted at all of Aqua's facilities.

2. All exposed piping will be wire brushed and re painted.

3. The plant is listed on the MOR as being a Category V Class C water plant with a maximum day operating capacity of 100,000 gpd. The plant is not permitted to produce between 0.25 MGD and 3.0 MGD and really should not be listed on the MOR as being a Class C water plant. The plant's peak monthly ground water withdrawal allowance is 117,200 gpd as dictated by the water us permit from Southwest Florida Water Management District, which is attached. It appears that someone listed this on the MOR as a class C from years back, hence the confusion now. Aqua believes that the accurate classification of this plant should be a Category V Class D and should be staffed by a Class D or higher operator at least 3 nonconsecutive visits per week.

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.

Enclosures: CCCP
SWFWMD Water Use Permit (1st page)

cc: Steve Fuller, via e-mail
Dennis Muldoon, via e-mail
Bill Dean, via e-mail
Michael O'Reilly, via e-mail

PATRICK

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:	Lake Gibson Estates					PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806					Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean					Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State:	Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444					Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates					Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery Road		City:	Lakeland	State:	Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 2-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

DOCUMENT NUMBER-DATE
04324 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 2

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 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 Mensurement 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	170,000		1.0								0.7	
2	x	24.0	102,000		1.0								0.6	
3	x	24.0	130,000		1.1								0.9	
4	x	24.0	125,000		1.2								0.9	
5	x	24.0	112,000		1.1								0.8	
6	x	24.0	89,000		1.2								0.9	
7		24.0	148,500											
8	x	24.0	148,500		0.6								0.4	
9	x	24.0	158,000		0.9								0.7	
10	x	24.0	213,000		1.5								1.2	
11	x	24.0	191,000		1.3								1.1	
12	x	24.0	183,000		1.0								0.8	
13	x	24.0	197,000		1.2								1.0	
14		24.0	222,500											
15	x	24.0	222,500		1.0								0.9	
16	x	24.0	231,000		1.1								0.8	
17	x	24.0	172,000		1.2								0.8	
18	x	24.0	132,000		1.3								1.0	
19	x	24.0	172,000		1.1								0.9	
20	x	24.0	274,000		1.4								1.1	
21		24.0	150,000											
22	x	24.0	150,000		1.3								0.9	
23	x	24.0	190,000		1.3								1.0	
24	x	24.0	144,000		1.0								0.9	
25	x	24.0	133,000		1.1								0.8	
26	x	24.0	172,000		1.0								0.9	
27	x	24.0	203,000		1.1								0.8	
28		24.0	129,500											
29	x	24.0	129,500		1.0								0.8	
30	x	24.0	156,000		1.2								0.9	
31	x	24.0	128,000		1.3								1.0	
Total			5,078,000											
Average			163,806											
Maximum			274,000											

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Well 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1	x	24.0	55,000		1.0								0.8	
2	x	24.0	44,000		1.2								0.9	
3	x	24.0	64,000		1.1								0.9	
4	x	24.0	89,000		1.2								1.0	
5	x	24.0	85,000		1.3								1.0	
6	x	24.0	60,000		1.5								1.1	
7		24.0	122,500		0.0								0.0	
8	x	24.0	122,500		1.6								1.2	
9	x	24.0	40,000		1.2								1.0	
10	x	24.0	1,000		1.3								0.9	
11	x	24.0	2,000		1.2								0.7	
12	x	24.0	7,000		0.9								0.8	
13	x	24.0	3,000		1.0								0.7	
14		24.0	12,000		0.0								0.0	
15	x	24.0	12,000		1.1								0.9	
16	x	24.0	38,000		1.0								0.8	
17	x	24.0	62,000		1.2								1.0	
18	x	24.0	30,000		1.1								0.8	
19	x	24.0	10,000		1.0								0.7	
20	x	24.0	37,000		1.6								1.4	
21		24.0	43,000		0.0								0.0	
22	x	24.0	41,000		1.5								1.2	
23	x	24.0	34,000		1.3								1.0	
24	x	24.0	49,000		1.2								0.9	
25	x	24.0	40,000		1.1								0.9	
26	x	24.0	14,000		1.0								0.8	
27	x	24.0	44,000		1.1								0.9	
28		24.0	45,000		0.0								0.0	
29	x	25.0	45,000		1.0								0.9	
30	x	26.0	59,000		1.1								0.8	
31	x	27.0	76,000		1.4								1.0	
Total			1,388,000											
Average			44,774											
Maximum			122,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	January 2007
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2
Public Water System (PWS) Identification Number:	6532347

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total:
Day of Month	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	55,000	170,000									225,000
2	44,000	102,000									146,000
3	64,000	130,000									194,000
4	89,000	125,000									214,000
5	85,000	112,000									197,000
6	60,000	89,000									149,000
7	122,500	148,500									271,000
8	122,500	148,500									271,000
9	40,000	158,000									198,000
10	1,000	213,000									214,000
11	2,000	191,000									193,000
12	7,000	183,000									190,000
13	3,000	197,000									200,000
14	12,000	222,500									234,500
15	12,000	222,500									234,500
16	38,000	231,000									269,000
17	62,000	172,000									234,000
18	30,000	132,000									162,000
19	10,000	172,000									182,000
20	37,000	274,000									311,000
21	43,000	150,000									193,000
22	43,000	150,000									193,000
23	34,000	190,000									224,000
24	49,000	144,000									193,000
25	40,000	133,000									173,000
26	14,000	172,000									186,000
27	44,000	203,000									247,000
28	45,000	129,500									174,500
29	45,000	129,500									174,500
30	59,000	156,000									215,000
31	76,000	128,000									204,000
Total											6,466,000
Avg.											208,581
Max.											311,000

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: Febuary 2007

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	806	Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Gibson 1		863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 3-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number	6532347	Plant Name	Lake Gibson Well 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of Water, °C	pH of Water, if Applicable	Minumum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW sec/cm²	Residual Disinfectant Concentration at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1	X	24.0	65,000		1.2								1.0	
2	X	24.0	81,000		1.5								1.2	
3	X	24.0	86,000		1.4								1.1	
4		24.0	47,000		0.0								0.0	
5	X	24.0	47,000		1.6								1.2	
6	X	24.0	53,000		1.5								1.3	
7	X	24.0	44,000		1.5								1.2	
8	X	24.0	46,000		1.2								1.0	
9	X	24.0	52,000		1.4								1.2	
10		24.0	80,500		0.0								0.0	
11	X	24.0	80,500		0.8								0.6	
12	X	24.0	47,000		0.9								0.7	
13	X	24.0	46,000		1.0								0.9	
14	X	24.0	57,000		1.1								0.9	
15	X	24.0	68,000		1.2								1.0	
16	X	24.0	35,000		1.1								0.8	
17	X	24.0	49,000		1.0								0.9	
18		24.0	55,000		0.0								0.0	
19	X	24.0	55,000		1.0								0.8	
20	X	24.0	50,000		1.0								0.9	
21	X	24.0	56,000		1.2								1.0	
22	X	24.0	61,000		1.3								1.0	
23	X	24.0	67,000		1.6								1.3	
24	X	24.0	94,000		1.4								1.2	
25		24.0	60,500		0.0								0.0	
26	X	24.0	60,500		1.4								1.3	
27	X	24.0	62,000		1.6								1.2	
28	X	24.0	76,000		1.5								1.0	
29														
30														
31														
Total			1,681,000											
Average			60,036											
Maximum			94,000											

* 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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates					PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806					Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean					Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444					Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson well 2						863-858-2504
Plant Address:	415 West Daughtery Road		City:	Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 3-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson well 2

III. Daily Data for the Month/Year of: Febuary 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	107,000		1.4								0.9	
2	X	24.0	88,000		1.2								0.9	
3	X	24.0	155,000		1.4								1.1	
4		24.0	129,000											
5	X	24.0	129,000		1.5								1.1	
6	X	24.0	112,000		1.4								1.2	
7	X	24.0	162,000		1.2								0.9	
8	X	24.0	119,000		1.1								0.8	
9	X	24.0	223,000		1.2								1.0	
10		24.0	167,000											
11	X	24.0	167,000		0.4								0.4	
12	X	24.0	124,000		0.6								0.6	
13	X	24.0	108,000		1.1								0.9	
14	X	24.0	137,000		1.3								1.0	
15	X	24.0	126,000		1.4								1.0	
16	X	24.0	89,000		1.2								0.9	
17	X	24.0	163,000		1.1								0.9	
18		24.0	128,000											
19	X	24.0	128,000		1.0								0.8	
20	X	24.0	198,000		1.0								0.9	
21	X	24.0	161,000		1.5								1.2	
22	X	24.0	139,000		1.3								1.0	
23	X	24.0	125,000		1.5								1.1	
24	X	24.0	218,000		1.4								1.1	
25		24.0	144,500											
26	X	24.0	144,500		1.2								1.0	
27	X	24.0	123,000		1.5								1.2	
28	X	24.0	145,000		1.2								1.0	
29		24.0												
30		24.0												
31		24.0												
Total:			3,959,000											
Average:			127,710											
Maximum:			223,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	Febuary 2007									
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2									
Public Water System (PWS) Identification Number:	6532347									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	65,000	107,000									172,000
2	81,000	88,000									169,000
3	86,000	155,000									241,000
4	47,000	129,000									176,000
5	47,000	129,000									176,000
6	53,000	112,000									165,000
7	44,000	162,000									206,000
8	46,000	119,000									165,000
9	52,000	223,000									275,000
10	80,500	167,000									247,500
11	80,500	167,000									247,500
12	47,000	124,000									171,000
13	46,000	108,000									154,000
14	57,000	137,000									194,000
15	68,000	126,000									194,000
16	35,000	89,000									124,000
17	49,000	163,000									212,000
18	55,000	128,000									183,000
19	55,000	128,000									183,000
20	50,000	198,000									248,000
21	56,000	161,000									217,000
22	61,000	139,000									200,000
23	67,000	125,000									192,000
24	94,000	218,000									312,000
25	60,500	144,500									205,000
26	60,500	144,500									205,000
27	62,000	123,000									185,000
28	76,000	145,000									221,000
29	0	0									0
30	0	0									0
31	0	0									0
Total											5,640,000
Avg.											181,935
Max.											312,000

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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates				PWS Identification Number:	6532347	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806				Total Population Served at End of Month:	2,023	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean				Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida	Zip Code:	34240	
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson I					863-858-2504	
Plant Address:	415 West Daughtery Road		City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 4/9/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number	6532347	Plant Name	Lake Gibson Well 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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	Abnormal Operating Conditions; Repair or Maintenance
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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	1,000		1.4								1.2	
2	X	24.0	1,000		1.2								1.1	
3	X	24.0	1,000		1.3								0.9	
4		24.0	500		0.0								0.0	
5	X	24.0	500		1.2								1.2	
6	X	24.0	149,000		1.8								1.6	
7	X	24.0	137,000		1.4								1.3	
8	X	24.0	98,000		1.2								1.1	
9	X	24.0	123,000		1.6								1.4	
10		24.0	137,000		1.2								1.0	
11	0.0	24.0	151,500		0.0								0.0	
12	X	24.0	151,500		1.5								1.2	
13	X	24.0	132,000		1.4								1.3	
14	X	24.0	123,000		1.2								1.0	
15	X	24.0	100,000		1.4								1.2	
16	X	24.0	117,000		1.5								1.4	
17	X	24.0	8,000		1.4								1.2	
18		24.0	21,000		0.0								0.0	
19	X	24.0	21,000		1.0								1.0	
20	X	24.0	25,000		1.2								1.1	
21	X	24.0	1,000		1.5								1.2	
22	X	24.0	20,000		1.4								1.2	
23	X	24.0	22,000		1.5								1.1	
24	X	24.0	50,000		1.4								1.2	
25		24.0	89,500		0.0								0.0	
26	X	24.0	89,500		1.0								0.9	
27	X	24.0	101,000		1.0								0.9	
28	X	24.0	112,000		0.6								0.6	
29	X	24.0	96,000		1.0								0.8	
30	X	24.0	100,000		1.8								1.4	
31	X	24.0	96,000		2.0								1.8	
Total			2,275,000											
Average			73,387											
Maximum			151,500											

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

PATRICK

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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 4-9-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson # 2

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

				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	254,000		1.6								1.4	
2	X	24.0	169,000		1.5								1.2	
3	X	24.0	259,000		1.4								1.0	
4		24.0	220,000											
5	X	24.0	220,000		1.5								1.4	
6	X	24.0	60,000		1.6								1.2	
7	X	24.0	122,000		1.4								1.0	
8	X	24.0	65,000		1.5								1.2	
9	X	24.0	111,000		1.6								1.2	
10	X	24.0	115,000		1.5								1.3	
11		24.0	141,000											
12	X	24.0	141,000		1.4								1.0	
13	X	24.0	135,000		1.5								1.1	
14	X	24.0	134,000		1.2								1.0	
15	X	24.0	95,000		1.5								1.1	
16	X	24.0	103,000		1.4								1.2	
17	X	24.0	189,000		1.2								1.0	
18		24.0	214,500											
19	X	24.0	214,500		1.5								1.2	
20	X	24.0	240,000		1.6								1.1	
21	X	24.0	204,000		1.3								0.9	
22	X	24.0	244,000		1.5								1.0	
23	X	24.0	228,000		1.4								1.2	
24	X	24.0	224,000		1.2								1.0	
25		24.0	144,500											
26	X	24.0	165,500		1.2								0.9	
27	X	24.0	215,000		1.3								1.1	
28	X	24.0	153,000		0.7								0.6	
29	X	24.0	200,000		1.1								1.0	
30	X	24.0	142,000		1.1								0.9	
31	X	24.0	162,000		1.3								1.2	
Total			5,284,000											
Average			170,452											
Maximum			259,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2007

Community Water System (CWS) Name: Lake Gibson Well 1 & 2

Public Water System (PWS) Identification Number: 6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	1,000	254,000									255,000
2	1,000	169,000									170,000
3	1,000	259,000									260,000
4	500	220,000									220,500
5	500	220,000									220,500
6	149,000	60,000									209,000
7	137,000	122,000									259,000
8	98,000	65,000									163,000
9	123,000	111,000									234,000
10	137,000	115,000									252,000
11	151,500	141,000									292,500
12	151,500	141,000									292,500
13	132,000	135,000									267,000
14	123,000	134,000									257,000
15	100,000	95,000									195,000
16	117,000	103,000									220,000
17	8,000	189,000									197,000
18	21,000	214,500									235,500
19	21,000	214,500									235,500
20	25,000	240,000									265,000
21	1,000	204,000									205,000
22	20,000	244,000									264,000
23	22,000	228,000									250,000
24	50,000	224,000									274,000
25	89,500	144,500									234,000
26	89,500	165,500									255,000
27	101,000	215,000									316,000
28	112,000	153,000									265,000
29	96,000	200,000									296,000
30	100,000	142,000									242,000
31	96,000	162,000									258,000
Total											7,559,000
Avg.											243,839
Max.											316,000

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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 5/9/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number	6532347	Plant Name	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 Concenration at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1		24.0	129,500											
2	X	24.0	129,500		1.6								1.4	
3	X	24.0	90,000		1.7								1.7	
4	X	24.0	103,000		1.4								1.4	
5	X	24.0	80,000		1.6								1.6	
6	X	24.0	80,000		1.3								1.3	
7	X	24.0	77,000		1.4								1.4	
8		24.0	96,000											
9	X	24.0	96,000		0.9								0.7	
10	X	24.0	63,000		1.4								1.2	
11	X	24.0	46,000		1.0								0.7	
12	X	24.0	54,000		1.2								0.9	
13	X	24.0	69,000		1.0								0.8	
14	X	24.0	158,000		0.9								0.7	
15		24.0	78,000											
16	X	24.0	78,000		1.0								0.7	
17	X	24.0	71,000		1.2								1.0	
18	X	24.0	79,000		0.9								0.8	
19	X	24.0	89,000		1.1								0.9	
20	X	24.0	93,000		1.2								0.8	
21	X	24.0	133,000		1.0								0.9	
22		24.0	76,500											
23	X	24.0	76,500		1.2								0.8	
24	X	24.0	86,000		1.4								1.0	
25	X	24.0	95,000		0.8								0.7	
26	X	24.0	64,000		0.6								0.9	
27	X	24.0	79,000		1.0								0.8	
28	X	24.0	76,000		1.0								0.7	
29		24.0	115,000											
30	X	24.0	115,000		0.9								0.9	
31														
Total			2,675,000											
Average			89,167											
Maximum			158,000											

* 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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 5/9/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6532347	Plant Name:	Lake Gibson #2

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*									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	233,000											
2	X	24.0	233,000		1.5								1.3	
3	X	24.0	186,000		1.6								1.2	
4	X	24.0	215,000		1.4								1.2	
5	X	24.0	193,000		1.4								1.3	
6	X	24.0	158,000		1.6								1.5	
7	X	24.0	127,000		1.5								1.4	
8		24.0	184,500											
9	X	24.0	184,500		0.6								0.5	
10	X	24.0	182,000		1.6								1.2	
11	X	24.0	145,000		0.6								0.4	
12	X	24.0	78,000		1.5								1.0	
13	X	24.0	120,000		1.1								0.9	
14	X	24.0	206,000		0.5								0.5	
15		24.0	108,000											
16	X	24.0	108,000		1.2								0.9	
17	X	24.0	98,000		1.4								1.0	
18	X	24.0	166,000		1.7								1.2	
19	X	24.0	188,000		1.2								1.0	
20	X	24.0	129,000		1.1								0.9	
21	X	24.0	200,000		1.2								1.0	
22		24.0	140,000											
23	X	24.0	140,000		1.4								1.1	
24	X	24.0	224,000		1.5								1.2	
25	X	24.0	234,000		0.6								0.6	
26	X	24.0	122,000		1.5								1.1	
27	X	24.0	242,000		1.4								1.0	
28	X	24.0	133,000		1.5								1.3	
29		24.0	197,000											
30	X	24.0	197,000		1.5								1.3	
31		24.0												
Total			5,071,000											
Average*			163,581											
Maximum			242,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	April 2007										
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2										
Public Water System (PWS) Identification Number:	6532347										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	129,500	233,000									362,500
2	129,500	233,000									362,500
3	90,000	186,000									276,000
4	103,000	215,000									318,000
5	80,000	193,000									273,000
6	80,000	158,000									238,000
7	77,000	127,000									204,000
8	96,000	184,500									280,500
9	96,000	184,500									280,500
10	63,000	182,000									245,000
11	46,000	145,000									191,000
12	54,000	78,000									132,000
13	69,000	120,000									189,000
14	158,000	206,000									364,000
15	78,000	108,000									186,000
16	78,000	108,000									186,000
17	71,000	98,000									169,000
18	79,000	166,000									245,000
19	89,000	188,000									277,000
20	93,000	129,000									222,000
21	133,000	200,000									333,000
22	76,500	140,000									216,500
23	76,500	140,000									216,500
24	86,000	224,000									310,000
25	95,000	234,000									329,000
26	64,000	122,000									186,000
27	79,000	242,000									321,000
28	76,000	133,000									209,000
29	115,000	197,000									312,000
30	115,000	197,000									312,000
31											
Total											7,746,000
Avg.											258,200
Max.											364,000

PERMIT

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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1			863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000			
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 6-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PATRICK

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1	X	24.0	140,000		1.2								0.8	
2	X	24.0	80,000		0.9								0.8	
3	X	24.0	109,000		1.0								0.8	
4	X	24.0	121,000		0.8								1.0	
5		24.0	104,000											
6	X	24.0	104,000		0.6								0.6	
7	X	24.0	107,000		0.8								0.9	
8	X	24.0	71,000		1.0								0.8	
9	X	24.0	71,000		0.7								0.5	
10	X	24.0	103,000		0.9								0.8	
11	X	24.0	79,000		0.6								0.9	
12	X	24.0	87,000		0.8								0.9	
13		24.0	121,500											
14	X	24.0	121,500		0.7								0.9	
15	X	24.0	76,000		0.6								1.0	
16	X	24.0	38,000		0.6								1.1	
17	X	24.0	29,000		1.0								1.0	
18	X	24.0	48,000		0.6								0.5	
19		24.0	8,000											
20	X	24.0	8,000		1.6								1.4	
21	X	24.0	17,000		1.2								1.0	
22	X	24.0	24,000		1.4								1.2	
23	X	24.0	52,000		0.9								1.0	
24	X	24.0	80,000		0.7								0.7	
25	X	24.0	98,000		0.6								0.7	
26	X	24.0	70,000		0.7								0.9	
27		24.0	12,000											
28	X	24.0	12,000		0.8								1.0	
29	X	24.0	19,000		0.8								0.9	
30	X	24.0	27,000		0.6								0.8	
31	X	24.0	76,000		1.5								1.3	
Total			2,113,000											
Average			68,161											
Maximum			140,000											

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

PATRICK

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:	Lake Gibson Estates	PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	806	Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2		863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 6-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

YATKM

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson #2

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 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	232,000		0.7								0.6	
2	X	24.0	155,000		1.8								0.9	
3	X	24.0	216,000		1.7								1.0	
4	X	24.0	217,000		1.6								1.2	
5		24.0	172,000											
6	X	24.0	172,000		1.7								1.4	
7	X	24.0	152,000		1.3								1.0	
8	X	24.0	182,000		1.2								1.0	
9	X	24.0	225,000		1.2								1.0	
10	X	24.0	159,000		1.5								1.2	
11	X	24.0	161,000		1.8								1.2	
12	X	24.0	144,000		1.6								1.3	
13		24.0	193,500											
14	X	24.0	193,500		1.6								1.0	
15	X	24.0	192,000		1.7								1.2	
16	X	24.0	252,000		1.7								1.4	
17	X	24.0	234,000		1.6								1.2	
18	X	24.0	242,000		0.6								0.5	
19		24.0	225,500											
20	X	24.0	225,500		1.7								1.5	
21	X	24.0	205,000		1.6								1.3	
22	X	24.0	212,000		1.6								1.4	
23	X	24.0	254,000		1.7								1.2	
24	X	24.0	172,000		0.7								0.6	
25	X	24.0	202,000		1.6								1.1	
26	X	24.0	302,000		1.4								1.0	
27		24.0	249,500											
28	X	24.0	249,500		1.2								0.8	
29	X	24.0	309,000		1.5								1.2	
30	X	24.0	276,000		1.3								1.0	
31	X	24.0	292,000		1.5								1.2	
Total			6,668,000											
Average			215,097											
Maximum			309,000											

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

PATRICK

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2007

Community Water System (CWS) Name: Lake Gibson Well 1 & 2

Public Water System (PWS) Identification Number: 6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	140,000	232,000									372,000
2	80,000	155,000									235,000
3	109,000	216,000									325,000
4	121,000	217,000									338,000
5	104,000	172,000									276,000
6	104,000	172,000									276,000
7	107,000	152,000									259,000
8	71,000	182,000									253,000
9	71,000	225,000									296,000
10	103,000	159,000									262,000
11	79,000	161,000									240,000
12	87,000	144,000									231,000
13	121,500	193,500									315,000
14	121,500	193,500									315,000
15	76,000	192,000									268,000
16	38,000	252,000									290,000
17	29,000	234,000									263,000
18	48,000	242,000									290,000
19	8,000	225,500									233,500
20	8,000	225,500									233,500
21	17,000	205,000									222,000
22	24,000	212,000									236,000
23	52,000	254,000									306,000
24	80,000	172,000									252,000
25	98,000	202,000									300,000
26	70,000	302,000									372,000
27	12,000	249,500									261,500
28	12,000	249,500									261,500
29	19,000	309,000									328,000
30	27,000	276,000									303,000
31	76,000	292,000									368,000
Total											8,781,000
Avg.											283,258
Max.											372,000

PATRICK

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, 2007

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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*									Residual Disinfectant Concentration at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C. Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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	57,000		1.7								1.4	
2	X	24.0	37,000		1.6								1.4	
3		24.0	43,000											
4	X	24.0	43,000		1.3								0.9	
5	X	24.0	77,000		1.2								1.0	
6	X	24.0	62,000		1.4								1.1	
7	X	24.0	65,000		1.2								0.9	
8	X	24.0	49,000		1.0								0.8	
9	X	24.0	45,000		1.1								0.9	
10		24.0	61,000											
11	X	24.0	61,000		0.7								0.8	
12	X	24.0	82,000		0.8								0.8	
13	X	24.0	72,000		0.5								0.7	
14	X	24.0	43,000		1.4								1.0	
15	X	24.0	33,000		1.7								1.2	
16	X	24.0	60,000		1.7								1.4	
17		24.0	105,000											
18	X	24.0	105,000		0.6								1.0	
19	X	24.0	69,000		1.8								1.4	
20	X	24.0	65,000		1.5								1.2	
21	X	24.0	77,000		1.2								1.0	
22	X	24.0	58,000		1.3								0.9	
23	X	24.0	82,000		1.4								1.1	
24		24.0	66,000											
25	X	24.0	66,000		1.0								0.8	
26	X	24.0	89,000		1.2								0.9	
27	X	24.0	41,000		1.1								0.8	
28	X	24.0	50,000		1.2								0.9	
29	X	24.0	19,000		1.0								0.8	
30	X	24.0	19,000		1.3								1.1	
31		24.0												
Total			1,801,000											
Average			60,033											
Maximum			105,000											

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

PATRICK

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, 2007

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7-10-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number	6532347	Plant Name:	Lake Gibson #2

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	137,000		1.6								1.2	
2	X	24.0	147,000		1.2								1.0	
3		24.0	172,000											
4	X	24.0	172,000		1.3								1.0	
5	X	24.0	162,000		1.1								0.8	
6	X	24.0	234,000		1.8								1.4	
7	X	24.0	95,000		1.2								1.0	
8	X	24.0	132,000		1.1								0.9	
9	X	24.0	143,000		1.2								1.0	
10		24.0	169,000											
11	X	24.0	169,000		1.1								0.8	
12	X	24.0	189,000		1.1								0.9	
13	X	24.0	149,000		1.1								0.9	
14	X	24.0	147,000		1.1								0.8	
15	X	24.0	118,000		1.2								0.9	
16	X	24.0	144,000		1.1								0.9	
17		24.0	177,500											
18	X	24.0	177,500		0.5								0.4	
19	X	24.0	190,000		1.1								0.8	
20	X	24.0	137,000		1.4								1.0	
21	X	24.0	164,000		1.4								0.9	
22	X	24.0	174,000		1.4								1.1	
23	X	24.0	160,000		1.2								0.8	
24		24.0	193,500											
25	X	24.0	193,500		1.2								1.0	
26	X	24.0	205,000		1.2								0.9	
27	X	24.0	270,000		1.0								0.8	
28	X	24.0	222,000		1.2								1.0	
29	X	24.0	305,000		1.4								1.1	
30	X	24.0	152,000		1.8								1.5	
31		24.0												
Total			5,200,000											
Average			167,742											
Maximum			305,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :					June 2007						
Community Water System (CWS) Name:			Lake Gibson Well 1 & 2								
Public Water System (PWS) Identification Number:			6532347								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	57,000	137,000									194,000
2	37,000	147,000									184,000
3	43,000	172,000									215,000
4	43,000	172,000									215,000
5	77,000	162,000									239,000
6	62,000	234,000									296,000
7	65,000	95,000									160,000
8	49,000	132,000									181,000
9	45,000	143,000									188,000
10	61,000	169,000									230,000
11	61,000	169,000									230,000
12	82,000	189,000									271,000
13	72,000	149,000									221,000
14	43,000	147,000									190,000
15	33,000	118,000									151,000
16	60,000	144,000									204,000
17	105,000	177,500									282,500
18	105,000	177,500									282,500
19	69,000	190,000									259,000
20	65,000	137,000									202,000
21	77,000	164,000									241,000
22	58,000	174,000									232,000
23	82,000	160,000									242,000
24	66,000	193,500									259,500
25	66,000	193,500									259,500
26	89,000	205,000									294,000
27	41,000	270,000									311,000
28	50,000	222,000									272,000
29	19,000	305,000									324,000
30	19,000	152,000									171,000
31											
Total											7,001,000
Avg.											233,367
Max.											324,000

PATRICK

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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Halin	C	14331	

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.

Steve Fuller 8-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C. Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1		24.0	9,500											
2	X	24.0	9,500		0.9								0.7	
3	X	24.0	2,000		1.4								1.2	
4	X	24.0	17,000		1.6								1.5	
5	X	24.0	26,000		1.0								0.8	
6	X	24.0	1,000		1.0								0.8	
7	X	24.0	6,000		1.0								0.8	
8		24.0	11,500											
9	X	24.0	11,500		0.8								0.6	
10	X	24.0	30,000		2.1								1.9	
11	X	24.0	57,000		1.4								0.9	
12	X	24.0	67,000		1.5								1.2	
13	X	24.0	54,000		1.8								1.5	
14	X	24.0	69,000		1.6								1.4	
15		24.0	50,500											
16	X	24.0	50,500		1.5								1.3	
17	X	24.0	34,000		1.9								1.7	
18	X	24.0	67,000		1.4								1.1	
19	X	24.0	54,000		1.2								1.0	
20	X	24.0	25,000		1.5								1.1	
21	X	24.0	22,000		1.3								1.0	
22		24.0	33,000											
23	X	24.0	33,000		1.1								0.8	
24	X	24.0	47,000		1.2								0.9	
25	X	24.0	67,000		1.4								1.1	
26	X	24.0	42,000		1.3								1.0	
27	X	24.0	74,000		1.0								1.2	
28	X	24.0	100,000		1.0								1.0	
29		24.0	57,000											
30	X	24.0	57,000		0.7								1.0	
31	X	24.0	49,000		1.2								1.2	
Total			1,233,000											
Average			39,774											
Maximum			100,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 8-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson #2

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	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	232,000											
2	X	24.0	232,000		1.0								0.8	
3	X	24.0	225,000		1.5								1.3	
4	X	24.0	170,000		1.6								1.4	
5	X	24.0	156,000		0.9								0.7	
6	X	24.0	233,000		1.0								0.8	
7	X	24.0	146,000		1.0								0.7	
8		24.0	232,500											
9	X	24.0	232,500		0.6								0.4	
10	X	24.0	224,000		2.0								1.9	
11	X	24.0	184,000		1.5								1.2	
12	X	24.0	127,000		1.3								1.0	
13	X	24.0	125,000		2.2								1.9	
14	X	24.0	181,000		1.8								1.6	
15		24.0	152,000											
16	X	24.0	152,000		1.0								0.8	
17	X	24.0	191,000		2.0								1.8	
18	X	24.0	187,000		1.7								1.2	
19	X	24.0	189,000		1.5								1.1	
20	X	24.0	124,000		1.6								1.0	
21	X	24.0	194,000		1.7								1.2	
22		24.0	181,000											
23	X	24.0	181,000		0.5								0.5	
24	X	24.0	163,000		1.6								1.2	
25	X	24.0	145,000		1.4								1.1	
26	X	24.0	132,000		1.3								1.0	
27	X	24.0	135,000		1.6								1.2	
28	X	24.0	181,000		1.4								1.2	
29		24.0	114,500											
30	X	24.0	114,500		1.4								1.0	
31	X	24.0	174,000		2.0								1.6	
Total			5,410,000											
Average			174,516											
Maximum			233,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	July 2007
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2
Public Water System (PWS) Identification Number:	6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	9,500	232,000									241,500
2	9,500	232,000									241,500
3	2,000	225,000									227,000
4	17,000	170,000									187,000
5	26,000	156,000									182,000
6	1,000	233,000									234,000
7	6,000	146,000									152,000
8	11,500	232,500									244,000
9	11,500	232,500									244,000
10	30,000	224,000									254,000
11	57,000	184,000									241,000
12	67,000	127,000									194,000
13	54,000	125,000									179,000
14	69,000	181,000									250,000
15	50,500	152,000									202,500
16	50,500	152,000									202,500
17	34,000	191,000									225,000
18	67,000	187,000									254,000
19	54,000	189,000									243,000
20	25,000	124,000									149,000
21	22,000	194,000									216,000
22	33,000	181,000									214,000
23	33,000	181,000									214,000
24	47,000	163,000									210,000
25	67,000	145,000									212,000
26	42,000	132,000									174,000
27	74,000	135,000									209,000
28	100,000	181,000									281,000
29	57,000	114,500									171,500
30	57,000	114,500									171,500
31	49,000	174,000									223,000
Total											6,643,000
Avg.											214,290
Max.											281,000

PATRICK

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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 9-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number	6532347	Plant Name:	Lake Gibson I

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1	X	24.0	72,000		1.7								1.4	
2	X	24.0	133,000		1.6								1.1	
3	X	24.0	9,000		1.3								1.0	
4	X	24.0	0		1.2								1.0	
5		24.0	2,000		0.0								0.0	
6	X	24.0	0		1.0								0.9	
7	X	24.0	117,000		1.5								1.2	
8	X	24.0	145,000		1.6								1.1	
9	X	24.0	285,000		1.2								0.9	
10	X	24.0	232,000		0.6								0.5	
11	X	24.0	236,000		0.5								0.8	
12		24.0	234,500		0.0								0.0	
13	X	24.0	234,500		1.0								0.7	
14	X	24.0	248,000		1.0								0.8	
15	X	24.0	292,000		1.2								1.0	
16	X	24.0	62,000		1.5								1.2	
17	X	24.0	19,000		0.9								0.9	
18	X	24.0	49,000		1.6								1.2	
19		24.0	23,000		0.0								0.0	
20	X	24.0	23,000		0.8								0.8	
21	X	24.0	29,000		0.8								0.7	
22	X	24.0	62,000		1.5								1.0	
23	X	24.0	53,000		1.2								1.0	
24	X	24.0	40,000		1.4								1.1	
25	X	24.0	30,000		1.4								1.1	
26		24.0	100,000		0.0								0.0	
27	X	24.0	100,000		1.7								1.2	
28	X	24.0	112,000		1.7								1.4	
29	X	24.0	138,000		1.6								1.2	
30	X	24.0	129,000		1.0								1.0	
31	X	24.0	122,000		1.3								1.1	
Total			3,331,000											
Average			107,452											
Maximum			292,000											

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

PATRICK

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:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 9-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 6532347 | Plant Name: Lake Gibson #2

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 Producted, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	112,000		1.5								1.2	
2	X	24.0	68,000		1.4								1.2	
3	X	24.0	127,000		1.5								1.2	
4	X	24.0	180,000		1.5								1.3	
5		24.0	235,000											
6	X	24.0	235,000		1.2								1.0	
7	X	24.0	108,000		1.1								0.9	
8	X	24.0	112,000		1.0								0.9	Well OFF Repair Packing Gland
9	X	24.0			0.9								0.8	+ SHAFT
10	X	24.0			1.0								1.0	
11	X	24.0			0.5								0.8	
12		24.0												
13	X	24.0			0.6								0.9	
14	X	24.0			0.5								0.8	
15	X	24.0			0.6								0.9	SAMPLES Pulled
16	X	24.0	184,000		0.6								1.0	+ PASSED
17	X	24.0	138,000		0.7								1.1	
18	X	24.0	228,000		0.9								0.9	
19		24.0	259,000											
20	X	24.0	259,000		0.7								0.7	
21	X	24.0	179,000		0.6								0.8	
22	X	24.0	248,000		0.7								0.7	
23	X	24.0	180,000		0.6								0.8	
24	X	24.0	184,000		1.2								1.0	
25	X	24.0	198,000		1.1								1.0	
26		24.0	161,500											
27	X	24.0	161,500		0.9								0.9	
28	X	24.0	99,000		0.8								0.9	
29	X	24.0	86,000		1.2								1.0	
30	X	24.0	114,000		1.0								0.8	
31	X	24.0	95,000		0.8								0.9	
Total			3,951,000											
Average			127,452											
Maximum			259,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	August 2007										
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2										
Public Water System (PWS) Identification Number:	6532347										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	72,000	112,000									184,000
2	133,000	68,000									201,000
3	9,000	127,000									136,000
4	0	180,000									180,000
5	2,000	235,000									237,000
6	0	235,000									235,000
7	117,000	108,000									225,000
8	145,000	112,000									257,000
9	285,000	0									285,000
10	232,000	0									232,000
11	236,000	0									236,000
12	234,500	0									234,500
13	234,500	0									234,500
14	248,000	0									248,000
15	292,000	0									292,000
16	62,000	184,000									246,000
17	19,000	138,000									157,000
18	49,000	228,000									277,000
19	23,000	259,000									282,000
20	23,000	259,000									282,000
21	29,000	179,000									208,000
22	62,000	248,000									310,000
23	53,000	180,000									233,000
24	40,000	184,000									224,000
25	30,000	198,000									228,000
26	100,000	161,500									261,500
27	100,000	161,500									261,500
28	112,000	99,000									211,000
29	138,000	86,000									224,000
30	129,000	114,000									243,000
31	122,000	95,000									217,000
Total											7,282,000
Avg.											234,903
Max.											310,000

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 10/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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*									[illegible] Residual Disinfectant Concentration at Remote Point in	[illegible] of Abnormal Operating Conditions; Repair or Maintenance
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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	111,000		1.2								1.0	
2		24.0	72,500											
3	X	24.0	72,500		1.2								0.9	
4	X	24.0	123,000		1.4								1.1	
5	X	24.0	85,000		1.5								1.2	
6	X	24.0	41,000		1.4								1.0	
7	X	24.0	34,000		1.3								1.2	
8	X	24.0	1,000		1.2								0.9	
9		24.0	43,000											
10	X	24.0	43,000		1.4								1.1	
11	X	24.0	0		1.2								1.0	
12	X	24.0	58,000		1.3								0.9	
13	X	24.0	50,000		1.0								0.8	
14	X	24.0	22,000		1.4								1.1	
15	X	24.0	79,000		1.5								1.2	
16		24.0	168,000											
17	X	24.0	168,000		1.5								1.3	
18	X	24.0	208,000		1.4								1.2	
19	X	24.0	51,000		1.5								1.3	
20	X	24.0	12,000		1.4								1.2	
21	X	24.0	26,000		1.1								0.9	
22	X	24.0	26,000		0.8								0.7	
23		24.0	43,500											
24	X	24.0	43,500		1.3								0.9	
25	X	24.0	56,000		1.2								0.9	
26	X	24.0	35,000		1.1								0.8	
27	X	24.0	36,000		1.0								0.9	
28	X	24.0	43,000		1.0								0.8	
29	X	24.0	22,000		1.0								0.8	
30		24.0	62,500											
Total			1,835,500											
Average			61,183											
Maximum			208,000											

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

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates					PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806					Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean					Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444					Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2						863-858-2504
Plant Address:	415 West Daughtery Road		City:	Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 10/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson #2

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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	116,000		0.7								0.7	
2		24.0	106,000											
3	X	24.0	106,000		0.8								0.9	
4	X	24.0	192,000		0.7								0.8	
5	X	24.0	139,000		0.6								0.7	
6	X	24.0	110,000		1.6								1.2	
7	X	24.0	177,000		1.3								1.0	
8	X	24.0	236,000		1.1								0.8	
9		24.0	164,500											
10	X	24.0	164,500		1.2								0.7	
11	X	24.0	214,000		1.2								0.9	
12	X	24.0	132,000		1.0								0.8	
13	X	24.0	145,000		0.5								0.4	
14	X	24.0	154,000		1.0								0.7	
15	X	24.0	87,000		1.0								0.7	
16		24.0	86,500											
17	X	24.0	86,500		0.6								0.4	
18	X	24.0	1,000		1.3								1.0	
19	X	24.0	132,000		1.5								1.1	
20	X	24.0	165,000		1.3								0.9	
21	X	24.0	178,000		0.7								0.7	
22	X	24.0	199,000		0.6								0.5	
23		24.0	178,500											
24	X	24.0	178,500		1.4								1.0	
25	X	24.0	182,000		1.5								1.1	
26	X	24.0	117,000		1.0								0.8	
27	X	24.0	149,000		1.0								0.7	
28	X	24.0	227,000		1.0								0.8	
29	X	24.0	123,000		1.0								0.7	
30		24.0	176,000											
Total			4,422,000											
Average			147,400											
Maximum			236,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	September 2007
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2
Public Water System (PWS) Identification Number:	6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	500,000	500,000									1,000,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	111,000	116,000									227,000
2	72,500	106,000									178,500
3	72,500	106,000									178,500
4	123,000	192,000									315,000
5	85,000	139,000									224,000
6	41,000	110,000									151,000
7	34,000	177,000									211,000
8	1,000	236,000									237,000
9	43,000	164,500									207,500
10	43,000	164,500									207,500
11	0	214,000									214,000
12	58,000	132,000									190,000
13	50,000	145,000									195,000
14	22,000	154,000									176,000
15	79,000	87,000									166,000
16	168,000	86,500									254,500
17	168,000	86,500									254,500
18	208,000	1,000									209,000
19	51,000	132,000									183,000
20	12,000	165,000									177,000
21	26,000	178,000									204,000
22	26,000	199,000									225,000
23	43,500	178,500									222,000
24	43,500	178,500									222,000
25	56,000	182,000									238,000
26	35,000	117,000									152,000
27	36,000	149,000									185,000
28	43,000	227,000									270,000
29	22,000	123,000									145,000
30	62,500	176,000									238,500
Total											6,257,500
Avg.											208.583
Max.											315,000

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1			863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000			
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 11-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions; Repair or Maintenance
1	X	24.0	62,500		1.6								1.3	
2	X	24.0	72,000											
3	X	24.0	111,000		1.5								1.2	
4	X	24.0	122,000		1.6								1.2	
5	X	24.0	194,000		1.7								1.4	
6	X	24.0	174,000		1.6								1.3	
7		24.0	266,500		0.0								0.0	
8	X	24.0	266,500		1.5								1.0	
9	X	24.0	162,000											
10	X	24.0	201,000		1.6								1.2	
11	X	24.0	9,000		1.0								0.9	
12	X	24.0	2,000		0.8								0.8	
13		24.0	16,000		0.0								0.0	
14	X	24.0	16,000		0.6								0.7	
15	X	24.0	1,000		0.5								0.5	
16	X	24.0	1,000											
17	X	24.0	63,000		1.2								1.2	
18	X	24.0	95,000		1.9								1.6	
19	X	24.0	79,000		1.5								1.2	
20	X	24.0	75,000		1.6								1.2	
21		24.0	95,000		0.0								0.0	
22	X	24.0	95,000		1.7								1.3	
23	X	24.0	55,000											
24	X	24.0	7,000		1.6								1.4	
25	X	24.0	2,000		1.4								1.2	
26	X	24.0	21,000		1.3								1.0	
27	X	24.0	10,000		1.6								1.2	
28		24.0	20,500		0.0								0.0	
29	X	24.0	20,500		1.4								1.0	
30	X	24.0	35,000		1.5								1.2	
31	X	24.0	29,000		1.4								1.1	
Total			2,378,500											
Average			76,726											
Maximum			266,500											

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

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2			863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000			
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 11-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson #2

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

				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	175,000		1.1								0.8	
2	X	24.0	125,000		1.3								1.1	
3	X	24.0	99,000		1.2								1.1	
4	X	24.0	81,000		1.2								1.0	
5	X	24.0			1.2								1.0	
6	X	24.0			1.1								0.9	
7		24.0												
8	X	24.0			0.8								0.7	
9	X	24.0	29,000		1.8								1.6	
10	X	24.0	28,000		1.5								1.0	
11	X	24.0	173,000		1.0								0.8	
12	X	24.0	217,000		0.8								0.7	
13		24.0	247,500											
14	X	24.0	247,500		0.7								0.7	
15	X	24.0	233,000		0.5								0.4	
16	X	24.0	190,000		2.2								1.6	
17	X	24.0	225,000		2.2								1.8	
18	X	24.0	118,000		1.9								1.5	
19	X	24.0	156,000		1.7								1.2	
20	X	24.0	99,000		1.6								1.2	
21		24.0	154,500											
22	X	24.0	154,500		2.0								1.6	
23	X	24.0	152,000		1.9								1.5	
24	X	24.0	197,000		1.9								1.4	
25	X	24.0	158,000		1.7								1.2	
26	X	24.0	174,000		1.8								1.4	
27	X	24.0	220,000		1.3								1.2	
28		24.0	189,500											
29	X	24.0	189,500		1.7								1.2	
30	X	24.0	145,000		1.7								1.4	
31	X	24.0	134,000		1.6								1.2	
Total			4,311,000											
Average			139,065											
Maximum			247,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	October 2007										
Community Water System (CWS) Name:	Lake Gibson Well 1 & 2										
Public Water System (PWS) Identification Number:	6532347										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	500,000	500,000									1,000,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	62,500	175,000									237,500
2	72,000	125,000									197,000
3	111,000	99,000									210,000
4	122,000	81,000									203,000
5	194,000	0									194,000
6	174,000	0									174,000
7	266,500	0									266,500
8	266,500	0									266,500
9	162,000	29,000									191,000
10	201,000	28,000									229,000
11	9,000	173,000									182,000
12	2,000	217,000									219,000
13	16,000	247,500									263,500
14	16,000	247,500									263,500
15	1,000	233,000									234,000
16	1,000	190,000									191,000
17	63,000	225,000									288,000
18	95,000	118,000									213,000
19	79,000	156,000									235,000
20	75,000	99,000									174,000
21	95,000	154,500									249,500
22	95,000	154,500									249,500
23	55,000	152,000									207,000
24	7,000	197,000									204,000
25	2,000	158,000									160,000
26	21,000	174,000									195,000
27	10,000	220,000									230,000
28	20,500	189,500									210,000
29	20,500	189,500									210,000
30	35,000	145,000									180,000
31	29,000	134,000									163,000
Total											6,689,500
Avg.											215,790
Max.											288,000

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Steve Fuller 12-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PWS Identification Number:	6532347	Plant Name:	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	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 at Remote Point in	Abnormal Operating Conditions, Repair or Maintenance
1	X	24.0	26,000		1.6								1.4	
2	X	24.0	35,000		1.4								1.4	
3	X	24.0	29,000		1.5								1.3	
4		24.0	19,500											
5	X	24.0	19,500		0.6								0.6	
6	X	24.0	20,000		1.0								0.8	
7	X	24.0	22,000		1.2								1.0	
8	X	24.0	13,000		1.9								1.8	
9	X	24.0	42,000		1.6								1.5	
10	X	24.0	43,000		1.0								0.9	
11		24.0	71,500											
12	X	24.0	71,500		1.2								1.2	
13	X	24.0	66,000		1.5								1.1	
14	X	24.0	79,000		1.4								1.2	
15	X	24.0	90,000		1.5								1.4	
16	X	24.0	33,000		1.4								1.4	
17	X	24.0	1,000		1.4								1.3	
18		24.0	55,000											
19	X	24.0	55,000		1.9								1.6	
20	X	24.0	67,000		1.2								1.0	
21	X	24.0	40,000		1.3								1.0	
22	X	24.0	74,000		1.9								1.6	
23	X	24.0	76,000		1.0								0.8	
24	X	24.0	87,000		2.0								1.8	
25		24.0	101,500											
26	X	24.0	101,500		1.4								1.1	
27	X	24.0	74,000		1.0								1.6	
28	X	24.0	96,000		1.8								1.6	
29	X	24.0	70,000		1.7								1.5	
30	X	24.0	99,000		1.7								1.6	
Total			1,677,000											
Average			55,900											
Maximum			101,500											

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

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 12-19-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson #2

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

				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	194,000		1.8								1.4	
2	X	24.0	160,000		1.6								1.2	
3	X	24.0	135,000		1.6								1.2	
4		24.0	244,500											
5	X	24.0	244,500		0.5								0.9	
6	X	24.0	189,000		0.9								0.8	
7	X	24.0	217,000		1.4								1.0	
8	X	24.0	158,000		2.0								1.6	
9	X	24.0	209,000		1.9								1.4	
10	X	24.0	199,000		1.7								1.2	
11		24.0	187,500											
12	X	24.0	187,500		1.9								1.4	
13	X	24.0	161,000		2.0								1.2	
14	X	24.0	121,000		1.9								1.4	
15	X	24.0	195,000		2.2								1.7	
16	X	24.0	159,000		2.1								1.6	
17	X	24.0	173,000		1.9								1.5	
18		24.0	189,500											
19	X	24.0	189,500		1.9								1.4	
20	X	24.0	182,000		1.5								1.2	
21	X	24.0	183,000		1.8								1.6	
22	X	24.0	169,000		1.7								1.5	
23	X	24.0	151,000		1.6								1.4	
24	X	24.0	76,000		2.0								1.8	
25		24.0	169,000											
26	X	24.0	169,000		1.3								1.0	
27	X	24.0	143,000		1.5								1.2	
28	X	24.0	143,000		1.7								1.4	
29	X	24.0	156,000		1.6								1.3	
30	X	24.0	114,000		1.7								1.4	
Total			5,168,000											
Average			172,267											
Maximum			244,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :					November 2007						
Community Water System (CWS) Name: Lake Gibson Well 1 & 2											
Public Water System (PWS) Identification Number: 6532347											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	26,000	194,000									220,000
2	35,000	160,000									195,000
3	29,000	135,000									164,000
4	19,500	244,500									264,000
5	19,500	244,500									264,000
6	20,000	189,000									209,000
7	22,000	217,000									239,000
8	13,000	158,000									171,000
9	42,000	209,000									251,000
10	43,000	199,000									242,000
11	71,500	187,500									259,000
12	71,500	187,500									259,000
13	66,000	161,000									227,000
14	79,000	121,000									200,000
15	90,000	195,000									285,000
16	33,000	159,000									192,000
17	1,000	173,000									174,000
18	55,000	189,500									244,500
19	55,000	189,500									244,500
20	67,000	182,000									249,000
21	40,000	183,000									223,000
22	74,000	169,000									243,000
23	76,000	151,000									227,000
24	87,000	76,000									163,000
25	101,500	169,000									270,500
26	101,500	169,000									270,500
27	74,000	143,000									217,000
28	96,000	143,000									239,000
29	70,000	156,000									226,000
30	99,000	114,000									213,000
Total											6,845,000
Avg.											228,167
Max.											285,000

PATRICK

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: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 1				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 1-8-08
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

PWS Identification Number:	6532347	Plant Name	Lake Gibson 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

				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.	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of Water, ^0C	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	Residual Disinfectant Concentration at Remote Point in	Abnormal Operating Conditions, Repair or Maintenance
1	X	24.0	57,000		1.8								1.5	
2		24.0	125,500											
3	X	24.0	125,500		2.0								1.7	
4	X	24.0	78,000		1.7								1.5	
5	X	24.0	13,000		1.4								1.4	
6	X	24.0	20,000		1.3								1.2	
7	X	24.0	25,000		1.3								1.1	
8	X	24.0	136,000		1.4								1.0	
9		24.0	112,000											
10	X	24.0	112,000		1.6								1.4	
11	X	24.0	128,000		1.5								1.3	
12	X	24.0	106,000		1.6								1.2	
13	X	24.0	73,000		1.7								1.2	
14	X	24.0	110,000		1.6								1.2	
15	X	24.0	94,000		1.6								1.3	
16		24.0	100,500											
17	X	24.0	100,500		1.7								1.5	
18	X	24.0	3,000		1.8								1.6	
19	X	24.0	27,000		1.5								1.3	
20	X	24.0	71,000		1.5								1.1	
21	X	24.0	115,000		1.6								1.4	
22	X	24.0	55,000		1.4								1.1	
23		24.0	70,000											
24	X	24.0	70,000		0.8								0.7	
25	X	24.0	31,000		1.4								1.0	
26	X	24.0	65,000		1.2								1.0	
27	X	24.0	35,000		1.5								1.2	
28	X	24.0	32,000		1.3								1.1	
29	X	24.0	42,000		1.4								1.0	
30		24.0	34,000											
31	X	24.0	34,000		1.5								1.2	
Total			2,200,000											
Average			70,968											
Maximum			136,000											

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

PATRICK

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: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson # 2				863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 1-8-08

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6532347	Plant Name	Lake Gibson #2

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* — 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	93,000		2.0								1.7	
2		24.0	133,500											
3	X	24.0	133,500		1.9								1.4	
4	X	24.0	137,000		1.7								1.2	
5	X	24.0	204,000		1.7								1.4	
6	X	24.0	182,000		1.7								1.4	
7	X	24.0	194,000		1.6								1.2	
8	X	24.0	144,000		1.6								1.4	
9		24.0	109,500											
10	X	24.0	109,500		1.5								1.5	
11	X	24.0	131,000		1.5								1.3	
12	X	24.0	116,000		1.7								1.2	
13	X	24.0	118,000		1.7								1.2	
14	X	24.0	150,000		1.6								1.2	
15	X	24.0	76,000		1.7								1.3	
16		24.0	134,500											
17	X	24.0	134,500		1.6								1.2	
18	X	24.0	160,000		1.8								1.4	
19	X	24.0	189,000		2.0								1.5	
20	X	24.0	135,000		1.5								0.9	
21	X	24.0	119,000		1.7								1.2	
22	X	24.0	132,000		1.5								1.2	
23		24.0	140,500											
24	X	24.0	140,500		1.5								1.1	
25	X	24.0	147,000		1.6								1.0	
26	X	24.0	246,000		1.5								1.2	
27	X	24.0	207,000		1.6								1.1	
28	X	24.0	134,000		1.4								1.2	
29	X	24.0	253,000		1.5								1.1	
30		24.0	185,000											
31	X	24.0	185,000		1.6								1.3	
Total			4,673,000											
Average			150,742											
Maximum			253,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :					December 2007						
Community Water System (CWS) Name:			Lake Gibson Well 1 & 2								
Public Water System (PWS) Identification Number:			6532347								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	57,000	93,000									150,000
2	125,500	133,500									259,000
3	125,500	133,500									259,000
4	78,000	137,000									215,000
5	13,000	204,000									217,000
6	20,000	182,000									202,000
7	25,000	194,000									219,000
8	136,000	144,000									280,000
9	112,000	109,500									221,500
10	112,000	109,500									221,500
11	128,000	131,000									259,000
12	106,000	116,000									222,000
13	73,000	118,000									191,000
14	110,000	150,000									260,000
15	94,000	76,000									170,000
16	100,500	134,500									235,000
17	100,500	134,500									235,000
18	3,000	160,000									163,000
19	27,000	189,000									216,000
20	71,000	135,000									206,000
21	115,000	119,000									234,000
22	55,000	132,000									187,000
23	70,000	140,500									210,500
24	70,000	140,500									210,500
25	31,000	147,000									178,000
26	65,000	246,000									311,000
27	35,000	207,000									242,000
28	32,000	134,000									166,000
29	42,000	253,000									295,000
30	34,000	185,000									219,000
31	34,000	185,000									219,000
Total											6,873,000
Avg.											221,710
Max.											311,000

CAPACITY

MC HLY OPERATION REPORT FOR PWSs TREATING V GROUND WATER OR PURCHASED FINISHED W ER

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1806	Total Population Served at End of Month:	2020
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates WTP	Plant Telephone Number:	[redacted]
Plant Address:	4152 West Daughtery Road	City: Lakeland State: Florida	Zip Code: 33813
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	Community	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Days Worked This Month
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 2-9-06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

DOCUMENT NUMBER-DATE

04324 MAY 22 06

FPSC-COMMISSION CLERK

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

PWS Identification Number: 6592347 | Plant Name: Lake Gilmore Estates

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 by Operator	Hours Plant Was 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, min·mg/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, min·mg/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, Required Maintenance Work that Involves Taking Water System Components Out of Operation
	X	24.0	224,000		1.4								1.2	
	X	24.0	224,000		1.1								0.8	
	X	24.0	252,000		1.2								0.9	
	X	24.0	234,000		0.7								0.7	
	X	24.0	166,000		1.5								1.0	
	X	24.0	194,000		1.0								0.9	
	X	24.0	273,000											
	X	24.0	242,000		1.0								0.8	
	X	24.0	235,000		1.0								0.8	
	X	24.0	200,000		0.6								0.6	
	X	24.0	267,000		1.2								0.9	
	X	24.0	216,000		1.0								0.8	
	X	24.0	274,000		0.6								0.5	
	X	24.0	193,000											
	X	24.0	193,000		1.0								0.8	
	X	24.0	282,000		0.7								0.6	
	X	24.0	247,000		1.0								0.8	
	X	24.0	161,000		1.2								1.0	
	X	24.0	239,000		1.0								0.8	
	X	24.0	342,000		0.7								0.7	
	X	24.0	269,500											
	X	24.0	269,500		0.5								0.6	
	X	24.0	251,000		1.0								0.8	
	X	24.0	193,000		1.0								0.7	
	X	24.0	229,000		1.1								0.8	
	X	24.0	219,000		1.0								0.8	
	X	24.0	196,000		0.9								0.7	
		24.0	271,000											
	X	24.0	271,000		1.0								0.8	
	X	24.0	273,000		1.1								0.9	
			7,342,000											
			236,839											
			342,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Day	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Daily Operating Capacity of Each Plant (gallons per day)										Total
	1,464,000	5,873,000									7,337,000
Month	Net Quantity of Finished Water Produced by Each Plant (gallons)										Total
1	75,500	148,500									224,000
2	75,500	148,500									224,000
3	94,000	158,000									252,000
4	107,000	127,000									234,000
5	79,000	87,000									166,000
6	61,000	133,000									194,000
7	1,000	272,000									273,000
8	500	241,500									242,000
9	500	241,500									242,000
10	1,000	234,000									235,000
11	1,000	199,000									200,000
12	23,000	244,000									267,000
13	9,000	207,000									216,000
14	61,000	213,000									274,000
15	73,500	119,500									193,000
16	73,500	119,500									193,000
17	98,000	184,000									282,000
18	83,000	164,000									247,000
19	67,000	94,000									161,000
20	24,000	215,000									239,000
21	80,000	262,000									342,000
22	2,000	267,500									269,500
23	2,000	267,500									269,500
24	5,000	246,000									251,000
25	2,000	191,000									193,000
26	1,000	228,000									229,000
27	56,000	163,000									219,000
28	55,000	141,000									196,000
29	83,000	188,000									271,000
30	83,000	188,000									271,000
31	87,000	181,000									268,000
Total											7,342,000
Average											236,839
Maximum											342,000

DEP Form 62-555.900(11)
Effective August 28, 2003

M('HLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED V ER

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	[redacted]	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: [redacted]
Contact Person's Telephone Number:	941 907 7444	Contact Person's Fax Number:	941 907 7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	[redacted]	Plant Telephone Number:	[redacted]
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Operator Functions	Name	License Class	License Number	Days Shift(s) Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

S Steve Fuller 3-7-06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : February 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
Plant 1 Well 1	Plant 2 Well 2									
Permitted Maximum Daily Operation Capacity of Each Plant (Gallons per Day)										900,000
450,000	450,000									Not Limited
Daily Finished-Water Production for Each Plant (Gallons)										
75,500	148,500									224,000
75,500	82,000									157,500
40,000	212,000									252,000
30,000	145,000									175,000
84,500	147,000									231,500
84,500	147,000									231,500
86,000	139,000									225,000
500	147,000									147,500
500	93,000									93,500
10,000	228,000									238,000
9,000	219,500									228,500
9,000	219,500									228,500
12,000	216,000									228,000
22,000	219,000									241,000
73,500	179,000									252,500
73,500	200,000									273,500
16,000	236,000									252,000
20,000	189,000									209,000
50,500	205,000									255,500
50,500	205,000									255,500
69,000	219,000									288,000
2,000	156,000									158,000
2,000	154,000									156,000
104,000	137,000									241,000
49,000	155,000									204,000
75,000	179,000									254,000
75,000	179,000									254,000
91,000	153,000									244,000
										6,198,500
										221,375
										288,000

Total
Avg
Max

DEP Form 62-555.900(11)
Effective August 28, 2003

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

PWS Identification Number: 6532340 | Plant Name: Lake Gibson Estates

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 Directly Operated (Place an "X")	Hours Plant Was in Operation	Net Quantity of Finished Water Produced, gals	Peak Flow Rate, gpm	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 Flowing, 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 Source Out of Operation)
[redacted]	X	24.0	224,000		1.4								1.0	
	X	24.0	157,500		1.3								1.0	
	X	24.0	252,000		1.4								1.1	
	X	24.0	175,000		0.7								0.9	
	X	24.0	231,500											
	X	24.0	231,500		1.1								0.8	
	X	24.0	225,000		1.1								0.9	
	X	24.0	187,500		1.2								0.9	
	X	24.0	93,500		1.4								1.0	
	X	24.0	238,000		1.0								0.8	
		24.0	228,500											
	X	24.0	228,500		1.1								0.8	
	X	24.0	228,000		1.2								0.8	
	X	24.0	241,000		1.2								0.9	
	X	24.0	252,500		1.5								1.1	
	X	24.0	273,500		0.8								0.2	
	X	24.0	252,000		1.2								1.0	
	X	24.0	209,000		1.3								1.0	
	X	24.0	255,500											
	X	24.0	255,500		1.3								1.0	
	X	24.0	288,000		1.2								1.1	
	X	24.0	158,000		1.0								0.8	
	X	24.0	156,000		1.2								0.9	
	X	24.0	241,000		1.4								1.1	
	X	24.0	204,000		1.3								1.0	
		24.0	254,000											
	X	24.0	254,000		1.1								0.9	
	X	24.0	244,000		1.3								1.0	
Total			6,198,500											
			206,617											
			288,000											

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

MC HLY OPERATION REPORT FOR PWSs TREATING N 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:	[redacted]	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	[redacted]		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: [redacted]
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	[redacted]	Plant Telephone Number:	[redacted]
Plant Address:	[redacted]	City: Lakeland	State: Florida Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Operator Type	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

S Steve Fuller 4/10/06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6582347 | Plant Name: Lake Gibson Estates

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

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

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

Day of the Month	Days Plant Staffed on Site or Visited by Operator (Place X)	Hours plant Was 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, min	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg/L, min	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, Repairs, Maintenance Work, Involving Water System Shutdowns (Enter "Yes" or "No")
1	X	24.0	219,000		1.1								0.8	
2	X	24.0	229,000		1.1								0.9	
3	X	24.0	241,000		1.1								0.8	
4	X	24.0	309,000		1.1								0.9	
5	X	24.0	273,000											
6	X	24.0	279,000		1.2								0.9	
7	X	24.0	197,000		0.6									
8	X	24.0	324,000		1.3								0.9	
9	X	24.0	195,000		1.4								0.5	
10	X	24.0	267,000		1.4								1.0	
11		24.0	172,000		1.3								1.0	
12	X	24.0	292,500										1.0	
13	X	24.0	292,500		1.3								1.0	
14	X	24.0	305,000		1.1									
15	X	24.0	320,000		1.2								0.9	
16	X	24.0	233,000		1.0								0.8	
17	X	24.0	297,000		1.2								0.9	
18	X	24.0	249,000		1.0								0.8	
19	X	24.0	332,500										0.9	
20	X	24.0	332,500		1.2								0.8	
21	X	24.0	286,000		1.3									
22	X	24.0	297,000		1.4								0.9	
23	X	24.0	316,000		1.0								0.8	
24	X	24.0	217,000		0.9								1.1	
25	X	24.0	325,000		1.3								0.8	
26	X	24.0	278,500		0.9								0.8	
27	X	24.0	278,500		1.0								1.0	
28	X	24.0	355,000		1.1								0.8	
29	X	24.0	339,000		1.0								0.8	
30	X	24.0	329,000		1.0								0.9	
31	X	24.0	216,000										0.8	
			8,590,000										0.8	
			277,097											
			355,000											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	March 2006
Community Water System (CWS) Name:	Lake Gibson Estates
Public Water System (PWS) Identification Number:	6532347

Day	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gal per day										
	450,000	450,000									900,000
Month	No. Gallons of Finished Water Produced by Each Plant, gallons										
	74,000	145,000									219,000
	48,000	181,000									229,000
	55,000	186,000									241,000
	33,000	276,000									309,000
	57,500	215,500									273,000
	57,500	215,500									273,000
	60,000	137,000									197,000
	4,000	320,000									324,000
	37,000	158,000									195,000
	4,000	263,000									267,000
	4,000	168,000									172,000
	18,500	274,000									292,500
	18,500	274,000									292,500
	13,000	292,000									305,000
	30,000	290,000									320,000
	11,000	222,000									233,000
	36,000	261,000									297,000
	39,000	210,000									249,000
	64,000	268,500									332,500
	64,000	268,500									332,500
	51,000	235,000									286,000
	85,000	212,000									297,000
	23,000	293,000									316,000
	28,000	189,000									217,000
	84,000	241,000									325,000
	13,500	265,000									278,500
	13,500	265,000									278,500
	0	355,000									355,000
	0	339,000									339,000
		329,000									335,000
	0	216,000									216,000
Total											8,596,000
Avg											277,290
Max											355,000

MC HLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED \ ER

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Manor Estates	PWS Identification Number:	6580
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	0
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Manor Estates	Plant Telephone Number:	941-351-2761
Plant Address:	4 Gates Daughtery Road	City: Parrish State: Florida	Zip Code: 34219
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	3.2	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Type	Name	Highest Class	License Number	Days/Shift
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 5-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6532847 Plant Name: Lake Gibson Estates

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	Days Plant Staffed or Visited by Operator (Place X)	Hours plant 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, min-mg/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 Conditions, Repairs, Maintenance Work that Involves Taking Water System Components Out of Operation
	X	24.0	431,000		0.9								0.9	
		24.0	359,000											
	X	24.0	359,000		0.8								0.6	
	X	24.0	414,000		0.6								0.5	
	X	24.0	299,000		0.6								0.6	
	X	24.0	391,000		0.8								0.7	
	X	24.0	266,000		0.8								0.8	
	X	24.0	507,000		0.9								0.8	
		24.0	206,500											
	X	24.0	206,500		1.1								0.8	
	X	24.0	252,000		0.8								0.8	
	X	24.0	345,000		1.1								0.9	
	X	24.0	255,000		1.2								1.0	
	X	24.0	222,000		1.2								1.0	
	X	24.0	312,000		1.1								0.8	
		24.0	268,500											
	X	24.0	366,500		0.7								0.5	
	X	24.0	337,000		0.8								0.6	
	X	24.0	435,000		0.6								0.6	
	X	24.0	298,000		1.1								0.9	
	X	24.0	355,000		1.0								0.7	
	X	24.0	473,000		1.1								0.8	
		24.0	354,500											
	X	24.0	347,000		0.6								0.5	
	X	24.0	340,000		1.0								1.0	
	X	24.0	334,000		1.2								1.0	
	X	24.0	309,000		0.5								0.7	
	X	24.0	262,000		1.4								1.2	
		24.0	341,000											
	X	24.0	329,000		1.4								1.1	
			9,974,500											
			332,483											
			507,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	April 2006
Community Water System (CWS) Name:	Lake Gibson Estates
Public Water System (PWS) Identification Number:	6532347

	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Daily Quantity Finished Water Produced by Each Plant in Gallons/Day										Total
Limit	450,000	450,000									900,000
Date	Quantity of Finished Water Produced by Each Plant in Gallons										Total
1	0	431,000									431,000
2	0	359,000									359,000
3	0	359,000									359,000
4	0	414,000									414,000
5	0	299,000									299,000
6	0	391,000									391,000
7	0	266,000									266,000
8	0	507,000									507,000
9	0	206,500									206,500
10	0	206,500									206,500
11	0	252,000									252,000
12	0	345,000									345,000
13	29,000	226,000									255,000
14	30,000	192,000									222,000
15	30,000	282,000									312,000
16	11,000	257,500									268,500
17	109,000	257,500									366,500
18	52,000	285,000									337,000
19	34,000	401,000									435,000
20	1,000	297,000									298,000
21	2,000	353,000									355,000
22	85,000	388,000									473,000
23	23,000	331,500									354,500
24	15,500	331,500									347,000
25	6,000	334,000									340,000
26	29,000	305,000									334,000
27	2,000	307,000									309,000
28	3,000	259,000									262,000
29	2,000	339,000									341,000
30	2,000	329,000									331,000
Total											9,976,500
Avg											332,550
Max											507,000

MC HLY OPERATION REPORT FOR PWSs TREATING V GROUND WATER OR PURCHASED FINISHED W ER

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	PWS Identification Number:	6530
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	800	Total Population Served at End of Month:	2,0
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates	Plant Telephone Number:	863-858-2640
Plant Address:	615 West Daughtery Road	City: Lakeland	State: Florida Zip Code: 33801
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	Community	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Category	Name	License Class	License Number	Days Worked This Month
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 6-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

B7519

License Number

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

PWS Identification Number: 6532347 | Plant Name: Lake Gibson Estates

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	Hours plant Staffed or Visited by Operator	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
[redacted]	X	24.0	331,000		1.7								1.5	
	X	24.0	395,000		1.3								1.2	
	X	24.0	425,000		0.6								0.6	
	X	24.0	264,000		1.5								1.1	
	X	24.0	359,000		1.4								1.0	
	X	24.0	364,000		1.4								1.1	
	X	24.0	412,000											
	X	24.0	412,000		1.4								1.2	
	X	24.0	343,000		1.3								1.0	
	X	24.0	338,000		1.2								1.0	
	X	24.0	195,000		1.1								1.0	
	X	24.0	330,000		1.3								1.0	
	X	24.0	313,000		0.8								0.8	
		24.0	344,500											
	X	24.0	344,500		1.1								0.9	
	X	24.0	254,000		1.4								1.0	
	X	24.0	230,000		1.0								0.8	
	X	24.0	260,000		0.7								0.6	
	X	24.0	253,000		1.3								1.0	
	X	24.0	210,000		0.7								0.7	
		24.0	340,500											
	X	24.0	340,500		0.9								0.9	
	X	24.0	320,000		1.2								1.1	
	X	24.0	269,000		1.4								1.0	
	X	24.0	311,000		1.0									
	X	24.0	243,000		1.2								0.9	
	X	24.0	273,000		1.4								1.0	
		24.0	350,500											
	X	24.0	350,500		0.6								0.4	
	X	24.0	394,000		0.5								0.6	
	X	24.0	390,000		1.1								1.0	
[redacted]			9,959,000											
			321,258											
			425,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	
Plant 1 Well 1	Plant 2 Well 2									
Permitted Maximum Daily Withdrawal Capacity of Each Plant, gallons per day										Total
450,000	450,000									900,000
Reported Monthly Finished Water Withdrawals for Each Plant, gallons										Total
37,000	294,000									331,000
80,000	315,000									395,000
103,000	322,000									425,000
78,000	186,000									264,000
46,000	313,000									359,000
4,000	360,000									364,000
142,000	270,000									412,000
142,000	270,000									412,000
15,000	328,000									343,000
1,000	337,000									338,000
97,000	98,000									195,000
44,000	286,000									330,000
76,000	237,000									313,000
117,000	227,500									344,500
117,000	227,500									344,500
36,000	218,000									254,000
20,000	210,000									230,000
28,000	232,000									260,000
29,000	224,000									253,000
1,000	209,000									210,000
171,500	169,000									340,500
171,500	169,000									340,500
116,000	204,000									320,000
47,000	222,000									269,000
1,000	310,000									311,000
1,000	242,000									243,000
0	273,000									273,000
49,000	301,500									350,500
49,000	301,500									350,500
73,000	321,000									394,000
36,000	354,000									390,000
Total										9,959,000
Avg										321,258
Max										425,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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:	Lake Osborne Estates	PWS Identification Number:	[redacted]
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	[redacted]	Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida Zip Code: [redacted]
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Osborne Estates	Plant Telephone Number:	[redacted]
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	[redacted]		
Plant Category (per subsection 62-699.310(4), F.A.C.):	[redacted]	Plant Class (per subsection 62-699.310(4), F.A.C.):	[redacted]

Licensed Operators	Name	Grade/Class	License Number	Days Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 7-8-06

Signature and Date

[redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6532347 | Plant Name: Lake Gibson States

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 by Operator (Place X)	Hours plant was in Operation	Net Quantity of Finished Water Produced, gal	CT Value Calculations							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
				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	386,000		1.1								0.9	
2	X	24.0	261,000		1.1								0.9	
3	X	24.0	364,000		1.3								0.9	
4		24.0	416,000											
5	X	24.0	416,000		1.3								1.0	
6	X	24.0	403,000		1.1								0.9	
7	X	24.0	392,000		1.4								1.0	
8	X	24.0	343,000		1.0								0.8	
9	X	24.0	334,000		1.3								1.0	
10	X	24.0	353,000		1.1								0.8	
11		24.0	282,500											
12	X	24.0	282,500		1.0								0.8	
13	X	24.0	193,000		1.0								0.9	
14	X	24.0	259,000		1.0								0.8	
15	X	24.0	199,000		0.9								0.9	
16	X	24.0	232,000		1.0								0.8	
17	X	24.0	254,000		1.4								1.2	
18		24.0	222,000											
19	X	24.0	272,000		0.9								0.8	
20	X	24.0	182,000		1.0								0.9	
21	X	24.0	152,000		0.7								0.5	
22	X	24.0	293,000		0.7								0.5	
23	X	24.0	306,000		1.0								0.8	
24	X	24.0	306,000		1.1								0.9	
25		24.0	214,500											
26	X	24.0	214,500		0.9								0.7	
27	X	24.0	205,000		0.8								0.8	
28	X	24.0	234,000		1.0								0.9	
29	X	24.0	206,000		1.1								0.8	
30	X	24.0	212,000		1.0								0.9	
			8,419,000											
			280,633											
			416,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : June 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operational Capacity of Each Plant, Gallons per Day										
	450,000	450,000									900,000
	Net Quantity of Finished Water Produced by Each Plant, Gallons										
1	20,000	368,000									386,000
2	27,000	234,000									261,000
3	16,000	348,000									364,000
4	163,000	253,000									416,000
5	163,000	253,000									416,000
6	117,000	286,000									403,000
7	93,000	279,000									372,000
8	111,000	232,000									343,000
9	13,000	321,000									334,000
10	82,000	271,000									353,000
11	41,500	241,000									282,500
12	41,500	241,000									282,500
13	1,000	192,000									193,000
14	1,000	258,000									259,000
15	7,000	192,000									199,000
16	2,000	230,000									232,000
17	62,000	192,000									254,000
18	49,500	222,500									272,000
19	49,500	222,500									272,000
20	1,000	181,000									182,000
21	37,000	115,000									152,000
22	82,000	211,000									293,000
23	82,000	224,000									306,000
24	115,000	191,000									306,000
25	84,000	130,500									214,500
26	84,000	130,500									214,500
27	91,000	114,000									205,000
28	91,000	143,000									234,000
29	81,000	125,000									206,000
30	96,000	116,000									212,000
Total											8,419,000
Avg											280,633
Max											416,000

MC HLY OPERATION REPORT FOR PWSs TREATING N GROUND WATER OR PURCHASED FINISHED W ER

Candice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson States	PWS Identification Number:	6532947
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	806	Total Population Served at End of Month:	2024
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941 907 7414	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Gibson States	Plant Telephone Number:	8632538230
Plant Address:	815 West Daughery Road	City: Lakeland State: Florida	Zip Code: 33815
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		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(s):	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 8-9-06

Signature and Date

Steve Fuller

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Estates

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	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
		24.0	248,500											
	X	24.0	248,600		1.1								0.9	
	X	24.0	211,000		0.5								0.6	
	X	24.0	229,000		0.6								0.8	
		24.0	263,000		1.1								1.0	
	X	24.0	258,000		1.2								0.9	
	X	24.0	220,000		0.9								0.9	
	X	24.0	233,000		0.9								0.8	
		24.0	241,500											
	X	24.0	241,500		1.1								0.7	
	X	24.0	258,000		1.0								0.8	
	X	24.0	219,000		1.1								0.8	
	X	24.0	194,000		1.1								0.9	
	X	24.0	271,000		1.0								0.8	
	X	24.0	314,000		1.1								0.8	
		24.0	273,500											
	X	24.0	273,500		1.0								0.7	
	X	24.0	164,000		0.9								0.7	
	X	24.0	237,000		0.9								0.7	
	X	24.0	220,000		0.8								0.9	
	X	24.0	244,000		1.1								1.0	
	X	24.0	305,000		0.8								0.8	
		24.0	225,000											
	X	24.0	225,000		0.7								0.9	
	X	24.0	151,000		0.8								0.8	
	X	24.0	348,000		1.5								1.4	
	X	24.0	228,000		1.3								1.1	
	X	24.0	190,000		1.1								0.9	
	X	24.0	227,000		1.2								0.8	
		24.0	288,000											
	X	24.0	7,249,000		1.0								0.9	
			7,249,000											
			241,633											
			348,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	July 2006
Community Water System (CWS) Name:	Lake Gibson Estates
Public Water System (PWS) Identification Number:	6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	450,000	450,000									900,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	93,000	155,500									248,500
2	93,000	155,500									248,500
3	82,000	129,000									211,000
4	166,000	63,000									229,000
5	63,000	200,000									263,000
6	52,000	206,000									258,000
7	41,000	179,000									220,000
8	51,000	182,000									233,000
9	3,000	238,500									241,500
10	3,000	238,500									241,500
11	2,000	256,000									258,000
12	4,000	215,000									219,000
13	1,000	193,000									194,000
14	1,000	270,000									271,000
15	2,000	312,000									314,000
16	500	273,000									273,500
17	500	273,000									273,500
18	23,000	141,000									164,000
19	34,000	203,000									237,000
20	1,000	219,000									220,000
21	160,000	84,000									244,000
22	179,000	126,000									305,000
23	133,500	91,500									225,000
24	133,500	91,500									225,000
25	63,000	88,000									151,000
26	64,000	284,000									348,000
27	48,000	180,000									228,000
28	55,000	135,000									190,000
29	73,000	154,000									227,000
30	46,000	242,000									288,000
31	46,000	242,000									288,000
Total											7,249,000
Avg											241,633
Max											348,000

MO ILY OPERATION REPORT FOR PWSs TREATING ' V GROUND WATER OR PURCHASED FINISHED W ER

CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	[redacted]
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	[redacted]
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida	Zip Code: [redacted]
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates			Plant Telephone Number:	[redacted]
Plant Address:	415 West Daughtery Road		City: Lakeland	State: Florida	Zip Code: [redacted]
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900000				
Plant Category (per subsection 62-699.310(4), F.A.C.):				Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operator(s)	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller

Signature and Date

Steve [redacted]

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6532347 | Plant Name: Lake Gibson Estates

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 Operated? (Yes/No)	Hours Plant Operated	Finished Water Pumped (gallons)	Disinfectant Concentration (mg/L) Entering Distribution (Refer to *)	Lowest Disinfectant Concentration (mg/L) in Distribution (Refer to *)	Disinfectant Contact Time (min.) During Peak Hourly Flow	Highest Turbidity Before Filtration (NTU)	Highest Turbidity After Filtration (NTU)	Turbidity Measured (Yes/No)	Highest Turbidity Reading (NTU) If Applicable	Minimum Daily Chlorine Residual (mg/L) Before First Customer	Daily Peak Hourly Flow (gpm)	Minimum Daily Chlorine Residual (mg/L) in Distribution System	Was Chlorine Residual Maintained in Compliance with Rule 62-555.350, F.A.C.? (Yes/No)
	X	24.0	237,000		1.0								0.8	
	X	24.0	257,000		0.9								0.9	
	X	24.0	210,000		1.1								0.8	
	X	24.0	236,000		1.0								0.9	
	X	24.0	306,000		1.0								0.7	
		24.0	231,000											
	X	24.0	231,000		1.1								0.8	
	X	24.0	268,000		1.0								0.7	
	X	24.0	273,000		0.9								0.8	
	X	24.0	206,000		0.9								0.7	
	X	24.0	283,000		0.8								0.8	
	X	24.0	324,000		1.0								0.8	
		24.0	263,500											
	X	24.0	263,500		1.1								0.7	
	X	24.0	279,000		0.7								0.7	
	X	24.0	217,000		0.8								0.7	
	X	24.0	299,000		0.9								0.8	
	X	24.0	183,000		1.0								0.7	
	X	24.0	249,000		0.5								0.4	
		24.0	234,000											
	X	24.0	234,000		0.5								0.6	
	X	24.0	248,000		0.9								0.8	
	X	24.0	262,000		0.8								0.7	
	X	24.0	197,000		1.2								0.8	
	X	24.0	234,000		0.8								0.8	
	X	24.0	283,000		0.8								0.7	
		24.0	205,500											
	X	24.0	205,500		0.7								0.5	
	X	24.0	291,000		0.8								0.7	
	X	24.0	251,000		1.1								0.8	
	X	24.0	7,461,000		0.9								0.7	
			7,461,000											
			248,700											
			324,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for Instructions.

Daily Finished-Water Production for the Month/Year of: August 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	
Plant 1 Well 1	Plant 2 Well 2									
Permitted Maximum Day Operation Finished Water Production Capacity (gallons per day)										
450,000	450,000									900,000
Daily Finished-Water Production Values (gallons per day)										
66,000	171,000									237,000
53,000	204,000									257,000
59,000	151,000									210,000
2,000	234,000									236,000
82,000	224,000									306,000
48,500	182,500									231,000
48,500	182,500									231,000
46,000	222,000									268,000
49,000	224,000									273,000
60,000	146,000									206,000
98,000	185,000									283,000
168,000	156,000									324,000
113,500	150,000									263,500
113,500	150,000									263,500
54,000	225,000									279,000
52,000	165,000									217,000
39,000	260,000									299,000
38,000	145,000									183,000
67,000	182,000									249,000
29,500	204,500									234,000
29,500	204,500									234,000
19,000	229,000									248,000
28,000	238,000									282,000
0	197,000									197,000
1,000	233,000									234,000
51,000	232,000									283,000
28,000	177,500									205,500
28,000	177,500									205,500
21,000	270,000									291,000
16,000	235,000									251,000
18,000	111,000									129,000
Total										7,461,000
Avg										248,700
Max										324,000

MO[illegible]HLY OPERATION REPORT FOR PWSs TREATING F[illegible]V GROUND WATER OR PURCHASED FINISHED W[illegible]ER

Candace

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates			Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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(s)	License Class	License Number	Day(s)/Shift(s) Worked
[illegible]	Steve Fuller	B	7519	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.

Steve Fuller 10-4-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

Castlerock

...NTHLY OPERATION REPORT FOR PW'Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATL...

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Estates

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 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/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	266,000		0.8								0.7	
2	X	24.0	160,000		0.8								0.8	
3		24.0	289,500											
4		24.0	289,500		0.9								0.8	
5	X	24.0	246,000		0.8								0.7	
6	X	24.0	258,000		0.8								0.6	
7	X	24.0	255,000		0.7								0.7	
8	X	24.0	229,000		0.5								0.6	
9	X	24.0	232,000		0.6								0.6	
10		24.0	244,000											
11	X	24.0	244,000		0.7								0.6	
12	X	24.0	224,000		0.5								0.4	
13	X	24.0	272,000		0.9								0.7	
14	X	24.0	115,000		0.8								0.6	
15	X	24.0	248,000		0.7								0.8	
16	X	24.0	270,000		0.8								0.7	
17		24.0	270,500											
18	X	24.0	270,500		0.6								0.6	
19	X	24.0	257,000		0.9								0.8	
20	X	24.0	257,000		0.8								0.7	
21	X	24.0	233,000		0.7								0.7	
22	X	24.0	243,000		0.7								0.6	
23	X	24.0	348,000		0.8								0.7	
24		24.0	251,500											
25	X	24.0	251,500		0.8								0.7	
26	X	24.0	216,000		0.9								0.7	
27	X	24.0	216,000		0.8								0.6	
28	X	24.0	226,000		0.9								0.8	
29	X	24.0	209,000		1.0								0.8	
30	X	24.0	213,000		0.7								0.7	
			7,204,000											
			240,133											
			348,000											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

condon

Daily Finished-Water Production for the Month/Year of :	September 2006										
Community Water System (CWS) Name:	Lake Gibson Estates										
Public Water System (PWS) Identification Number:	6532347										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
Day	450,000	450,000									900,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	8,000	258,000									266,000
2	13,000	147,000									160,000
3	22,500	267,000									289,500
4	22,500	267,000									289,500
5	20,000	226,000									246,000
6	27,000	231,000									258,000
7	46,000	209,000									255,000
8	46,000	183,000									229,000
9	42,000	190,000									232,000
10	37,500	206,500									244,000
11	37,500	206,500									244,000
12	38,000	186,000									224,000
13	129,000	143,000									272,000
14	112,000	3,000									115,000
15	247,000	1,000									248,000
16	15,000	255,000									270,000
17	33,000	237,500									270,500
18	33,000	237,500									270,500
19	52,000	205,000									257,000
20	1,000	156,000									157,000
21	0	233,000									233,000
22	0	243,000									243,000
23	0	348,000									348,000
24	0	251,500									251,500
25	0	251,500									251,500
26	0	216,000									216,000
27	0	216,000									216,000
28	0	226,000									226,000
29	0	209,000									209,000
30	0	213,000									213,000
Total											7,204,000
Average											240,133
Max.											348,000

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, 2006

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates				PWS Identification Number:	6532347	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806				Total Population Served at End of Month:	2,023	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean				Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida	Zip Code:	34240	
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates				Plant Telephone Number:	863-858-2504	
Plant Address:	415 West Daughtery Road		City: Lakeland	State: Florida	Zip Code:	33810	
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000						
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	Steve Fuller	B	7519	Days 1st Shift
Other Operators	Jerry Hahn	C	14331	

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.

Steve Fuller 11-9-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATE..

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Estates

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

				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 Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation, etc.
1		24.0	338,500										0.7	
2	X	24.0	338,500		0.7								0.7	
3	X	24.0	218,000		0.8								0.8	
4	X	24.0	274,000		0.8								0.9	
5	X	24.0	283,000		0.7								0.8	
6	X	24.0	282,000		0.7								0.7	
7	X	24.0	304,000		0.6									
8		24.0	302,000										0.8	
9	X	24.0	302,000		0.6								0.7	
10	X	24.0	249,000		0.8								0.8	
11	X	24.0	304,000		0.7								0.9	
12	X	24.0	281,000		0.7								0.7	
13	X	24.0	184,000		0.8								0.8	
14	X	24.0	297,000		1.0									
15		24.0	246,500										0.6	
16	X	24.0	246,500		0.9								0.6	
17	X	24.0	245,000		0.8								0.6	
18	X	24.0	337,000		0.8								0.7	
19	X	24.0	193,000		0.9								0.7	
20	X	24.0	278,000		0.8								0.7	
21	X	24.0	397,000		0.9									
22		24.0	312,000										0.7	
23	X	24.0	312,000		1.0								0.7	
24	X	24.0	214,000		0.9								1.0	
25	X	24.0	312,000		1.1								0.8	
26	X	24.0	223,000		0.9								0.7	
27	X	24.0	327,000		1.0									
28	X	24.0	141,000											
29		24.0	251,500										0.8	
30	X	24.0	251,500		0.8								0.7	
31	X	24.0	248,000		1.1									
Total			8,492,000											
Average			273,935											
Minimum			397,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION C. FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	October 2006										
Community Water System (CWS) Name:	Lake Gibson Estates										
Public Water System (PWS) Identification Number:	6532347										
Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	338,500									338,500
2	0	338,500									338,500
3	0	218,000									218,000
4	1,000	273,000									274,000
5	0	283,000									283,000
6	0	282,000									282,000
7	0	304,000									304,000
8	0	302,000									302,000
9	0	302,000									302,000
10	0	249,000									249,000
11	0	304,000									304,000
12	0	281,000									281,000
13	0	184,000									184,000
14	0	297,000									297,000
15	0	246,500									246,500
16	0	246,500									246,500
17	0	245,000									245,000
18	0	337,000									337,000
19	0	193,000									193,000
20	0	278,000									278,000
21	0	397,000									397,000
22	0	312,000									312,000
23	0	312,000									312,000
24	0	214,000									214,000
25	0	312,000									312,000
26	0	223,000									223,000
27	0	327,000									327,000
28	0	141,000									141,000
29	0	251,500									251,500
30	0	251,500									251,500
31	0	248,000									248,000
Total											8,492,000
Average											273,935
Maximum											397,000

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

Candice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates			PWS Identification Number:	6532347
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	806			Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota		State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates			Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland		State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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	Steve Fuller	B	7519	Days 1st Shift
Other Operators	Jerry Hahn	C	14331	

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.

Steve Fuller 12-7-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

NTHLY OPERATION REPORT FOR PW"Ss TREATING . .N GROUND WATER OR PURCHASED FINISHED WATL

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Estates

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 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: 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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
	X	24.0	259,000		0.9								0.8	
	X	24.0	220,000		1.0								1.0	B.W.N. ISSUED ON 11/13/06
	X	24.0	217,000		1.0								0.9	
	X	24.0	199,000		1.0								0.8	2" Valve replaced torn out by car
		24.0	347,000											
	X	24.0	347,000		1.1								0.7	Samples passed 11/16/06
	X	24.0	253,000		0.9								0.7	
	X	24.0	219,000		0.9								0.7	
	X	24.0	206,000		0.8								0.7	
	X	24.0	182,000		0.9								0.8	
		24.0	274,000											
	X	24.0	274,000		0.9								0.8	
	X	24.0	256,000		0.8								0.8	
	X	24.0	268,000		0.9								0.7	
	X	24.0	267,000		1.0								0.7	
	X	24.0	225,000		0.9								0.7	
	X	24.0	266,000		1.1								0.8	
		24.0	214,500											
	X	24.0	214,500		0.7								0.7	
	X	24.0	195,000		0.5								0.5	
	X	24.0	199,000		0.6								0.5	
	X	24.0	262,000		1.0								0.8	
	X	24.0	213,000		1.0								0.8	
	X	24.0	229,000		1.0								0.7	
	X	24.0	186,000		1.1								0.9	
		24.0	267,500											
	X	24.0	267,500		1.2								1.0	
	X	24.0	234,000		1.3								1.0	
	X	24.0	238,000		0.8								0.8	
	X	24.0	259,080		1.0								1.0	
			7,258,000											
			241,933											
			347,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : November 2006

Community Water System (CWS) Name: Lake Gibson Estates

Public Water System (PWS) Identification Number: 6532347

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	450,000	450,000									900,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	0	259,000									259,000
2	1,000	219,000									220,000
3	0	217,000									217,000
4	0	199,000									199,000
5	0	347,000									347,000
6	0	347,000									347,000
7	0	253,000									253,000
8	0	219,000									219,000
9	0	206,000									206,000
10	1,000	181,000									182,000
11	0	274,000									274,000
12	0	274,000									274,000
13	0	256,000									256,000
14	0	268,000									268,000
15	0	267,000									267,000
16	1,000	224,000									225,000
17	97,000	169,000									266,000
18	500	214,000									214,500
19	500	214,000									214,500
20	1,000	194,000									195,000
21	6,000	193,000									199,000
22	5,000	257,000									262,000
23	15,000	198,000									213,000
24	7,000	222,000									229,000
25	21,000	165,000									186,000
26	29,000	238,500									267,500
27	29,000	238,500									267,500
28	18,000	216,000									234,000
29	37,000	201,000									238,000
30	45,000	214,000									259,000
Total											7,258,000
Avg											241,933
Max											347,000

MC HLY OPERATION REPORT FOR PWSs TREATING R V GROUND WATER OR PURCHASED FINISHED W ER

CANDICE

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:	Lake Gibson Estates					PWS Identification Number:	6532347
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	806					Total Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean					Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444					Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Lake Gibson Estates			Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery Road	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	900,000				
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	Names	License Class	License Number	Days / Shifts Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days, 1st Shift
Operator in Training	Jerry Hahn	C	14331	

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.

Steve Fuller

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

...ONTHLY OPERATION REPORT FOR PW"Ss TREATING ...W GROUND WATER OR PURCHASED FINISHED WATE...

PWS Identification Number:	6532347	Plant Name:	Lake Gibson Estates

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 by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gals.	CT Calculations: 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	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	141,000		1.2								0.9	
	X	24.0	277,000		1.1								0.9	
		24.0	243,000											
	X	24.0	243,000		1.0								0.8	
	X	24.0	266,000		1.4								1.2	
	X	24.0	223,000		1.1								0.9	
	X	24.0	180,000		1.2								0.8	
	X	24.0	248,000		1.4								1.0	
	X	24.0	229,000		1.3								0.9	
		24.0	274,000											
	X	24.0	274,000		1.0								0.9	
	X	24.0	237,000		1.2								1.1	
	X	24.0	202,000		1.2								1.1	
	X	24.0	175,000		1.3								1.1	
	X	24.0	235,000		1.4								1.0	
	X	24.0	122,000		1.6								1.2	
		24.0	252,500											
	X	24.0	252,500		1.3								1.0	
	X	24.0	196,000		1.1								0.8	
	X	24.0	224,000		1.3								1.1	
	X	24.0	194,000		1.3								1.0	
	X	24.0	200,000		1.2								1.1	
	X	24.0	223,000		1.1								1.0	
		24.0	172,500											
	X	24.0	172,500		1.2								0.9	
	X	24.0	250,000		1.3								0.9	
	X	24.0	150,000		1.1								0.8	
	X	24.0	144,000		1.0								0.8	
	X	24.0	221,000		0.9								0.9	
	X	24.0	236,000		0.9								0.8	
[redacted]			6,457,000											
[redacted]			215,233											
[redacted]			277,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :	December 2006										
Community Water System (CWS) Name:	Lake Gibson Estates										
Public Water System (PWS) Identification Number:	6532347										
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
Design	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	63,000	78,000									141,000
2	75,000	202,000									277,000
3	76,500	166,500									243,000
4	76,500	166,500									243,000
5	59,000	207,000									266,000
6	39,000	184,000									223,000
7	27,000	153,000									180,000
8	22,000	226,000									248,000
9	60,000	169,000									229,000
10	50,000	224,000									274,000
11	50,000	224,000									274,000
12	39,000	198,000									237,000
13	22,000	180,000									202,000
14	32,000	143,000									175,000
15	17,000	218,000									235,000
16	3,000	119,000									122,000
17	14,500	238,000									252,500
18	14,500	238,000									252,500
19	10,000	186,000									196,000
20	3,000	221,000									224,000
21	0	194,000									194,000
22	4,000	196,000									200,000
23	8,000	215,000									223,000
24	4,500	168,000									172,500
25	4,500	168,000									172,500
26	2,000	248,000									250,000
27	1,000	149,000									150,000
28	3,000	141,000									144,000
29	45,000	176,000									221,000
30	50,000	186,000									236,000
31											
Total											6,457,000
Avg											215,233
Max											277,000

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

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

FLORIDA WATER SERVICES CORP

PO BOX 609520
ORLANDO,FL 32860-9520

TRANSFERRED ON: October 6, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 8, 2012

Jake Gibson

Subject: EXTENSION - Water Use Permit No. 7878.02

Dear Permittee:

We are pleased to inform you that THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 08/08/12. Through a process of random selections by computer, the District has extended the expiration date of certain permits with annual average daily withdrawals of less than 500,000 gallons. This process will ensure that the number of renewal applications received in any one year does not exceed our capacity to evaluate and process the applications.

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

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

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

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

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

DOCUMENT NUMBER-DATE
04324 MAY 22 08
FPSC-COMMISSION CLERK

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

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

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, indicating that your permit expiration date is now 08/08/12. We appreciate your assistance in this matter and it will help us to serve you better in the future when you submit your renewal application.

Sincerely,

(Signed)
BJ Jarvis, Director
Records and Data Department

BJJ/

cc: File of Record - Water Use Permit No. 7878.02

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

GENERAL WATER USE PERMIT NO. 207878.02

EXPIRATION DATE: August 8, 2001 PERMIT ISSUE DATE: August 8, 1991

This permit may require various activities to be performed by the Permittee. Read the entire permit carefully, and particularly note any activities required of the Permittee by the special permit conditions starting at Item No. 17. This Permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Southern States Utilities, Inc.
1000 Color Place
Apopka, FL 32703

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT:

ANNUAL AVERAGE:	347,000 gallons per day
PEAK MONTHLY:	438,000 gallons per day
MAXIMUM:	Not Applicable

(See Withdrawal Table for quantities permitted per withdrawal point)

PROPERTY LOCATION: Polk County, approximately 3.3 miles North of Lakeland, and Southeast of the intersection between U.S. Highway 98 and Marcum Road.

ACRES: 1 Owned; 600 Serviced

WATER USE CAUTION AREA: N/A

Type of Permit Application: Renewal
Date Permit Application Filed: February 6, 1991

WATER USE:
PUBLIC SUPPLY:

SERVICE AREA NAME	POPULATION SERVED	PER CAPITA RATE
Southern States Utilities (Lake Gibson)	2,481	115
Southern States Utilities (Lake Gibson)	2,481	0.25
Southern States Utilities (Lake Gibson)	2,481	0.9
Southern States Utilities (Lake Gibson)	2,481	1.4
Southern States Utilities (Lake Gibson)	2,481	22.5

Permittee: Southern States Utilities, Inc.
Permit No.: 207878.02

I.D. NO. USER/DIST	LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	USE	GALLONS PER DAY AVERAGE	PEAK MO	MAXIMUM
1 / 1	280711/815745	10	583 / 300	PS	347,000	438,000	N/A
3 / 3	280716/815732	10	500 / 150	PS	347,000 Standby	438,000	N/A

PS = Public Supply

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.

2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.

3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.

5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.

6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.

7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.

8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.

9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.

10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:

    a. A reduction in water levels which impairs the ability of a well to produce water;

    b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or

    c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:

    a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;

    b. Sinkholes or subsidence caused by reduction in water levels;

    c. Damage to crops and other vegetation causing financial harm to the owner; and

    d. Damage to the habitat of endangered or threatened species.

14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.

15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.

16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

OPS

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

Permits Data Group
Southwest Florida Water Management District
2379 Broad Street
Brooksville, Florida 34609-6899

Cty Engr.

18. The Permittee shall investigate complaints related to withdrawals. This condition shall be an ongoing effort for the duration of the permit. All complainants will make an application to the Permittee and must receive an investigative report, including any action to be taken within a reasonable time by the Permittee. The Permittee shall file a report of the complaint, the findings of facts, and any mitigating action taken or to be taken by the Permittee, to the Director, Bartow Permitting Department, Resource Regulation, for review and approval within 15 days of the receipt of any complaint. The report shall include:

a. The name and address of each complainant;
b. The date and nature of the complaint;
c. A summary of the Permittee's investigation;
d. A summary of the Permittee's determination, including details of any mitigation activities; and
e. Cost of mitigation activity for each complaint.

OPS

19. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Bartow Permitting Department, Resource Regulation, for District I.D. Nos. 1 and 3.

OPS

20. Total withdrawal from each monitored source shall be recorded on a monthly basis and reported to the District (using District forms) on or before the tenth day of the following month.

Permittee: Southern States Utilities, Inc.
Permit No.: 207878.02

21. Any wells not in use, District I.D. No. 2, and in which pumping equipment is not installed shall be capped or valved in a water-tight manner in accordance with Chapter 17-532.500(3), F.A.C.

Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

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 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson DW THM **[2025944]**
Received: 10/03/06 11:00

Dear Bill Dean;

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

DOCUMENT NUMBER-DATE
04324 MAY 22 80
FPSC-COMMISSION CLERK

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. 225 Fax: (772) 467-6584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson DW THM
Received: 10/03/06 11:00

[2025944]

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

[2025944]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson DW THM

Parameter	Qualifier	Result [1]	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025944001** *Sample ID:* **5818 Oleander grab**								*Sampled:* 10/02/06 10:20 *Matrix:* Water	*Received:* 10/03/06 11:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.89 I	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 21:25	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2706		10/11/06 21:25	WR	E96080
Chloroform		0.81 I	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 21:25	WR	E96080
Dibromochloromethane		1.2 I	ug/L	0.30	1.2	EPA 524.2	VOC2706		10/11/06 21:25	WR	E96080
Total THMs		2.9	ug/L	0.50	2.0	EPA 524.2	VOC2706		10/11/06 21:25	WR	E96080
Laboratory ID: **2025944002** *Sample ID:* **Trip Blank**								*Sampled:* 10/02/06 0:00 *Matrix:* Water	*Received:* 10/03/06 11:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 21:59	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2706		10/11/06 21:59	WR	E96080
Chloroform		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 21:59	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	1.2	EPA 524.2	VOC2706		10/11/06 21:59	WR	E96080
Total THMs		0.50 U	ug/L	0.50	2.0	EPA 524.2	VOC2706		10/11/06 21:59	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.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKE LAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025944001 Location Code (if known):

Sample Date: 10/02/06 Sample Time: 10:20 AM

Sample Location (be specific): 5818 Oleander grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 10/3/2006

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1): 2025944001

Lab Assigned Report Number or Job ID: 2025944001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 288 Fax: (772) 467-8884

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Lake Gibson DW THM

Sample Location: 5818 Oleander grab

Disinfectant Residual (mg/L) 0.7

Sample Number: 2025944001

PWS ID 653-2347

Sampling Date: 10/02/06 10:20

Date Received: 10/03/06 11:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.61	I	EPA 524.2	0.25	10/11/06	9:25 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/11/06	9:25 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.89	I	EPA 524.2	0.25	10/11/06	9:25 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	1.2	I	EPA 524.2	0.30	10/11/06	9:25 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 10/02/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (Which Qtr? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 10/3/2006

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2025944002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc.
Report Number/ Job ID: Lake Gibson DW THM
Sample Location: Trip Blank
Disinfectant Residual (mg/L) _____
Sample Number: 2025944002
PWS ID _____
Sampling Date: 10/02/06 0:00
Date Received: 10/03/06 11:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	10/11/06	9:59 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/11/06	9:59 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	10/11/06	9:59 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30	U	EPA 524.2	0.30	10/11/06	9:59 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson Est. DW THM/HAA5 **[2025910]**
Received: 9/29/06 10:30

Dear Bill Dean;

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. 295 Fax: (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson Est. DW THM/HAA5
Received: 9/29/06 10:30

[2025910]

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
2025910001	5818 Oleander Grab		
		EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025910002	113 Wildwood 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.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

CERTIFICATE OF ANALYSIS

[2025910]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. DW THM/HAA5

Parameter	Qualifier	Result[1]	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025910001** *Sample ID:* **5818 Oleander Grab**						*Sampled:* 09/28/06 12:50 *Matrix:* Water	*Received:* 09/29/06 10:30 Results reported on Wet Weight Basis				
Dibromoacetic Acid		0.32 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Dichloroacetic Acid		0.66 U	ug/L	0.66	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Total HAAs		0.32 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:46	JL	E96080
Laboratory ID: **2025910002** *Sample ID:* **113 Wildwood Grab**						*Sampled:* 09/28/06 13:18 *Matrix:* Water	*Received:* 09/29/06 10:30 Results reported on Wet Weight Basis				
Bromodichloromethane		1.3	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 14:05	WR	E96080
Bromoform		0.48 I	ug/L	0.41	1.6	EPA 524.2	VOC2706		10/11/06 14:05	WR	E96080
Chloroform		0.89 I	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 14:05	WR	E96080
Dibromochloromethane		1.6	ug/L	0.30	1.2	EPA 524.2	VOC2706		10/11/06 14:05	WR	E96080
Total THMs		4.3	ug/L	0.50	2.0	EPA 524.2	VOC2706		10/11/06 14:05	WR	E96080
Dibromoacetic Acid		0.30 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	JL	E96080
Dichloroacetic Acid		0.66 U	ug/L	0.66	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	JL	E96080
Total HAAs		0.30 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 5:22	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 Laboratory

Form 117
Revision 001
Date: 09/03/96

SAMPLE RECEIPT EXCEPTIONS REPORT

Workorder #: 2025910

Client/Project: AUF/L.K. Gibson Estates

Sample Evaluation Form by: L Nuell Date: 9.29.06

HBEL Cooler_____ Other_____

Description of Problem:	Aliquot	Sample # Affected
1. No custody seals as required by project.		
2. No custody papers included with sample.		
3. Custody papers not properly filled out.		
4. Sample bottles broken, unsealed.		
5. Sample labels incomplete.		
6. Container incorrect for analyses requested.		
7. Preservative incorrect for samples requested.		
8. Samples not received within adequate holding time.		
9. Headspace in VOC vials.	VOC	
10. Temperature inappropriate for analyses requested.		
11. Insufficient Sample Volume.		
12. Other (explain in Comments)		

Cooler #_____ Temp._____ ° C Cooler #_____ Temp._____ ° C

Cooler #_____ Temp._____ ° C Cooler #_____ Temp._____ ° C

Comments: THMs for 5818 Okeander not received by Lab

Action Taken

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 West Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 20259100001 Location Code (if known):

Sample Date: 09/28/06 Sample Time: 12:50 PM

Sample Location (be specific): 5818 Oleander Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1): J025910001

Lab Assigned Report Number or Job ID: 2025910001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax (772) 467-6884

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Lake Gibson Est. DW THM/HAA5

Sample Location: 5818 Oleander Grab

Disinfectant Residual (mg/L) 1.0

Sample Number: 2025910001

PWS ID 653-2347

Sampling Date: 9/28/06 12:50

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	**0.88**	U	EPA 552.1	0.88	10/06/06	4:46 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**0.66**	U	EPA 552.1	0.66	10/06/06	4:46 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.20**	U	EPA 552.1	0.20	10/06/06	4:46 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28**	U	EPA 552.1	0.28	10/06/06	4:46 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.32**	I	EPA 552.1	0.16	10/06/06	4:46 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							

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

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025910002 Location Code (if known):

Sample Date: 09/28/06 Sample Time: 1:18 PM

Sample Location (be specific): 113 Wildwood Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): 6 53-2347 Sample Number (From Page 1): 2025910002

Lab Assigned Report Number or Job ID: 2025910002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Lake Gibson Est. DW THM/HAA5

Sample Location: 113 Wildwood Grab

Disinfectant Residual (mg/L) _____

Sample Number: 2025910002

PWS ID _____

Sampling Date: 9/28/06 13:18

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	**0.88**	U	EPA 552.1	0.88	10/06/06	5:22 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**0.66**	U	EPA 552.1	0.66	10/06/06	5:22 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.20**	U	EPA 552.1	0.20	10/06/06	5:22 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28**	U	EPA 552.1	0.28	10/06/06	5:22 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.30**	I	EPA 552.1	0.18	10/06/06	5:22 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	**0.89**	I	EPA 524.2	0.25	10/11/06	2:05 PM	E96080
2942	Bromoform	[N/A]	ug/L	**0.48**	I	EPA 524.2	0.41	10/11/06	2:05 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	**1.3**		EPA 524.2	0.25	10/11/06	2:05 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**1.6**		EPA 524.2	0.30	10/11/06	2:05 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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 34460, FDOH # E84418

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

HBEL Report Number: 2407725 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 1255

Received for Laboratory By: MBonomette

Analysis Date and Time: 12/6/07 1312

Analysis Method Requested:
☒ Colilert ☐ Membrane Filtration PWS I.D. 6532347

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

System Name: LAKE Gibson Estates

System Address: 415 West Daughtery Rd

City: LAKELAND FLA. 33809 System or Owner's Phone #: 863-858-2504 Fax #: 863-853-4937

Collector: Steve Fuller Collector's Phone #: 813-367-2074

Relinquished By: Steve Fuller Received By: R Bonomette Relinquished By: R Bonomette

Date/Time: 12-6-07 1145 AM Date/Time: 12-6-07 Date/Time: 12-6-07 12:55

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): 12-6-07

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
1	Well ONE	1110AM	R	Ø	
2	Well Two	1120AM	R	Ø	
3	171 Shannon	1125AM	D	1.2	
4	5737 Crafton	1130AM	D	1.4	

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.) 1.3

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other

Person performing analysis is: ☐ A certified operator (# B7519) ☐ Supervised by a certified operator (# _____) ☐ Employed by a certified lab ☐ Employed by DEP or DOH

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			2407725 001
	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: MB

Report authorized by: MBonomette
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.

Name and Mailing Address of Person/Firm to Receive Report

Steve Fuller
415 West Daughtery
LAKELAND FLA. 33809

Page 1 of 1

☐ 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 Bottom Form - CLIENT

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: September 8, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson Est. DW Recollect **[2025543]**
Received: 8/23/06 10:00

Dear Bill Dean;

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: Lake Gibson Est. DW Recollect
Received: 8/23/06 10:00

[2025543]

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

[2025543]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. DW Recollect

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025543001** *Sample ID:* **Well 1 POE Grab**					*Sampled: 08/22/06 14:18* *Matrix: Water*			*Received: 08/23/06 10:00* Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.2	T.O.N.	1.0	SM2150 B	WCGE26153		08/23/06 11:25	GG	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26221	08/28/06 13:00	08/29/06 13:48	GG	E96080
Laboratory ID: **2025543002** *Sample ID:* **Well 2 POE Grab**					*Sampled: 08/22/06 14:33* *Matrix: Water*			*Received: 08/23/06 10:00* Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.1	T.O.N.	1.0	SM2150 B	WCGE26153		08/23/06 11:25	GG	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	08/31/06 12:30	09/1/06 17:21	GG	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 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2484

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery RD
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: LAKE Gibson Estates
Sampled By: SLF

Method(s) of Shipment: DHL

e-mail:

Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: (Y) N
Custody Seals Intact: (Y) N
pH Checked: Y N
LAB # 2025543

PRESERVATIVE: U = NAOH
ANALYSES REQUESTED: A = ODOR, B = CN

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ODOR	CN	COMMENTS
	8/22/06	1 218PM	G	DW	1	well 1 P.OE Cl2 0.8	X		
001	8/22/06	2 215PM	G	DW	1	well 1 P.OE Cl2 0.8		X	
	8/22/06	3 230PM	G	DW	1	well 1 P.OE Cl2 0.9	X		
2	8/22/06	4 233PM	G	DW	1	well 1 P.OE Cl2 0.9		X	

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 8-22-06 3:15 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 8-23-06 1000

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 West Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025543001 Location Code (if known):

Sample Date: 08/22/06 Sample Time: 2:18 PM

Sample Location (be specific): Well 1 POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 8/23/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025543001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☒ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☒ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 08-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

INORGANIC ANALYSIS
62 - 550.310 (1)
(PWS030)

Client:	Aqua Utilities Florida, Inc.	Workorder:	Lake Gibson Est. DW Recollect
Sample Location:	Well 1 POE Grab		
Sample Number:	2025543001		
Sampling Date:	8/22/06 14:18		
Preservative:	Nitric Acid, Sodium Hydroxide, or None		
Date Received:	8/23/06 10:00		

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1024	Cyanide	[0.2]	0.0047 U	mg/L	SM4500CN E	0.0047	8/29/06	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) 467-6584

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client:	Aqua Utilities Florida, Inc.	Workorder:	Lake Gibson Est. DW Recollect
Sample Location:	Well 1 POE Grab		
Sample Number:	2025543001		
Sampling Date:	8/22/06 14:18		
Preservative:	Nitric Acid or None		
Date Received:	8/23/06 10:00		

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1920	Odor - Dechlorinated	[3]	1.2	T.O.N.	SM2150 B	1.0	8/23/06 11:25	E96080

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 West Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025543002 Location Code (if known):

Sample Date: 08/22/06 Sample Time: 2:33 PM

Sample Location (be specific): Well 2 POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 8/23/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025543002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☒ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☒ Partial

Were any analyses subcontracted? ___ Yes _X_ No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 08-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

INORGANIC ANALYSIS
62 - 550.310 (1)
(PWS030)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. DW Recollect

Sample Location: Well 2 POE Grab

Sample Number: 2025543002

Sampling Date: 8/22/06 14:33

Preservative: Nitric Acid, Sodium Hydroxide, or None

Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1024	Cyanide	[0.2]	0.0047 U	mg/L	SM4500CN E	0.0047	9/01/06	E96080

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SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client:	Aqua Utilities Florida, Inc.	Workorder:	Lake Gibson Est. DW Recollect
Sample Location:	Well 2 POE Grab		
Sample Number:	2025543002		
Sampling Date:	8/22/06 14:33		
Preservative:	Nitric Acid or None		
Date Received:	8/23/06 10:00		

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1920	Odor - Dechlorinated	[3]	1.1	T.O.N.	SM2150 B	1.0	8/23/06 11:25	E96080

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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

Date issued: September 12, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson # 1&2 DW THM/HAA5 **[2025258]**
Received: 7/26/06 11:00

Dear Bill Dean;

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson # 1&2 DW THM/HAA5 **[2025258]**
Received: 7/26/06 11:00

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
2025258001	5818 Oleander Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025258002	113 Wildwood 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
EPA 552.1			
	PEST4783		
2025258001		2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
2025258002		2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performace. Precision and Accuracy were determined with the LCS.

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

CERTIFICATE OF ANALYSIS
[2025258]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson # 1&2 DW THM/HAA5

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025258001** *Sample ID:* **5818 Oleander Grab**					*Sampled: 07/25/06 15:30* *Matrix: Water*	*Received: 07/26/06 11:00* Results reported on Wet Weight Basis				
Bromodichloromethane		2.4	ug/L	0.25	EPA 524.2	VOC2666		07/27/06 2:21	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 2:21	WR	E96080
Chloroform		2.3	ug/L	0.25	EPA 524.2	VOC2666		07/27/06 2:21	WR	E96080
Dibromochloromethane		2.2	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 2:21	WR	E96080
Total THMs		7.2	ug/L	0.50	EPA 524.2	VOC2666		07/27/06 2:21	WR	E96080
Dibromoacetic Acid	Q	0.28	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Dichloroacetic Acid	Q	0.87	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Total HAAs	Q	1.4	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Trichloroacetic acid	Q	0.20	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 22:30	JL	E96080
Laboratory ID: **2025258002** *Sample ID:* **113 Wildwood Grab**					*Sampled: 07/25/06 14:30* *Matrix: Water*	*Received: 07/26/06 11:00* Results reported on Wet Weight Basis				
Bromodichloromethane		1.2	ug/L	0.25	EPA 524.2	VOC2666		07/27/06 2:55	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 2:55	WR	E96080
Chloroform		0.98	ug/L	0.25	EPA 524.2	VOC2666		07/27/06 2:55	WR	E96080
Dibromochloromethane		1.2	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 2:55	WR	E96080
Total THMs		3.4	ug/L	0.50	EPA 524.2	VOC2666		07/27/06 2:55	WR	E96080
Dibromoacetic Acid	Q	0.18 U	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	JL	E96080
Dichloroacetic Acid	Q	0.66 U	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	JL	E96080
Total HAAs	Q	0.18 U	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	JL	E96080
Trichloroacetic acid	Q	0.20 U	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 23:06	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.

Q Sample held beyond the accepted holding time.

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

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 256 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities of Fla
Address: 415 W Daughtrey Rd
Lakeland Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Lake Gibson #1 + 2
Sampled By: Steve Fuller

Method(s) of Shipment: HDL overnight

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: 8 N
Custody Seals Intact: Y N/A
pH Checked: Y N
LAB # 2025258

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: ST	PRESERVATIVE: H2SO4	ANALYSES REQUESTED: TTHM	ANALYSES REQUESTED: HAA5	ANALYSES REQUESTED:	COMMENTS
001	7-25-06	3:30	G	DW	3	5818 oleander (1.0.7)	X	•				Collection Time when
002	7-25-06	2:30pm	G	DW	3	113 Wildwood	X					Last Bottle Filled
001	7-25-06	3:30	G	DW	1	5818 Oleander 0.8		X				
002	7-25-06	2:30pm	G	DW	1	113 Wildwood		X				
						~~Trip Blank~~			•			

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
Report Page 4 of 4	Steve Fuller		
	DATE/TIME 7-25-06	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
	DATE/TIME	DATE/TIME	DATE/TIME 7-26-06 1100

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd.

City: LAKEland State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 202525 8001 Location Code (if known):

Sample Date: 07/25/06 Sample Time: 3:30 PM

Sample Location (be specific): 5818 Oleander Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025258001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Lake Gibson # 1&2 DW THM/HA

Sample Location: 5818 Oleander Grab

Disinfectant Residual (mg/L: 0.7

Sample Number: 2025258001

PWS ID: 653-2347

Sampling Date: 7/25/06 15:30

Date Received: 7/26/06 11:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88 U	Q	EPA 552.1	0.88	9/07/06	10:30 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	0.87	Q	EPA 552.1	0.66	9/07/06	10:30 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.20	Q	EPA 552.1	0.20	9/07/06	10:30 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28 U	Q	EPA 552.1	0.28	9/07/06	10:30 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.28	Q	EPA 552.1	0.18	9/07/06	10:30 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	2.3		EPA 524.2	0.25	7/27/06	2:21 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	7/27/06	2:21 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	2.4		EPA 524.2	0.25	7/27/06	2:21 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	2.2		EPA 524.2	0.30	7/27/06	2:21 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKEland State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025258002 Location Code (if known):

Sample Date: 07/25/06 Sample Time: 2:30 PM

Sample Location (be specific): 113 Wildwood Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?_____
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025258002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID Lake Gibson # 1&2 DW THM/HA

Sample Location: 113 Wildwood Grab

Disinfectant Residual (mg/L 0.8

Sample Number: 2025258002

PWS ID 653-2347

Sampling Date: 7/25/06 14:30

Date Received: 7/26/06 11:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88 U	Q	EPA 552.1	0.88	9/07/06	11:06 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	0.66 U	Q	EPA 552.1	0.66	9/07/06	11:06 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.20 U	Q	EPA 552.1	0.20	9/07/06	11:06 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28 U	Q	EPA 552.1	0.28	9/07/06	11:06 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.18 U	Q	EPA 552.1	0.18	9/07/06	11:06 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	0.98		EPA 524.2	0.25	7/27/06	2:55 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	7/27/06	2:55 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	1.2		EPA 524.2	0.25	7/27/06	2:55 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	1.2		EPA 524.2	0.30	7/27/06	2:55 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

Don Hash

From: Eric Charest
Sent: Thursday, August 31, 2006 3:18 PM
To: Don Hash
Subject: FW: Holding time question

-----Original Message-----
From: Lable, Silky [mailto:Silky.Lable@dep.state.fl.us]
Sent: Sunday, August 27, 2006 5:38 PM
To: Steve_Arms@doh.state.fl.us; Eric Charest
Subject: RE: Holding time question

Eric - I agree with Steve.

-----Original Message-----
From: Steve_Arms@doh.state.fl.us [mailto:Steve_Arms@doh.state.fl.us]
Sent: Tue 8/22/2006 12:47 PM
To: Charest@hboi.edu; Lable, Silky
Cc:
Subject: RE: Holding time question

Eric,

I am pretty sure that Silky will agree when I say that, as you know, your obligation is to qualify the results if the holding time is exceeded. The data user can then make a decision about the usability of the data. I'm not sure whether the reason for the exceedance has much bearing on that decision except to understand that it could not be helped; the goal in the decision-making process is not to assess blame, but takes into account a number of other factors, including the value of the results, by how much the holding time was exceeded, the difficulty and applicability of a second sampling event, etc.

Depending on the client and their particular needs, you might want to direct them to Silky as the DEP contact and primary resource in helping to decide how to proceed.

Thanks,
Steve

Mission: To promote and protect the health and safety of all people in Florida through the delivery of quality public health services and promotion of health care standards.
Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request.
Your e-mail communications may therefore be subject to public disclosure.

-----Original Message-----
From: Eric Charest [mailto:Charest@hboi.edu]
Sent: Monday, August 21, 2006 2:51 PM
To: Arms, Steve A.; Lable, Silky
Subject: Holding time question

The HARBOR BRANCH Environmental Laboratories, Inc. in the Fort Pierce facility has been running the EPA 552.1 method for the Total Haloacetic Acid compounds for quite some time now. For our extraction approach on this method, we utilize a Speedisk designed for the extraction – and apparently only available from one manufacturer – JT Baker (product is Bakerbond Speedisk SAX).

Use of this method allows for a 28 day holding time -- as opposed to the shorter 14 days for the 552.2 Method which HBEL does not maintain certification for.

We ordered our supply of Speedisks back in the first week of July – but due to manufacturer shortages – we still have not received any of our items. We have sought out other vendors and have been told that there is a National Shortage of the product. Our backordered supply was supposed to be received last week – and now they (JT Baker) has told us that they had additional manufacturer delays, so now we are bumped into next week.

The concern now is that we (HBEL) has subcontracted out several of our samples that are within the 14 day holding time window to a certified laboratory capable of running the 552.2 Method. By searching the State's database for certified laboratories capable of running the 552.1 method, I see there is only one other laboratory in the database capable of running the analysis – and they are in the same boat as we are in – lack of supply.

I am now faced with several samples that will have their holding time expire in advance of my shipment of supplies being delivered. I do see in the method that it states 28 days for a holding time. I was sending this e-mail to your offices in the situation where there is a national shortage of the necessary supplies, to see if your offices would evaluate qualified data (qualified with the FDEP Q Qualifier) with any leniency towards accepting the results based on this supply shortage.

I have been in constant communication with my clients regarding the supply shortage and the status of their samples, and it was only recently that I was told by the manufacturer that my promised ship date for materials was not going to be met. I have asked for a letter from the manufacturer and their reps explaining this shortage and can forward that to your offices should that be needed in any decision making.

We have also tried numerous other laboratories, even outside of the NELAC network to see if we could purchase some of their supplies, but everyone we are aware of utilizing these disks are all in the same position.

If any consideration on missed holding times for this analysis can be made during this supply shortage, please let me know, otherwise if qualified data would not meet any needs for my clients, I can ask for re-samples, but those may fall outside of any timeframes necessary for my clients?

Thank you for your consideration in this matter,

Eric Charest

HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North

AL Coleman

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5994

Date issued: August 15, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson Est. #1 DW Scan **[2025256]**
Received: 7/26/06 11:00

Dear Bill Dean;

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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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: Lake Gibson Est. #1 DW Scan **[2025256]**
Received: 7/26/06 11:00

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
EPA 300.0			
	IC6882		
2025256001		Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2025256001		Nitrite as N	Accuracy - Outside acceptance limits in the MSD.
EPA 505			
	PEST4761		
2025256001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 515.1			
	PEST4763		
2025256001		2,4-Dichlorophenylacetic acid	Surrogate - Outside acceptance Limits.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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CERTIFICATE OF ANALYSIS

[2025256]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #1 DW Scan

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025256001**						*Sampled:* 07/25/06 15:00		*Received:* 07/26/06 11:00		
Sample ID: **POE Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
pH [6.5-8.5]	Q	**7.93**	SU	0.200	EPA 150.1	WCGE26036		08/3/06 16:35	GS	E96080
Barium		**0.0030**	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Beryllium		**0.00010 U**	mg/L	0.00010	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Cadmium		**0.00070 U**	mg/L	0.00070	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Chromium		**0.0018 U**	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Copper		**0.0014 U**	mg/L	0.0014	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Iron		**0.086**	mg/L	0.025	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Manganese		**0.0043**	mg/L	0.0037	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Nickel		**0.0020 U**	mg/L	0.0020	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Silver		**0.0010 U**	mg/L	0.0010	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Sodium		**6.5**	mg/L	0.50	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Zinc		**0.010 U**	mg/L	0.010	EPA 200.7	META8046		08/1/06 13:53	SP	E96080
Arsenic		**0.0076**	mg/L	0.0010	EPA 200.9	SAL1017		08/2/06 12:40	SAL	E84129
Lead		**0.0012**	mg/L	0.00061	EPA 200.9	META8039		07/30/06 15:20	SP	E96080
Selenium		**0.0022 U**	mg/L	0.0022	EPA 200.9	META8048		08/4/06 14:43	DM	E96080
Thallium		**0.0010 U**	mg/L	0.0010	EPA 200.9	META8049		08/4/06 18:07	DM	E96080
Mercury		**0.000060 U**	mg/L	0.000060	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080
Chloride		**14**	mg/L	5.0	EPA 300.0	IC6886		07/31/06 18:52	JL	E96080
Fluoride		**0.27**	mg/L	0.011	EPA 300.0	IC6882		07/26/06 15:51	JL	E96080
Nitrate as N		**0.36**	mg/L	0.0030	EPA 300.0	IC6882		07/26/06 15:51	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC6882		07/26/06 15:51	JL	E96080
Sulfate		**12**	mg/L	1.4	EPA 300.0	IC6886		07/31/06 18:52	JL	E96080
1,2-Dibromo-3-chloropropane		**0.0021 U**	ug/L	0.0021	EPA 504.1	PEST4762	07/26/06 12:35	07/29/06 2:21	JL	E96080
1,2-Dibromoethane		**0.0049 U**	ug/L	0.0049	EPA 504.1	PEST4762	07/26/06 12:35	07/29/06 2:21	JL	E96080
Chlordane		**0.13 U**	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
Endrin		**0.099 U**	ug/L	0.099	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
gamma-BHC (Lindane)		**0.019 U**	ug/L	0.019	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
Heptachlor		**0.035 U**	ug/L	0.035	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
Heptachlor epoxide		**0.027 U**	ug/L	0.027	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
Methoxychlor		**0.043 U**	ug/L	0.043	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
PCB		**0.13 U**	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
Toxaphene		**0.59 U**	ug/L	0.59	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:36	JL	E96080
2,4,5-TP		**0.19 U**	ug/L	0.19	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
2,4-D		**0.22 U**	ug/L	0.22	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
Dalapon		**2.3 U**	ug/L	2.3	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
Dinoseb		**0.23 U**	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
Pentachlorophenol		**0.39 U**	ug/L	0.39	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
Picloram		**0.23 U**	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:35	JL	E96080
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080

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CERTIFICATE OF ANALYSIS

[2025256]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #1 DW Scan

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/27/06 0:05	WR	E96080
Alachlor		0.62 U	ug/L	0.62	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Benzo(a)pyrene		0.071 U	ug/L	0.071	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
bis(2-ethylhexyl)phthalate		0.86 U	ug/L	0.86	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Di(2-ethylhexyl)adipate		0.69 U	ug/L	0.69	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Simazine		0.64 U	ug/L	0.64	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:00	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 18:20	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 18:20	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2317		07/26/06 13:43	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2425	07/26/06 14:30	08/3/06 14:19	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 8:51	07/27/06 13:41	JJM	E96080
Aluminum		0.0037	mg/L	0.0030	SM 3113 B	METAB046		08/1/06 13:53	SP	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/7/06 15:46	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE25985		07/26/06 14:00	TCL	E96080
Odor		3.6	T.O.N.	1.0	SM2150 B	WCGE25991		07/26/06 12:45	EE	E96080
Total Dissolved Solids		160	mg/L	16	SM2540 C	WCGE25999		07/28/06 17:30	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/3/06 9:00	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25998	07/27/06 12:00	07/27/06 17:55	GG	E96080

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CERTIFICATE OF ANALYSIS

[2025256]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #1 DW Scan

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025256002**					*Sampled:* 07/25/06 0:00		*Received:* 07/26/06 11:00			
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	VOC2666		07/27/06 0:39	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/27/06 0:39	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/27/06 0:39	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.

Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: AQUA Utilities of Fla.
Address: 415 W. Daughtrey Rd
Lakeland Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Lake Gibson Est #1
Sampled By: Steve Fuller

Method(s) of Shipment: Hand Delivered Overnight

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only:
Temperature Checked: (Y) N — Temperature Blank: Present (Absent) — pH Checked: Y N
LAB # 2065256

PRESERVATIVE: N | 3# | U | U | U | U | ST | 3#
ANALYSES REQUESTED: A | B | C | D | E | F | G | H

Preservation Key
H=Hydrochloric Acid; P=Phosphoric Acid; N=Nitric Acid; ST=Sodium Thiosulfate; S=Sulfuric Acid; SH=Sodium Hydroxide; U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A: 1°+2° metals	B: Cyanide, Nat, Mg, Cl, Sulf, F	C: pH, color, TDS	D: Odor	E: MBAS	F: SO4	G: SiO2	COMMENTS
06	7/25/06	3:00pm	G	DW	10	P.O.E (Cl² 0.8)	1	1	1	1	1	3	1	#Collection Time is when last Bottle Filled
07						~~Trip Blank~~								

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 9 of 9

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
Steve Fuller		
DATE/TIME 7-25-06	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7-26-06 1100

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 2

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Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities of Fla
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Lake Gibson #1
Sampled By: Steve Fuller

Method(s) of Shipment: HDL Overnight

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: N
Custody Seals Intact: Y (N)
pH Checked: Y N
LAB # 202526

PRESERVATIVE: N, ACH, ST, ST, ST, ST, H

Preservation Key
H=Hydrochloric Acid, P=Phosphoric Acid, N=Nitric Acid, ST=Sodium Thiosulfate, S=Sulfuric Acid, SH=Sodium Hydroxide, U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	525.2	531.1	547	548	549	505	VOC's	COMMENTS
001	7-25-06	3:00pm	G	DW	13	POE (Cl2 0.8)	1	1	1	3	1	3	3	Collection Time is
002	[redacted]				3	TRIP BLANK							3	When Last Bottle Filled

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 6 of 6

RELINQUISHED BY Steve Fuller	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-25-06	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7-26-06 1100

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 2

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 202525600 1 Location Code (if known):

Sample Date: 07/25/06 Sample Time: 3:00 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 253-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025256001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☒ All 21	☐ Trihalomethanes
☒ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☒ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 15-Aug-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #1 DW Scan

Sample Location: POE Grab

Sample Number: 2025256001

Sampling Date: 7/25/06 15:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	**0.36**	mg/L		EPA 300.0	0.0030	7/26/06 15:51	E96080
1041	Nitrite as N	[1]	**0.0022 U**	mg/L		EPA 300.0	0.0022	7/26/06 15:51	E96080
1005	Arsenic	[0.01]	**0.0076**	mg/L		SM 3113 B	0.0010	8/02/06 12:40	E84129
1010	Barium	[2]	**0.0030**	mg/L		EPA 200.7	0.0018	8/01/06 13:53	E96080
1015	Cadmium	[0.005]	**0.00070 U**	mg/L		EPA 200.7	0.00070	8/01/06 13:53	E96080
1020	Chromium	[0.1]	**0.0018 U**	mg/L		EPA 200.7	0.0018	8/01/06 13:53	E96080
1024	Cyanide	[0.2]	**0.0047 U**	mg/L	Y	SM4500CN E	0.0047	8/04/06 15:22	E96080
1025	Fluoride	[4]	**0.27**	mg/L		EPA 300.0	0.011	7/26/06 15:51	E96080
1030	Lead	[0.015]	**0.0012**	mg/L		EPA 200.9	0.00081	7/30/06 15:20	E96080
1035	Mercury	[0.002]	**0.000080 U**	mg/L		EPA 245.1	0.000060	8/10/06 20:11	E96080
1036	Nickel	[0.1]	**0.0020 U**	mg/L		EPA 200.7	0.0020	8/01/06 13:53	E96080
1045	Selenium	[0.05]	**0.0022 U**	mg/L		EPA 200.9	0.0022	8/04/06 14:43	E96080
1052	Sodium	[160]	**6.5**	mg/L		EPA 200.7	0.50	8/01/06 13:53	E96080
1074	Antimony	[0.006]	**0.0010 U**	mg/L		SM 3113 B	0.0010	8/07/06 15:46	E84129
1075	Beryllium	[0.004]	**0.00010 U**	mg/L		EPA 200.7	0.00010	8/01/06 13:53	E96080
1085	Thallium	[0.002]	**0.0010 U**	mg/L		EPA 200.9	0.0010	8/04/06 18:07	E96080

eporting Format 62-550.730
ffective January 1995, Revised January 2004

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

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SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #1 DW Scan

Sample Location: POE Grab

Sample Number: 2025256001

Sampling Date: 7/25/06 15:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	**0.0037**	mg/L		EPA 200.7	0.0030	8/01/06 13:53	E96080
1017	Chloride	[250]	**14**	mg/L		EPA 300.0	5.0	7/31/06 18:52	E96080
1022	Copper	[1]	**0.0014 U**	mg/L		EPA 200.7	0.0014	8/01/06 13:53	E96080
1025	Fluoride	[2]	**0.27**	mg/L		EPA 300.0	0.011	7/26/067/26/06	E96080
1028	Iron	[0.3]	**0.086**	mg/L		EPA 200.7	0.025	8/01/06 13:53	E96080
1032	Manganese	[0.05]	**0.0043**	mg/L		EPA 200.7	0.0037	8/01/06 13:53	E96080
1050	Silver	[0.1]	**0.0010 U**	mg/L		EPA 200.7	0.0010	8/01/06 13:53	E96080
1055	Sulfate	[250]	**12**	mg/L		EPA 300.0	1.4	7/31/06 18:52	E96080
1095	Zinc	[5]	**0.010 U**	mg/L		EPA 200.7	0.010	8/01/06 13:53	E96080
1905	Color	[15]	**3.0**	CU		SM2120 B	1.8	7/26/06 14:00	E96080
1920	Odor	[3]	**3.6**	T.O.N.		SM2150 B	1.0	7/26/06 12:45	E96080
1925	pH	[6.5-8.5]	**7.93**	SU		EPA 150.1	0.200	8/03/06 18:35	E96080
1930	Total Dissolved Solids	[500]	**160**	mg/L		SM2540 C	16	7/28/06 17:30	E96080
2905	Foaming Agents	[0.5]	**0.022 U**	mg/L		SM5540 C	0.022	7/27/06 17:55	E96080

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

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VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #1 DW Scan

Sample Location: POE Grab

Sample Number: 2025256001

Sampling Date: 7/25/06 15:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	7/27/06 0:05	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:5	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	7/27/06 0:5	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:5	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:5	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:5	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	7/27/06 0:5	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:5	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	7/27/06 0:5	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	7/27/06 0:5	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:5	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 0:5	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	7/27/06 0:5	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	7/27/06 0:5	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	7/27/06 0:5	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 0:5	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	7/27/06 0:5	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	7/27/06 0:5	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	7/27/06 0:5	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:5	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:5	E96080

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

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

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SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #1 DW Scan

Sample Location: POE Grab

Sample Number: 2025256001

Sampling Date: 7/25/06 15:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.099 U	ug/L		EPA 505	0.099	7/27/06	7/27/06 23:36	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.019 U	ug/L		EPA 505	0.019	7/27/06	7/27/06 23:36	E96080
2015	Methoxychlor	[40]	0.043 U	ug/L		EPA 505	0.043	7/27/06	7/27/06 23:36	E96080
2020	Toxaphene	[3]	0.59 U	ug/L		EPA 505	0.59	7/27/06	7/27/06 23:36	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	7/26/06	7/27/06 20:35	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	7/27/06	7/27/06 13:41	E96080
2033	Endothall	[100]	2.8 U	ug/L		EPA 548.1	2.8	7/26/06	8/03/06 14:19	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		7/26/06 13:43	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.69 U	ug/L		EPA 525.2	0.69	7/26/06	8/04/06 22:00	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		8/01/06 18:20	E96080
2037	Simazine	[4]	0.64 U	ug/L		EPA 525.2	0.64	7/26/06	8/04/06 22:00	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.86 U	ug/L		EPA 525.2	0.86	7/26/06	8/04/06 22:00	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	7/26/06	7/27/06 20:35	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	7/26/06	7/27/06 20:35	E96080
2042	Hexachlorocyclopentadiene	[50]	0.24 U	ug/L		EPA 525.2	0.24	7/26/06	8/04/06 22:00	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		8/01/06 18:20	E96080
2050	Atrazine	[3]	0.49 U	ug/L		EPA 525.2	0.49	7/26/06	8/04/06 22:00	E96080
2051	Alachlor	[2]	0.62 U	ug/L		EPA 525.2	0.62	7/26/06	8/04/06 22:00	E96080
2065	Heptachlor	[0.4]	0.035 U	ug/L		EPA 505	0.035	7/27/06	7/27/06 23:36	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	7/27/06	7/27/06 23:36	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	7/26/06	7/27/06 20:35	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	7/26/06	7/27/06 20:35	E96080
2274	Hexachlorobenzene	[1]	0.31 U	ug/L		EPA 525.2	0.31	7/26/06	8/04/06 22:00	E96080
2306	Benzo(a)pyrene	[.2]	0.071 U	ug/L		EPA 525.2	0.071	7/26/06	8/04/06 22:00	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	7/26/06	7/27/06 20:35	E96080
2383	PCB	[.5]	0.13 U	ug/L		EPA 505	0.13	7/27/06	7/27/06 23:36	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0021 U	ug/L		EPA 504.1	0.0021	7/28/06	7/29/06 2:21	E96080
2946	1,2-Dibromoethane	[.02]	0.0049 U	ug/L		EPA 504.1	0.0049	7/28/06	7/29/06 2:21	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	7/27/06	7/27/06 23:36	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 415 W. Daughtery Rd

City: LAKELand State: FL. ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025256002 Location Code (if known):

Sample Date: 07/25/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [ ] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedence*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other:

- [ ] Quarterly (Which Qtr? _____)
- [ ] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name:

Sampler's Phone #: Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Date:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025256002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 15-Aug-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax (772) 467-5864

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #1 DW Scan

Sample Location: Trip Blank

Sample Number: 2025256002

Sampling Date: 7/25/06 0:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	7/27/06 0:39	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:39	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	7/27/06 0:39	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:39	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:39	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:39	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	7/27/06 0:39	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 0:39	E96080
2979	trans-1,2-Dichloroethane	[100]	0.35 U	ug/L		EPA 524.2	0.35	7/27/06 0:39	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	7/27/06 0:39	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:39	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 0:39	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	7/27/06 0:39	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	7/27/06 0:39	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	7/27/06 0:39	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 0:39	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	7/27/06 0:39	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	7/27/06 0:39	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	7/27/06 0:39	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:39	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 0:39	E96080

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

August 8, 2006
Project No: 61923

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: Drinking Water As, Sb

Sample Number	Sample Description	Date & Time Collected		Date & Time Received	
61923.01	2025256 001	07/25/06	15:00	07/28/06	08:15
61923.02	2025257 001	07/25/06	14:15	07/28/06	08:15
61923.03	2025276 001	07/26/06	14:15	07/28/06	08:15
61923.04	2025278 001	07/26/06	15:35	07/28/06	08:15
61923.05	2025279 001	07/26/06	14:15	07/28/06	08:15
61923.06	2025280 001	07/26/06	16:35	07/28/06	08:15
61923.07	2126392 001	07/25/06	08:58	07/28/06	08:15

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Drinking Water As, Sb
Sample ID: 2025256 001

August 8, 2006
Sample No.: 61923.01
PWS ID: _____

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.0076		SM 3113 B	0.001	08/02/06	12:40	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	08/07/06	15:46	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

G14723

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed. Ex **to arrive on** 7.28.06. **TAT:** Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: As, Sb Furnace DW

SAMPLE TYPE: Composite = C, Grab = G,

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = S, NaOH = SH, Unpreserved = U

MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil =O

	Client Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: PRESERVATIVE N	As, Sb	COLLECTION REMARKS: SAMPLE COMMENTS
01	AUE	DW	7.25.06	1500	G	2025256 001	1		✓	7x 100ml P HNO3
02	AUE	DW	7.25.06	1415	G	2025257 001	1		✓	
03	CMT	DW	7.26.06	1415	G	2025276 001	1		✓	
04	AUE	DW	7.26.06	1535	G	2025278 001	1		✓	
05	AUE	DW	7.26.06	1415	G	2025279 001	1		✓	
06	AUE	DW	7.26.06	1635	G	2025280 001	1		✓	
07		DW	7.25.06	0858	G	2176352 001	1		✓	

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	7.27.06	1600			
RELINQUISHED BY: FedEx	DATE	TIME	LABORATORY NAME AND RECEIVED BY: Sherry Dunn	DATE 07-28-06	TIME 0815

Page ___ of ___

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: August 15, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Lake Gibson Est. #2 DW Scan **[2025257]**
Received: 7/26/06 11:00

Dear Bill Dean;

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: Lake Gibson Est. #2 DW Scan **[2025257]**
Received: 7/26/06 11:00

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
EPA 505			
	PEST4761		
2025257001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 515.1			
	PEST4763		
2025257001		2,4-Dichlorophenylacetic acid	Surrogate - Outside acceptance Limits.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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

CERTIFICATE OF ANALYSIS

[2025257]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #2 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025257001**					*Sampled:* 07/25/06 14:15		*Received:* 07/26/06 11:00			
Sample ID: **POE Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
pH [6.5-8.5]	Q	8.01	SU	0.200	EPA 150.1	WCGE26036		08/3/06 18:35	GS	E96080
Aluminum		0.0083	mg/L	0.0030	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Barium		0.0030	mg/L	0.0018	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Sodium		5.8	mg/L	0.50	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8046		08/1/06 14:00	SP	E96080
Antimony		0.0010 U	mg/L	0.0010	EPA 200.9	SAL1017		08/7/06 15:46	SAL	E84129
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8039		07/30/06 15:24	SP	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 14:47	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/4/06 18:11	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080
Chloride		14	mg/L	5.0	EPA 300.0	IC6887		07/31/06 23:55	JL	E96080
Fluoride		0.25	mg/L	0.011	EPA 300.0	IC6882		07/26/06 17:22	JL	E96080
Nitrate as N		0.71	mg/L	0.0030	EPA 300.0	IC6882		07/26/06 17:22	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6882		07/26/06 17:22	JL	E96080
Sulfate		11	mg/L	1.4	EPA 300.0	IC6887		07/31/06 23:55	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 2:54	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 2:54	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4761	07/27/06 12:41	07/28/06 0:04	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 21:08	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, ext. 285 Fax: (772) 467-2594

CERTIFICATE OF ANALYSIS

[2025257]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #2 DW Scan

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	VOC2666		07/27/06 1:13	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/27/06 1:13	WR	E96080
Alachlor		0.71 U	ug/L	0.71	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Benzo(a)pyrene		0.061 U	ug/L	0.061	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
bis(2-ethylhexyl)phthalate		0.99 U	ug/L	0.99	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Di(2-ethylhexyl)adipate		0.79 U	ug/L	0.79	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Hexachlorobenzene		0.36 U	ug/L	0.36	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Hexachlorocyclopentadiene		0.28 U	ug/L	0.28	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Simazine		0.73 U	ug/L	0.73	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 18:52	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 18:52	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2317		07/26/06 13:58	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2425	07/26/06 14:30	08/3/06 14:41	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 8:51	07/27/06 13:48	JJM	E96080
Arsenic		0.0065	mg/L	0.0010	SM 3113 B	SAL1017		08/2/06 12:40	SAL	E84129
Atrazine		0.56 U	ug/L	0.56	SM 3113 B	SVOC2428	07/26/06 16:04	08/4/06 22:40	WR	E96080
Color		4.0	CU	1.8	SM2120 B	WCGE25985		07/26/06 14:00	TCL	E96080
Odor		6.3	T.O.N.	1.0	SM2150 B	WCGE25991		07/26/06 12:45	EE	E96080
Total Dissolved Solids		150	mg/L	16	SM2540 C	WCGE25999		07/26/06 17:30	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/3/06 9:00	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25998	07/27/06 12:00	07/27/06 17:55	GG	E96080

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CERTIFICATE OF ANALYSIS

[2025257]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Lake Gibson Est. #2 DW Scan

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025257002** *Sample ID:* ***Trip Blank***						*Sampled: 07/25/06 0:00* *Matrix: Water*		*Received: 07/26/06 11:00* Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/27/06 1:47	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/27/06 1:47	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.

Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

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Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

/ FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 862-853
Client Contact: Steve Fuller
Project Name: LAKE Gibson #2
Sampled By: Steve Fuller

Method(s) of Shipment: HDL over night

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: (Y) N
Custody Seals Intact: Y (N)
pH Checked: Y N
LAB # 2025257

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE								ANALYSES REQUESTED								COMMENTS
							HNO_3	NaOH	U	U	U	U	$Na_2S_2O_3$	ST	A	B	C	D	E	F	G	H	
001	7/25/06	2:15PM	G	DW	10	P.O.E. Cl2 [redacted] 1.0									1,2 Methyl	Cyanide	Nitrate, Nitrite, Chloride, Sulfate	Pht, Color TDS	Odor	MBAS	504	SIS.1	

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide Un=Unpreserved

Report Page 1 of 2	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME 7-25-06	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
	DATE/TIME	DATE/TIME	DATE/TIME 7-26-06 1100

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 2

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Chain-of-Custody

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL APPLICABLE AREAS

Laboratory not responsible for omitted information

___FDOH # E96080	___FDOH # E85370
5600 U.S. 1 North	307 Coolidge Avenue
Fort Pierce, FL 34946	Lehigh Acres, FL 33936
___FDOH # E83509	___FDOH # E84418
255 Enterprise Rd., Suite 1	2514 Osawaw Blvd.
Deltona, FL 32725	Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities
Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: LAKE Gibson #2
Sampled By: Steve Fuller

Method(s) of Shipment: HDL over night

e-mail:

X Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	S25.2	S31.1	547	548	549	505	VOCs		COMMENTS
						ST									
						ST									
						ST									
						ST									
						S									
						ST									
						H									
7/25/06	2:15 PM	G	DW	12	P.O.E C12 1.0		1	1	1	3	1	2	3		
				3	TRIP BLANK								3		

ANALYSES REQUESTED

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

RELINQUISHED BY Steve Fuller	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-25-06	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	
DATE/TIME	DATE/TIME	

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 2

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 west Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 202525700 1 Location Code (if known):

Sample Date: 07/25/06 Sample Time: 2:15 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 9-20-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025257001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☒ All 21	☐ Trihalomethanes
☑ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☑ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 15-Aug-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #2 DW Scan

Sample Location: POE Grab

Sample Number: 2025257001

Sampling Date: 7/25/06 14:15

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	0.71	mg/L		EPA 300.0	0.0030	7/26/06 17:22	E96080
1041	Nitrite as N	[1]	0.0022 U	mg/L		EPA 300.0	0.0022	7/26/06 17:22	E96080
1005	Arsenic	[0.01]	0.0065	mg/L		SM 3113 B	0.0010	8/02/06 12:40	E84129
1010	Barium	[2]	0.0030	mg/L		EPA 200.7	0.0018	8/01/06 14:00	E96080
1015	Cadmium	[0.005]	0.00070 U	mg/L		EPA 200.7	0.00070	8/01/06 14:00	E96080
1020	Chromium	[0.1]	0.0018 U	mg/L		EPA 200.7	0.0018	8/01/06 14:00	E96080
1024	Cyanide	[0.2]	0.0047 U	mg/L	Y	SM4500CN E	0.0047	8/04/06 15:22	E96080
1025	Fluoride	[4]	0.25	mg/L		EPA 300.0	0.011	7/26/06 17:22	E96080
1030	Lead	[0.015]	0.00061 U	mg/L		EPA 200.9	0.00061	7/30/06 15:24	E96080
1035	Mercury	[0.002]	0.000060 U	mg/L		EPA 245.1	0.000060	8/10/06 20:11	E96080
1036	Nickel	[0.1]	0.0020 U	mg/L		EPA 200.7	0.0020	8/01/06 14:00	E96080
1045	Selenium	[0.05]	0.0022 U	mg/L		EPA 200.9	0.0022	8/04/06 14:47	E96080
1052	Sodium	[160]	5.8	mg/L		EPA 200.7	0.50	8/01/06 14:00	E96080
1074	Antimony	[0.006]	0.0010 U	mg/L		SM 3113 B	0.0010	8/07/06 15:46	E84129
1075	Beryllium	[0.004]	0.00010 U	mg/L		EPA 200.7	0.00010	8/01/06 14:00	E96080
1085	Thallium	[0.002]	0.0010 U	mg/L		EPA 200.9	0.0010	8/04/06 18:11	E96080

orting Format 62-550.730
:tive January 1995, Revised January 2004

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

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SECONDARY CONTAMINANTS
62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #2 DW Scan

Sample Location: POE Grab

Sample Number: 2025257001

Sampling Date: 7/25/06 14:15

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	0.0083	mg/L		EPA 200.7	0.0030	8/01/06 14:00	E96080
1017	Chloride	[250]	14	mg/L		EPA 300.0	5.0	7/31/06 23:55	E96080
1022	Copper	[1]	0.0014 U	mg/L		EPA 200.7	0.0014	8/01/06 14:00	E96080
1025	Fluoride	[2]	0.25	mg/L		EPA 300.0	0.011	7/26/067/26/06	E96080
1028	Iron	[0.3]	0.025 U	mg/L		EPA 200.7	0.025	8/01/06 14:00	E96080
1032	Manganese	[0.05]	0.0037 U	mg/L		EPA 200.7	0.0037	8/01/06 14:00	E96080
1050	Silver	[0.1]	0.0010 U	mg/L		EPA 200.7	0.0010	8/01/06 14:00	E96080
1055	Sulfate	[250]	11	mg/L		EPA 300.0	1.4	7/31/06 23:55	E96080
1095	Zinc	[5]	0.010 U	mg/L		EPA 200.7	0.010	8/01/06 14:00	E96080
1905	Color	[15]	4.0	CU		SM2120 B	1.8	7/26/06 14:00	E96080
1920	Odor	[3]	6.3	T.O.N.		SM2150 B	1.0	7/26/06 12:45	E96080
1925	pH	[6.5-8.5]	8.01	SU		EPA 150.1	0.200	8/03/06 18:35	E96080
1930	Total Dissolved Solids	[500]	150.	mg/L		SM2540 C	16.	7/28/06 17:30	E96080
2905	Foaming Agents	[0.5]	0.022 U	mg/L		SM5540 C	0.022	7/27/06 17:55	E96080

eporting Format 62-550.730
ffective January 1995, Revised January 2004

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

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VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #2 DW Scan

Sample Location: POE Grab

Sample Number: 2025257001

Sampling Date: 7/25/06 14:15

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	7/27/06 1:13	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:13	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	7/27/06 1:13	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:13	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:13	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:13	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	7/27/06 1:13	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:13	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	7/27/06 1:13	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	7/27/06 1:13	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:13	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 1:13	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	7/27/06 1:13	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	7/27/06 1:13	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	7/27/06 1:13	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 1:13	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	7/27/06 1:13	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	7/27/06 1:13	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	7/27/06 1:13	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:13	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:13	E96080

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ective January 1995, Revised January 2004

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

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #2 DW Scan

Sample Location: POE Grab

Sample Number: 2025257001

Sampling Date: 7/25/06 14:15

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	**0.10 U**	ug/L		EPA 505	0.10	7/27/06	7/28/06 0:04	E96080
2010	gamma-BHC (Lindane)	[0.2]	**0.020 U**	ug/L		EPA 505	0.020	7/27/06	7/28/06 0:04	E96080
2015	Methoxychlor	[40]	**0.043 U**	ug/L		EPA 505	0.043	7/27/06	7/28/06 0:04	E96080
2020	Toxaphene	[3]	**0.59 U**	ug/L		EPA 505	0.59	7/27/06	7/28/06 0:04	E96080
2031	Dalapon	[200]	**2.3 U**	ug/L		EPA 515.1	2.3	7/26/06	7/27/06 21:08	E96080
2032	Diquat	[20]	**4.8 U**	ug/L		EPA 549.2	4.8	7/27/06	7/27/06 13:48	E96080
2033	Endothall	[100]	**2.8 U**	ug/L		EPA 548.1	2.8	7/26/06	8/03/06 14:41	E96080
2034	Glyphosate	[700]	**26 U**	ug/L		EPA 547	26		7/26/06 13:58	E96080
2035	Di(2-ethylhexyl)adipate	[400]	**0.79 U**	ug/L		EPA 525.2	0.79	7/26/06	8/04/06 22:40	E96080
2036	Oxamyl	[200]	**0.41 U**	ug/L		EPA 531.1	0.41		8/01/06 18:52	E96080
2037	Simazine	[4]	**0.73 U**	ug/L		EPA 525.2	0.73	7/26/06	8/04/06 22:40	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	**0.99 U**	ug/L		EPA 525.2	0.99	7/26/06	8/04/06 22:40	E96080
2040	Picloram	[500]	**0.23 U**	ug/L		EPA 515.1	0.23	7/26/06	7/27/06 21:08	E96080
2041	Dinoseb	[7]	**0.23 U**	ug/L		EPA 515.1	0.23	7/26/06	7/27/06 21:08	E96080
2042	Hexachlorocyclopentadiene	[50]	**0.28 U**	ug/L		EPA 525.2	0.28	7/26/06	8/04/06 22:40	E96080
2046	Carbofuran	[40]	**0.18 U**	ug/L		EPA 531.1	0.18		8/01/06 18:52	E96080
2050	Atrazine	[3]	**0.56 U**	ug/L		EPA 525.2	0.56	7/26/06	8/04/06 22:40	E96080
2051	Alachlor	[2]	**0.71 U**	ug/L		EPA 525.2	0.71	7/26/06	8/04/06 22:40	E96080
2065	Heptachlor	[0.4]	**0.035 U**	ug/L		EPA 505	0.035	7/27/06	7/28/06 0:04	E96080
2067	Heptachlor epoxide	[.2]	**0.027 U**	ug/L		EPA 505	0.027	7/27/06	7/28/06 0:04	E96080
2105	2,4-D	[70]	**0.22 U**	ug/L		EPA 515.1	0.22	7/26/06	7/27/06 21:08	E96080
2110	2,4,5-TP	[50]	**0.19 U**	ug/L		EPA 515.1	0.19	7/26/06	7/27/06 21:08	E96080
2274	Hexachlorobenzene	[1]	**0.36 U**	ug/L		EPA 525.2	0.36	7/26/06	8/04/06 22:40	E96080
2306	Benzo(a)pyrene	[.2]	**0.081 U**	ug/L		EPA 525.2	0.081	7/26/06	8/04/06 22:40	E96080
2326	Pentachlorophenol	[1]	**0.39 U**	ug/L		EPA 515.1	0.39	7/26/06	7/27/06 21:08	E96080
2383	PCB	[.5]	**0.14 U**	ug/L		EPA 505	0.14	7/27/06	7/28/06 0:04	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	**0.0020 U**	ug/L		EPA 504.1	0.0020	7/28/06	7/29/06 2:54	E96080
2946	1,2-Dibromoethane	[.02]	**0.0047 U**	ug/L		EPA 504.1	0.0047	7/28/06	7/29/06 2:54	E96080
2959	Chlordane	[2]	**0.13 U**	ug/L		EPA 505	0.13	7/27/06	7/28/06 0:04	E96080

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ctive January 1995, Revised January 2004

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: LAKE Gibson Estates PWS I.D. #: 6532347

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 415 West Daughtery Rd

City: LAKELAND State: FL ZIP Code: 33809

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025257002 Location Code (If known):

Sample Date: 07/25/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name:

Sampler's Phone #: Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 7/26/06

PWS ID (From Page 1): 653-2347 Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2025257002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☒ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 15-Aug-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, ext. 235 Fax (772) 467-1584

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Lake Gibson Est. #2 DW Scan

Sample Location: Trip Blank

Sample Number: 2025257002

Sampling Date: 7/25/06 0:00

Date Received: 7/26/06 11:00

ID	Parameter	MCL	Result	Units	Qual*	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	7/27/06 1:47	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:47	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	7/27/06 1:47	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:47	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:47	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:47	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	7/27/06 1:47	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	7/27/06 1:47	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	7/27/06 1:47	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	7/27/06 1:47	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:47	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 1:47	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	7/27/06 1:47	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	7/27/06 1:47	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	7/27/06 1:47	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	7/27/06 1:47	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	7/27/06 1:47	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	7/27/06 1:47	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	7/27/06 1:47	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:47	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	7/27/06 1:47	E96080

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fective January 1995, Revised January 2004

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Drinking Water As, Sb
Sample ID: 2025257 001

August 8, 2006
Sample No.: 61923.02
PWS ID: 653-2347

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.0065		SM 3113 B	0.001	08/02/06	12:40	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	08/07/06	15:46	E84129

*** Qualifiers:**

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

U1423

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed. Ex **to arrive on** 7.28.06. **TAT:** Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: As, Sb Furnace DW

SAMPLE TYPE: Composite = C, Grab = G.

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = S, NaOH = SH, Unpreserved = U

MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil =O

	Client Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: PRESERVATIVE N	As, Sb						COLLECTION REMARKS / SAMPLE COMMENTS
01	AUF	DW	7.25.06	1500	G	2025256 001	1		✓						7x 100mL P HNO3
02	AUF	DW	7.25.06	1415	G	2025257 001	1		✓						
03	CMT	DW	7.26.06	1415	G	2025276 001	1		✓						
04	AUF	DW	7.26.06	1535	G	2025278 001	1		✓						
05	AUF	DW	7.26.06	1415	G	2025279 001	1		✓						
06	AUF	DW	7.26.06	1635	G	2025280 001	1		✓						
07		DW	7.25.06	0858	G	2176352 001	1		✓						

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	7.27.06	1600			
RELINQUISHED BY: FedEx	DATE	TIME	LABORATORY NAME AND RECEIVED BY: Sherry Olsen	DATE 07-28-06	TIME 0815

Page ___ of ___

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, MD, MSPH, PhD
Secretary

November 2, 2006

CS/Lake Gibson Estates
PWS: Id. No. 6532347

Dennis Mulldun
Lake Gibson Estates
6960 Professional Parkwat East Ste.400
Sarasota, FL 34240

Dear Mr. Mulldun:

A sanitary survey of your water system conducted on November 1, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

1. Please ensure that all appropriate safety or protective equipment for hypochlorination facilities is provided in accordance with Chapter 62-555.320(13)(b)13, Chapter 62-555.330 and Table 15.5 of *AWWA & ASCE Water Treatment Plant Design, Third Edition*.

2. The flow meter gauge is unreadable on well #2. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended. The gauge must be refurbished or replaced.

3. The well is not properly sealed. Chapter 62-532.200(24) requires the well be protected at all times by a sanitary seal, threaded caps, or a welded flange to prevent entrance of contaminating material.

4. The system must establish a regular inspection schedule for any tank connected to the water system that is equipped with an access manhole. Chapter 62-555.350(2) requires that finished-drinking-water storage tanks 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 with the first inspection completed no later than August 28, 2008.

DOCUMENT NUMBER-DATE
04324 MAY 22 80
FPSC-COMMISSION CLERK

POLK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Daniel O. Haight
Director

Lynne M. Saddler, MD, MPH
Assistant Director

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/clg

Steve Fuller

AQUA
Utilities Florida

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34749-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

November 20, 2006

Henry Taghiof
Engineering Specialist III
Polk Couth Health Department
2090 East Clower Street
Bartow FL 33830

RE: Reply to Sanitary Survey
Lake Gibson Estates
PWS IS No. 6532347
Polk County

Dear Mr. Taghiof:

The purpose of the correspondence is to provide a written response as requested in your November 2, 2006, letter regarding the public water system sanitary survey conducted at the referenced facility.

1. *Please ensure that all appropriate safety or protective equipment for hypochlorination facilities is provided.*

   Response:

   A face shield and gloves are on-site, an apron has been ordered and will be placed on-site when it is delivered.

2. *The flow meter gauge is unreadable on well #2.*

   Response:

   The flow meter has been replaced.

3. *The well is not properly sealed.*

   Response:

   Aqua Utilities Florida has hired a contractor to repair the packing gland for the motor shaft; this should be repaired within 30 days of this letter.

4. *Chapter 62-555.350(2) requires that finished drinking water storage tanks be inspected for structural and coating integrity at least once every five years.*

Response:

This inspection has been performed. A copy of the inspection is on-site at the plant.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

AQUA UTILITIES FLORIDA, INC.

Patrick A. Farris
Compliance Specialist

Attachments

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

November 9, 2007

LAKE GIBSON ESTATES
PWS: Id. No. 6532347

AQUA AMERICA UTILITIES
6960 PROFESSIONAL PKWY E. SUITE 400
SARASOTA, FL 34240

Dear Water System Owner:

A sanitary survey of your system conducted on November 8, 2007 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

1. Some of the components show signs of corrosion. Chapter 62-555.350(2) indicates that all equipment must be maintained in good operating condition.

2. The check valve on well AAC3685 discharge line is malfunctioning. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components may function as intended. The check valve must be repaired or replaced.

3. The turbine pump and check valve for Well AAC3686 are leaking. Chapter 62-555.350(2) requires suppliers of water shall keep all necessary public water system components in good operating condition so the components function as intended.

4. The air release valve on 18,000 gallon hydropneumatic tank and the air-vac valve on well AAC3686 have openings that are not downward facing. Chapter 62-555.320(8)(c) and 3.2.7.5. in Recommended Standards for Water Works, 1997 Edition require that wells be equipped with a screened downward facing vents.

5. The vent for well AAC3686 is capped. Chapter 62-555.320 indicates that new or altered public water system components shall be designed in accordance with sound engineering practice. The well vent must be utilized as intended for proper operation the system.

6. The 9,000 gal. hydropneumatic tank at well AAC3686 does not have an appropriate bypass. The chlorine injection point should be relocated so that the raw water may be thoroughly disinfected when the tank is bypassed. Chapter 62-555.320(20) and Section 7.2 in *Recommended Standards for Water Works, 1997 Edition* require that all hydropneumatic storage tanks be equipped with bypass piping to allow operation of the

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

system whenever tank repairs or painting is needed. Please ensure that this is corrected whenever the tank is repaired or replaced.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame.

If you have any questions, please contact me at (863) 519-8330 ext. 1148.

Sincerely,

Daniela Schiopu
Environmental Specialist I

DS/ces
Xc: Dennis Mulldun

FLORIDA

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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 2-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

DOCUMENT NUMBER-DATE
04324 MAY 22 08
FPSC-COMMISSION CLERK

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] January, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

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		[redacted] Residual Disinfectant Concentration at Remote Point in	[redacted] Abnormal Operating Conditions; Repair or Maintenance
				Peak Flow Rate, gpd	Residual Disinfectant Concentration (C) Before or at First	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of Water, °C	pH of Water, if Applicable	Maximum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW sec/cm²		
1	x	24.0	32,667		1.4								1.0	
2		24.0	23,500		0.0								0.0	
3	x	24.0	23,500		1.7								1.0	
4		24.0	30,000		0.0								0.0	
5	x	24.0	30,000		2.2								1.7	
6		24.0	34,333		0.0								0.0	
7		24.0	34,333		0.0								0.0	
8	x	24.0	34,333		2.1								1.5	
9		24.0	26,000		0.0								0.0	
10	x	24.0	26,000		2.2								1.6	
11		24.0	30,500		0.0								0.0	
12	x	24.0	30,500		1.7								1.2	
13		24.0	34,333		0.0								0.0	
14		24.0	34,333		0.0								0.0	
15	x	24.0	34,333		1.4								1.0	
16		24.0	39,500		0.0								0.0	
17	x	24.0	39,500		1.0								0.8	
18		24.0	35,500		0.0								0.0	
19	x	24.0	35,500		1.2								1.0	
20		24.0	47,333		0.0								0.0	
21		24.0	47,333		0.0								0.0	
22	x	24.0	47,333		1.0								0.7	
23		24.0	33,000		0.0								0.0	
24	x	24.0	33,000		1.4								0.8	
25		24.0	28,500		0.0								0.0	
26	x	24.0	28,500		1.4								0.9	
27		24.0	41,333		0.0								0.0	
28		24.0	41,333		0.0								0.0	
29	x	24.0	41,333		1.2								0.8	
30		24.0	34,500		0.0								0.0	
31	x	24.0	34,500		1.0								0.6	
Total			1,066,667											
Average			34,409											
Maximum			47,333											

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

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

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

				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	18,000		1.2								1.0	
2		24.0	17,500											
3	x	24.0	17,500		2.2								2.0	
4		24.0	14,500											
5	x	24.0	14,500		2.2								1.9	
6		24.0	16,333											
7		24.0	16,333											
8	x	24.0	16,333		1.7								1.4	
9		24.0	14,500											
10	x	24.0	14,500		1.7								1.3	
11		24.0	11,500											
12	x	24.0	11,500		1.6								1.2	
13		24.0	13,000											
14		24.0	13,000											
15	x	24.0	13,000		1.9								1.3	
16		24.0	8,000											
17	x	24.0	8,000		1.9								1.0	
18		24.0	14,000											
19	x	24.0	14,000		1.4								1.0	
20		24.0	9,000											
21		24.0	9,000											
22	x	24.0	9,000		1.3								0.9	
23		24.0	11,000											
24	x	24.0	11,000		1.2								0.7	
25		24.0	12,500											
26	x	24.0	12,500		1.3								0.8	
27		24.0	5,667											
28		24.0	5,667											
29	x	24.0	5,667		1.2								0.6	
30		24.0	8,000											
31	x	24.0	8,000		1.4								0.9	
Total			373,000											
Average			12,032											
Maximum			18,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

[redacted] January 2007

Community Water System (CWS) Name: Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	32,667	18,000									50,667
2	23,500	17,500									41,000
3	23,500	17,500									41,000
4	30,000	14,500									44,500
5	30,000	14,500									44,500
6	34,333	16,333									50,667
7	34,333	16,333									50,667
8	34,333	16,333									50,667
9	26,000	14,500									40,500
10	26,000	14,500									40,500
11	30,500	11,500									42,000
12	30,500	11,500									42,000
13	34,333	13,000									47,333
14	34,333	13,000									47,333
15	34,333	13,000									47,333
16	39,500	8,000									47,500
17	39,500	8,000									47,500
18	35,500	14,000									49,500
19	35,500	14,000									49,500
20	47,333	9,000									56,333
21	47,333	9,000									56,333
22	47,333	9,000									56,333
23	33,000	11,000									44,000
24	33,000	11,000									44,000
25	28,500	12,500									41,000
26	28,500	12,500									41,000
27	41,333	5,667									47,000
28	41,333	5,667									47,000
29	41,333	5,667									47,000
30	34,500	8,000									42,500
31	34,500	8,000									42,500
Total	1,066,667	373,000									1,439,667
Avg.	34,409	12,032									46,441
Max.	47,333	18,000									56,333

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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S. Steve Fuller 3-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 6531305 | Plant Name: Orange Hill

[redacted] 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 Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	35,500											
2	X	24.0	35,500		2.1								1.7	
3		24.0	36,667											
4		24.0	36,667											
5	X	24.0	36,667		2.2								1.8	
6		24.0	36,000											
7	X	24.0	36,000		1.3								1.0	
8		24.0	38,500											
9	X	24.0	38,500		1.0								0.9	
10		24.0	40,000											
11		24.0	40,000											
12	X	24.0	40,000		1.2								1.0	
13		24.0	36,000											
14	X	24.0	36,000		1.5								1.3	
15		24.0	36,500											
16	X	24.0	36,500		1.4								1.0	
17		24.0	39,333											
18		24.0	39,333											
19	X	24.0	39,333		1.0								0.8	
20		24.0	32,000											
21	X	24.0	32,000		1.0								0.9	
22		24.0	39,000											
23	X	24.0	39,000		1.2								1.0	
24		24.0	43,000											
25		24.0	43,000											
26	X	24.0	43,000		2.0								1.8	
27		24.0	45,000											
28	X	24.0	45,000		2.2								2.0	
29														
30														
31														
Total			1,074,000											
Average			34,645											
Maximum			45,000											

* 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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Fuller 3-7-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

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

				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	6,000											
2		24.0	6,000		1.4								1.0	
3	X	24.0	9,333											
4		24.0	9,333											
5	X	24.0	9,333		1.5								1.2	
6		24.0	5,500											
7		24.0	5,500		1.3								1.0	
8	X	24.0	6,000											
9		24.0	6,000		1.1								0.9	
10	X	24.0	8,667											
11		24.0	8,667											
12	X	24.0	8,667		1.4								1.3	
13		24.0	6,000											
14		24.0	6,000		1.1								1.0	
15	X	24.0	8,500											
16		24.0	8,500		1.2								1.0	
17	X	24.0	11,000											
18		24.0	11,000											
19	X	24.0	11,000		1.2								0.8	
20		24.0	11,000											
21		24.0	11,000		1.0								0.8	
22	X	24.0	11,500											
23		24.0	11,500		1.1								1.0	
24	X	24.0	7,000											
25		24.0	7,000											
26	X	24.0	7,000		1.4								1.3	
27		24.0	5,500											
28	X	24.0	5,500		1.3								1.2	
29		24.0												
30		24.0												
31		24.0												
Total			228,000											
Average			7,355											
Maximum			11,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

					February 2007						
Community Water System (CWS) Name:		Orange Hill/Sugar Creek									
Public Water System (PWS) Identification Number:		6531305									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Orange Hill	Sugar Creek									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	79,400	79,400									158,800
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,500	6,000									41,500
2	35,500	6,000									41,500
3	36,667	9,333									46,000
4	36,667	9,333									46,000
5	36,667	9,333									46,000
6	36,000	5,500									41,500
7	36,000	5,500									41,500
8	38,500	6,000									44,500
9	38,500	6,000									44,500
10	40,000	8,667									48,667
11	40,000	8,667									48,667
12	40,000	8,667									48,667
13	36,000	6,000									42,000
14	36,000	6,000									42,000
15	36,500	8,500									45,000
16	36,500	8,500									45,000
17	39,333	11,000									50,333
18	39,333	11,000									50,333
19	39,333	11,000									50,333
20	32,000	11,000									43,000
21	32,000	11,000									43,000
22	39,000	11,500									50,500
23	39,000	11,500									50,500
24	43,000	7,000									50,000
25	43,000	7,000									50,000
26	43,000	7,000									50,000
27	45,000	5,500									50,500
28	45,000	5,500									50,500
29											
30											
31											
Total	1,074,000	228,000									1,302,000
Avg.	38,357	8,143									46,500
Max.	45,000	11,500									50,500

FAIRIDA

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:	Orange Hill/Sugar Creek				PWS Identification Number:	6531305	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	229				Total Population Served at End of Month:	630	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean				Contact Person's Title:	VP Environmental Services	
Contact Person's Mailing Address:	6960Professional Parkway East	City:	Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Orange Hill				Plant Telephone Number:	863-858-2504	
Plant Address:	126 Temple Street/130 Cottontail lane	City:	Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

D Fuller 4-9-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] March, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	40,500											
2	X	24.0	40,500		2.2								1.8	
3		24.0	40,667											
4		24.0	40,667											
5	X	24.0	40,667		2.2								1.9	
6		24.0	42,500											
7	X	24.0	42,500		1.8								1.7	
8		24.0	47,500											
9	X	24.0	47,500		1.9								1.8	
10		24.0	52,000											
11		24.0	52,000											
12	X	24.0	52,000		1.8								1.7	
13		24.0	47,000											
14	X	24.0	47,000		2.0								1.9	
15		24.0	45,000											
16	X	24.0	45,000		1.6								1.5	
17		24.0	45,333											
18		24.0	45,333											
19	X	24.0	45,333		1.8								1.7	
20		24.0	48,500											
21	X	24.0	48,500		1.7								1.5	
22		24.0	68,500											
23	X	24.0	68,500		1.9								1.8	
24		24.0	66,000											
25		24.0	66,000											
26	X	24.0	66,000		2.1								1.9	
27		24.0	55,000											
28	X	24.0	55,000		2.2								2.1	
29		24.0	56,000											
30	X	24.0	56,000		2.2								2.0	
31		24.0	0											
Total			1,513,000											
Average			48,806											
Maximum			68,500											

* 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: March, 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 4-9-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

[redacted] 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

				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		24.0	4,000											
2	X	24.0	4,000		1.1								1.0	
3		24.0	8,333											
4		24.0	8,333											
5	X	24.0	8,333		1.2								1.1	
6		24.0	6,500											
7	X	24.0	6,500		1.0								0.9	
8		24.0	5,500											
9	X	24.0	5,500		2.2								2.1	
10		24.0	7,000											
11		24.0	7,000											
12	X	24.0	7,000		1.7								1.5	
13		24.0	17,000											
14	X	24.0	17,000		1.3								1.1	
15		24.0	11,000											
16	X	24.0	11,000		1.4								1.2	
17		24.0	6,667											
18		24.0	6,667											
19	X	24.0	6,667		1.4								1.3	
20		24.0	9,000											
21	X	24.0	9,000		1.3								0.9	
22		24.0	8,000											
23	X	24.0	8,000		1.9								1.7	
24		24.0	7,000											
25		24.0	7,000											
26	X	24.0	7,000		2.2								2.1	
27		24.0	19,000											
28	X	24.0	19,000		1.5								1.3	
29		24.0	19,000											
30	X	24.0	19,000		1.4								1.2	
31		24.0												
Total			285,000											
Average			9,194											
Maximum			19,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

March 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	40,500	4,000									44,500
2	40,500	4,000									44,500
3	40,667	8,333									49,000
4	40,667	8,333									49,000
5	40,667	8,333									49,000
6	42,500	6,500									49,000
7	42,500	6,500									49,000
8	47,500	5,500									53,000
9	47,500	5,500									53,000
10	52,000	7,000									59,000
11	52,000	7,000									59,000
12	52,000	7,000									59,000
13	47,000	17,000									64,000
14	47,000	17,000									64,000
15	45,000	11,000									56,000
16	45,000	11,000									56,000
17	45,333	6,667									52,000
18	45,333	6,667									52,000
19	45,333	6,667									52,000
20	48,500	9,000									57,500
21	48,500	9,000									57,500
22	68,500	8,000									76,500
23	68,500	8,000									76,500
24	66,000	7,000									73,000
25	66,000	7,000									73,000
26	66,000	7,000									73,000
27	55,000	19,000									74,000
28	55,000	19,000									74,000
29	56,000	19,000									75,000
30	56,000	19,000									75,000
31											
Total	1,513,000	285,000									1,798,000
Avg.	50,433	9,500									59,933
Max.	68,500	19,000									76,500

PATRICK

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:	Orange Hill/Sugar Creek				PWS Identification Number:	6531305	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive			
Number of Service Connections at End of Month:	229				Total Population Served at End of Month:	630	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean				Contact Person's Title:	VP Environmental Services	
Contact Person's Mailing Address:	6960Professional Parkway East	City:	Sarasota	State:	Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Orange Hill				Plant Telephone Number:	863-858-2504	
Plant Address:	126 Temple Street/130 Cottontail lane	City:	Lakeland	State:	Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 5/8/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] April, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	76,000											
2	X	24.0	76,000		1.9								1.7	
3		24.0	56,000											
4	X	24.0	56,000		1.3								1.1	
5		24.0	38,500											
6	X	24.0	38,500		2.1								2.0	
7		24.0	36,667											
8		24.0	36,667											
9	X	24.0	36,667		1.8								1.6	
10		24.0	16,500											
11	X	24.0	16,500		2.0								1.9	
12		24.0	18,500											
13	X	24.0	18,500		2.2								2.0	
14		24.0	45,667											
15		24.0	45,667											
16	X	24.0	45,667		2.2								2.0	
17		24.0	28,500											
18	X	24.0	28,500		2.0								1.4	
19		24.0	37,500											
20	X	24.0	37,500		1.9								1.7	
21		24.0	35,000											
22		24.0	35,000											
23	X	24.0	35,000		2.2								2.0	
24		24.0	47,000											
25	X	24.0	47,000		1.4								1.2	
26		24.0	47,000											
27	X	24.0	47,000		2.2								2.0	
28		24.0	73,000											
29		24.0	73,000											
30	X	24.0	73,000		1.3								1.2	
31		24.0	0											
Total			1,302,000											
Average			42,000											
Maximum			76,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek				PWS Identification Number:	6531305	
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive						
Number of Service Connections at End of Month:	229				Total Population Served at End of Month:	630	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Bill Dean				Contact Person's Title:	VP Environmental Services	
Contact Person's Mailing Address:	6960Professional Parkway East	City:	Sarasota	State:	Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444				Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	SugarCreek				Plant Telephone Number:	863-858-2504	
Plant Address:	126 Temple Street/130 Cottontail lane	City:	Lakeland	State:	Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water						
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400						
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 5-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 6531305 Plant Name: Sugar Creek

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*									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	33,500											
2	X	24.0	33,500		1.3								1.1	
3		24.0	21,500											
4	X	24.0	21,500		1.2								1.0	
5		24.0	25,000											
6	X	24.0	25,000		1.0								0.9	
7		24.0	33,000											
8		24.0	33,000											
9	X	24.0	33,000		1.9								1.7	
10		24.0	29,500											
11	X	24.0	29,500		1.8								1.7	
12		24.0	32,000											
13	X	24.0	32,000		2.2								2.1	
14		24.0	14,667											
15		24.0	14,667											
16	X	24.0	14,667		2.2								2.0	
17		24.0	18,000											
18	X	24.0	18,000		1.8								1.2	
19		24.0	20,500											
20	X	24.0	20,500		2.2								2.1	
21		24.0	26,667											
22		24.0	26,667											
23	X	24.0	26,667		2.1								2.0	
24		24.0	21,500											
25	X	24.0	21,500		1.8								1.7	
26		24.0	20,500											
27	X	24.0	20,500		2.0								1.8	
28	X	24.0	16,667											
29		24.0	16,667											
30	X	24.0	16,667		1.7								1.5	
31		24.0												
Total			717,000											
Average			23,129											
Maximum			33,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

April 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	76,000	33,500									109,500
2	76,000	33,500									109,500
3	56,000	21,500									77,500
4	56,000	21,500									77,500
5	38,500	25,000									63,500
6	38,500	25,000									63,500
7	36,667	33,000									69,667
8	36,667	33,000									69,667
9	36,667	33,000									69,667
10	16,500	29,500									46,000
11	16,500	29,500									46,000
12	18,500	32,000									50,500
13	18,500	32,000									50,500
14	45,667	14,667									60,333
15	45,667	14,667									60,333
16	45,667	14,667									60,333
17	28,500	18,000									46,500
18	28,500	18,000									46,500
19	37,500	20,500									58,000
20	37,500	20,500									58,000
21	35,000	26,667									61,667
22	35,000	26,667									61,667
23	35,000	26,667									61,667
24	47,000	21,500									68,500
25	47,000	21,500									68,500
26	47,000	20,500									67,500
27	47,000	20,500									67,500
28	73,000	16,667									89,667
29	73,000	16,667									89,667
30	73,000	16,667									89,667
31											
Total	1,302,000	717,000									2,019,000
Avg.	43,400	23,900									67,300
Max.	76,000	33,500									109,500

DEP Form 62-555.900(11)
Effective August 28, 2003

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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 6-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PATRICIA

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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Fuller 6-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

PATRICK

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] May, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	52,500											
2	X	24.0	52,500		2.2								2.0	
3		24.0	46,500											
4	X	24.0	46,500		1.5								1.3	
5		24.0	42,333											
6		24.0	42,333											
7	X	24.0	42,333		2.2								2.0	
8		24.0	29,500											
9	X	24.0	29,500		1.9								1.8	
10		24.0	40,000											
11	X	24.0	40,000		1.5								1.4	
12		24.0	64,000											
13		24.0	64,000											
14	X	24.0	64,000		1.1								1.0	
15		24.0	40,500											
16	X	24.0	40,500		1.8								1.6	
17		24.0	49,500											
18	X	24.0	49,500		1.7								1.6	
19		24.0	53,333											
20		24.0	53,333											
21	X	24.0	53,333		1.7								1.6	
22		24.0	57,500											
23	X	24.0	57,500		1.7								1.5	
24		24.0	49,500											
25	X	24.0	49,500		2.2								2.0	
26		24.0	57,667											
27		24.0	57,667											
28	X	24.0	57,667		1.8								1.2	
29		24.0	56,500											
30	X	24.0	56,500		2.2								2.0	
31		24.0	0											
Total			1,496,000											
Average			48,258											
Maximum			64,000											

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

PATRICK

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek
[redacted]		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		24.0	27,000											
2	X	24.0	27,000		1.8								1.7	
3		24.0	31,500											
4	X	24.0	31,500		1.7								1.5	
5		24.0	23,667											
6		24.0	23,667											
7	X	24.0	23,667		1.3								1.1	
8		24.0	24,500											
9	X	24.0	24,500		1.1								1.0	
10		24.0	26,000											
11	X	24.0	26,000		1.0								0.8	
12		24.0	29,667											
13		24.0	29,667											
14	X	24.0	29,667		1.0								0.9	
15		24.0	24,500											
16	X	24.0	24,500		1.0								0.9	
17		24.0	19,000											
18	X	24.0	19,000		1.0								0.8	
19		24.0	28,333											
20		24.0	28,333											
21	X	24.0	28,333		1.0								0.7	
22		24.0	22,500											
23	X	24.0	22,500		1.0								0.7	
24		24.0	25,500											
25	X	24.0	25,500		1.0								0.8	
26		24.0	31,667											
27		24.0	31,667											
28	X	24.0	31,667		0.5								0.5	
29		24.0	25,500											
30	X	24.0	25,500		1.0								0.7	
31		24.0												
Total			792,000											
Average			25,548											
Maximum			31,667											

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

PATRICK

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

May 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	52,500	27,000									79,500
2	52,500	27,000									79,500
3	46,500	31,500									78,000
4	46,500	31,500									78,000
5	42,333	23,667									66,000
6	42,333	23,667									66,000
7	42,333	23,667									66,000
8	29,500	24,500									54,000
9	29,500	24,500									54,000
10	40,000	26,000									66,000
11	40,000	26,000									66,000
12	64,000	29,667									93,667
13	64,000	29,667									93,667
14	64,000	29,667									93,667
15	40,500	24,500									65,000
16	40,500	24,500									65,000
17	49,500	19,000									68,500
18	49,500	19,000									68,500
19	53,333	28,333									81,667
20	53,333	28,333									81,667
21	53,333	28,333									81,667
22	57,500	22,500									80,000
23	57,500	22,500									80,000
24	49,500	25,500									75,000
25	49,500	25,500									75,000
26	57,667	31,667									89,333
27	57,667	31,667									89,333
28	57,667	31,667									89,333
29	56,500	25,500									82,000
30	56,500	25,500									82,000
31											
Total	1,496,000	792,000									2,288,000
Avg.	49,867	26,400									76,267
Max.	64,000	31,667									93,667

DEP Form 62-555.900(11)
Effective August 28, 2003

PATRICIA

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, 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6531305	Plant Name	Orange Hill

[redacted] June, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	138,000		1.7								1.5	
2		24.0	34,000											
3		24.0	34,000										2.0	
4	X	24.0	34,000		2.2									
5		24.0	20,500										1.7	
6	X	24.0	20,500		2.0									
7		24.0	18,000										2.0	
8	X	24.0	18,000		2.2									
9		24.0	61,333											
10		24.0	61,333										1.5	
11	X	24.0	61,333		1.7									
12		24.0	8,500										2.1	
13	X	24.0	8,500		2.2									
14		24.0	28,000										2.0	
15	X	24.0	28,000		2.2									
16		24.0	41,333											
17		24.0	41,333										1.4	
18	X	24.0	41,333		1.6									
19		24.0	26,000										1.8	
20	X	24.0	26,000		1.9									
21		24.0	35,000										1.2	
22	X	24.0	35,000		1.5									
23		24.0	41,000											
24		24.0	41,000										0.9	
25	X	24.0	41,000		1.0									
26		24.0	32,000										1.5	
27	X	24.0	32,000		1.7									
28		24.0	29,000										1.8	
29	X	24.0	29,000		2.0									
30		24.0	0											
31		24.0	0											
Total			1,065,000											
Average			34,355											
Maximum			138,000											

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

PARKER

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:	Orange Hill/Sugar Creek	PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	SugarCreek	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

[redacted] 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

				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	47,000		1.0								0.7	
2		24.0	32,667											
3		24.0	32,667											
4	X	24.0	32,667		2.2								2.0	
5		24.0	28,000											
6	X	24.0	28,000		1.0								0.6	
7		24.0	33,500											
8	X	24.0	33,500		1.5								1.1	
9		24.0	22,667											
10		24.0	22,667											
11	X	24.0	22,667		1.4								1.2	
12		24.0	18,500											
13	X	24.0	18,500		1.4								1.0	
14		24.0	23,000											
15	X	24.0	23,000		1.4								1.1	
16		24.0	32,667											
17		24.0	32,667											
18	X	24.0	32,667		1.0								0.8	
19		24.0	33,000											
20	X	24.0	33,000		1.0								0.6	
21		24.0	37,000											
22	X	24.0	37,000		1.4								0.9	
23		24.0	31,333											
24		24.0	31,333											
25	X	24.0	31,333		1.0								0.9	
26		24.0	35,500											
27	X	24.0	35,500		1.1								1.0	
28		24.0	34,500											
29	X	24.0	34,500		1.0								0.7	
30		24.0												
31		24.0												
Total			891,000											
Average			28,742											
Maximum			47,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

					June 2007						
Community Water System (CWS) Name:	Orange Hill / Sugar Creek										
Public Water System (PWS) Identification Number:	6531305										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	138,000	47,000									185,000
2	34,000	32,667									66,667
3	34,000	32,667									66,667
4	34,000	32,667									66,667
5	20,500	28,000									48,500
6	20,500	28,000									48,500
7	18,000	33,500									51,500
8	18,000	33,500									51,500
9	61,333	22,667									84,000
10	61,333	22,667									84,000
11	61,333	22,667									84,000
12	8,500	18,500									27,000
13	8,500	18,500									27,000
14	28,000	23,000									51,000
15	28,000	23,000									51,000
16	41,333	32,667									74,000
17	41,333	32,667									74,000
18	41,333	32,667									74,000
19	26,000	33,000									59,000
20	26,000	33,000									59,000
21	35,000	37,000									72,000
22	35,000	37,000									72,000
23	41,000	31,333									72,333
24	41,000	31,333									72,333
25	41,000	31,333									72,333
26	32,000	35,500									67,500
27	32,000	35,500									67,500
28	29,000	34,500									63,500
29	29,000	34,500									63,500
30	0	0									0
31											
Total	1,065,000	891,000									1,956,000
Avg.	35,500	29,700									65,200
Max.	138,000	47,000									185,000

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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida		Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida		Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 8-6-07.
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number	6531305	Plant Name	Orange Hill

July, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	72,500											
2	X	24.0	72,500		2.0								1.9	
3		24.0	20,500											
4	X	24.0	20,500		2.0								2.1	
5		24.0	16,500											
6	X	24.0	16,500		2.1								2.0	
7		24.0	27,667											
8		24.0	27,667											
9	X	24.0	27,667		1.9								1.8	
10		24.0	40,500											
11	X	24.0	40,500		2.2								2.0	
12		24.0	32,500											
13	X	24.0	32,500		1.0								0.8	
14		24.0	32,667											
15		24.0	32,667											
16	X	24.0	32,667		1.3								0.9	
17		24.0	35,500											
18	X	24.0	35,500		1.5								1.1	
19		24.0	25,500											
20	X	24.0	25,500		1.5								1.2	
21		24.0	24,667											
22		24.0	24,667											
23	X	24.0	24,667		1.6								1.4	
24		24.0	13,500											
25	X	24.0	13,500		1.6								1.3	
26		24.0	21,500											
27	X	24.0	21,500		1.1								0.9	
28		24.0	26,000											
29		24.0	26,000											
30	X	24.0	26,000		1.0								0.7	
31	0.0	24.0	0											
Total			890,000											
Average			28,710											
Maximum			72,500											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 8-6-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek
[redacted]		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	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	52,500											
2	X	24.0	52,500		1.0								0.8	
3		24.0	37,500											
4	X	24.0	37,500		1.0								0.8	
5		24.0	37,500											
6	X	24.0	37,500		1.1								0.9	
7		24.0	34,333											
8		24.0	34,333											
9	X	24.0	34,333		1.4								1.2	
10		24.0	27,000											
11	X	24.0	27,000		1.0								0.7	
12		24.0	46,000											
13	X	24.0	46,000		1.0								0.6	
14		24.0	34,667											
15		24.0	34,667											
16	X	24.0	34,667		1.0								0.5	
17		24.0	33,500											
18	X	24.0	33,500		2.1								1.9	
19		24.0	27,500											
20	X	24.0	27,500		1.0								0.8	
21		24.0	32,000											
22		24.0	32,000											
23	X	24.0	32,000		1.0								0.7	
24		24.0	34,500											
25	X	24.0	34,500		1.0								0.8	
26		24.0	35,500											
27	X	24.0	35,500		1.0								0.7	
28		24.0	30,333											
29		24.0	30,333											
30	X	24.0	30,333		1.0								0.7	
31		24.0												
Total			1,057,000											
Average			34,097											
Maximum			52,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

[redacted] July 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	72,500	52,500									125,000
2	72,500	52,500									125,000
3	20,500	37,500									58,000
4	20,500	37,500									58,000
5	16,500	37,500									54,000
6	16,500	37,500									54,000
7	27,667	34,333									62,000
8	27,667	34,333									62,000
9	27,667	34,333									62,000
10	40,500	27,000									67,500
11	40,500	27,000									67,500
12	32,500	46,000									78,500
13	32,500	46,000									78,500
14	32,667	34,667									67,333
15	32,667	34,667									67,333
16	32,667	34,667									67,333
17	35,500	33,500									69,000
18	35,500	33,500									69,000
19	25,500	27,500									53,000
20	25,500	27,500									53,000
21	24,667	32,000									56,667
22	24,667	32,000									56,667
23	24,667	32,000									56,667
24	13,500	34,500									48,000
25	13,500	34,500									48,000
26	21,500	35,500									57,000
27	21,500	35,500									57,000
28	26,000	30,333									56,333
29	26,000	30,333									56,333
30	26,000	30,333									56,333
31											
Total	890,000	1,057,000									1,947,000
Avg.	29,667	35,233									64,900
Max.	72,500	52,500									125,000

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:	Orange Hill/Sugar Creek	PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 9-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number	6531305	Plant Name	Orange Hill

August, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectan t Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	35,000		1.8								1.2	
2		24.0	16,500											
3	X	24.0	16,500		1.8								1.3	
4		24.0	33,000											
5		24.0	33,000											
6	X	24.0	33,000		1.5								1.2	
7		24.0	16,000											
8	X	24.0	16,000		1.0								0.7	
9		24.0	24,000											
10	X	24.0	24,000		1.0								0.9	
11		24.0	14,000											
12		24.0	14,000											
13	X	24.0	14,000		1.0								0.7	
14		24.0	34,500											
15	X	24.0	34,500		1.1								0.9	
16		24.0	8,500											
17	X	24.0	8,500		1.0								0.7	
18		24.0	8,000											
19		24.0	8,000											
20	X	24.0	8,000		1.0								0.7	
21		24.0	43,500											
22	X	24.0	43,500		1.0								0.7	
23		24.0	40,000											
24	X	24.0	40,000		1.0								0.7	
25		24.0	24,333											
26		24.0	24,333											
27	X	24.0	24,333		1.0								0.6	
28		24.0	20,000											
29	X	24.0	20,000		1.0								0.7	
30		24.0	18,000											
31	X	24.0	18,000		1.1								0.7	
Total			715,000											
Average			23,065											
Maximum			43,500											

* 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

PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek	PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	SugarCreek	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 9-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6531305	Plant Name	Sugar Creek
[redacted]		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/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	61,000		1.0								0.7	
2		24.0	33,000											
3	X	24.0	33,000		1.0								0.8	
4		24.0	25,333											
5		24.0	25,333											
6	X	24.0	25,333		1.0								0.7	
7		24.0	40,500											
8	X	24.0	40,500		1.0								0.8	
9		24.0	33,000											
10	X	24.0	33,000		1.3								1.1	
11		24.0	48,333											
12		24.0	48,333											
13	X	24.0	48,333		1.0								0.9	
14		24.0	29,000											
15	X	24.0	29,000		1.0								0.8	
16		24.0	63,000											
17	X	24.0	63,000		1.0								0.8	
18		24.0	75,333											
19		24.0	75,333											
20	X	24.0	75,333		1.8								1.5	
21		24.0	35,500											
22	X	24.0	35,500		1.7								1.5	
23		24.0	35,500											
24	X	24.0	35,500		1.0								0.5	
25		24.0	32,000											
26		24.0	32,000											
27	X	24.0	32,000		1.8								1.5	
28		24.0	42,000											
29	X	24.0	42,000		2.0								1.8	
30		24.0	37,500											
31	X	24.0	37,500		1.2								1.0	
Total			1,302,000											
Average			42,000											
Maximum			75,333											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

August 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,000	61,000									96,000
2	16,500	33,000									49,500
3	16,500	33,000									49,500
4	33,000	25,333									58,333
5	33,000	25,333									58,333
6	33,000	25,333									58,333
7	16,000	40,500									56,500
8	16,000	40,500									56,500
9	24,000	33,000									57,000
10	24,000	33,000									57,000
11	14,000	48,333									62,333
12	14,000	48,333									62,333
13	14,000	48,333									62,333
14	34,500	29,000									63,500
15	34,500	29,000									63,500
16	8,500	63,000									71,500
17	8,500	63,000									71,500
18	8,000	75,333									83,333
19	8,000	75,333									83,333
20	8,000	75,333									83,333
21	43,500	35,500									79,000
22	43,500	35,500									79,000
23	40,000	35,500									75,500
24	40,000	35,500									75,500
25	24,333	32,000									56,333
26	24,333	32,000									56,333
27	24,333	32,000									56,333
28	20,000	42,000									62,000
29	20,000	42,000									62,000
30	18,000	37,500									55,500
31	18,000	37,500									55,500
Total	715,000	1,302,000									2,017,000
Avg.	23,065	42,000									65,065
Max.	43,500	75,333									96,000

DEP Form 62-555.900(11)
Effective August 28, 2003

PATRICK

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: September, 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Steve Fuller 10/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek
			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 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		24.0	34,333											
2		24.0	34,333											
3	X	24.0	34,333		1.1								0.7	
4		24.0	34,000											
5	X	24.0	24,000		1.0								0.8	
6		24.0	39,000											
7	X	24.0	39,000		1.0								0.8	
8		24.0	24,333											
9		24.0	24,333											
10	X	24.0	24,333		1.0								0.7	
11		24.0	29,500											
12	X	24.0	29,500		1.6								1.4	
13		24.0	31,500											
14	X	24.0	31,500		1.2								1.0	
15		24.0	33,333											
16		24.0	33,333											
17		24.0	33,333		1.4								1.2	
18	X	24.0	28,500											
19		24.0	28,500		1.3								1.1	
20	X	24.0	35,500											
21		24.0	35,500		1.2								1.0	
22	X	24.0	33,000											
23		24.0	33,000											
24		24.0	33,000		1.0								0.8	
25	X	24.0	24,500											
26		24.0	24,500		1.0								0.8	
27	X	24.0	24,500											
28		24.0	24,500		1.5								1.2	
29	X	24.0	29,333											
30		24.0	29,333											
Total			907,666											
Average			30,256											
Maximum			39,000											

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

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 10/10/07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 6531305 | Plant Name: Orange Hill

September, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	24,333											
2		24.0	24,333										0.6	
3	X	24.0	24,333		0.6									
4		24.0	26,500										1.8	
5	X	24.0	26,500		2.0									
6		24.0	23,500										1.7	
7	X	24.0	23,500		2.0									
8		24.0	33,000											
9		24.0	33,000										1.6	
10	X	24.0	33,000		1.9									
11		24.0	26,500										1.8	
12	X	24.0	26,500		2.0									
13		24.0	21,000										1.8	
14	X	24.0	21,000		2.0									
15		24.0	21,667											
16		24.0	21,667										1.9	
17	X	24.0	21,667		2.1									
18		24.0	26,000										1.7	
19	X	24.0	26,000		1.9									
20		24.0	14,000										1.9	
21	X	24.0	14,000		2.1									
22		24.0	22,000											
23		24.0	22,000										1.6	
24	X	24.0	22,000		1.9									
25		24.0	41,000										0.8	
26	X	24.0	41,000		1.1									
27		24.0	35,500										1.5	
28	X	24.0	35,500		1.8									
29		24.0	30,667											
30		24.0	30,667											
Total			792,334											
Average			26,411											
Maximum			41,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

September 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	24,333	34,333									58,667
2	24,333	34,333									58,667
3	24,333	34,333									58,667
4	26,500	24,000									50,500
5	26,500	24,000									50,500
6	23,500	39,000									62,500
7	23,500	39,000									62,500
8	33,000	24,333									57,333
9	33,000	24,333									57,333
10	33,000	24,333									57,333
11	26,500	29,500									56,000
12	26,500	29,500									56,000
13	21,000	31,500									52,500
14	21,000	31,500									52,500
15	21,667	33,333									55,000
16	21,667	33,333									55,000
17	21,667	33,333									55,000
18	26,000	28,500									54,500
19	26,000	28,500									54,500
20	14,000	35,500									49,500
21	14,000	35,500									49,500
22	22,000	33,000									55,000
23	22,000	33,000									55,000
24	22,000	33,000									55,000
25	41,000	24,500									65,500
26	41,000	24,500									65,500
27	35,500	24,500									60,000
28	35,500	24,500									60,000
29	30,667	29,333									60,000
30	30,667	29,333									60,000
Total	792,334	907,666									1,700,000
Avg.	26,411	30,256									56,667
Max.	41,000	39,000									65,500

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 11-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] October, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	30,667		1.2								1.0	
2		24.0	21,000											
3	X	24.0	21,000		1.7								1.4	
4		24.0	19,500											
5	X	24.0	19,500		1.7								1.3	
6		24.0	8,333											
7		24.0	8,333											
8	X	24.0	8,333		0.7								0.7	
9		24.0	26,500											
10	X	24.0	26,500		1.3								1.0	
11		24.0	40,000											
12	X	24.0	40,000		1.3								1.1	
13		24.0	54,667											
14		24.0	54,667											
15	X	24.0	54,667		1.0								0.7	
16		24.0	39,000											
17	X	24.0	39,000		1.6								1.2	
18		24.0	42,500											
19	X	24.0	42,500		1.5								1.0	
20		24.0	40,667											
21		24.0	40,667											
22	X	24.0	40,667		2.1								1.7	
23		24.0	36,000											
24	X	24.0	36,000		1.0								0.8	
25		24.0	35,500											
26	X	24.0	35,500		1.5								1.1	
27		24.0	37,000											
28		24.0	37,000											
29	X	24.0	37,000		1.8								1.1	
30		24.0	25,500											
31	X	24.0	25,500		1.9								1.4	
Total			1,023,667											
Average			33,022											
Maximum			54,667											

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

PATRICK

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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 11-8-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

[redacted] 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 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	29,333		1.5								1.2	
2		24.0	33,000											
3	X	24.0	33,000		1.4								1.2	
4		24.0	31,000											
5	X	24.0	31,000		1.3								1.1	
6		24.0	51,667											
7		24.0	51,667											
8	X	24.0	51,667		0.9								0.7	
9		24.0	28,500											
10	X	24.0	28,500		1.0								0.8	
11		24.0	25,000											
12	X	24.0	25,000		0.9								0.7	
13		24.0	24,000											
14		24.0	24,000											
15	X	24.0	24,000		1.4								1.2	
16		24.0	28,000											
17	X	24.0	28,000		1.4								1.1	
18		24.0	23,500											
19	X	24.0	23,500		1.7								1.0	
20		24.0	17,000											
21		24.0	17,000											
22	X	24.0	17,000		1.8								1.2	
23		24.0	24,000											
24	X	24.0	24,000		1.7								1.0	
25		24.0	19,500											
26	X	24.0	19,500		1.5								1.1	
27		24.0	23,000											
28		24.0	23,000											
29	X	24.0	23,000		1.1								0.9	
30		24.0	22,000											
31	X	24.0	22,000		1.5								1.1	
Total			845,333											
Average			27,269											
Maximum			51,667											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

October 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,667	29,333									60,000
2	21,000	33,000									54,000
3	21,000	33,000									54,000
4	19,500	31,000									50,500
5	19,500	31,000									50,500
6	8,333	51,667									60,000
7	8,333	51,667									60,000
8	8,333	51,667									60,000
9	26,500	28,500									55,000
10	26,500	28,500									55,000
11	40,000	25,000									65,000
12	40,000	25,000									65,000
13	54,667	24,000									78,667
14	54,667	24,000									78,667
15	54,667	24,000									78,667
16	39,000	28,000									67,000
17	39,000	28,000									67,000
18	42,500	23,500									66,000
19	42,500	23,500									66,000
20	40,667	17,000									57,667
21	40,667	17,000									57,667
22	40,667	17,000									57,667
23	36,000	24,000									60,000
24	36,000	24,000									60,000
25	35,500	19,500									55,000
26	35,500	19,500									55,000
27	37,000	23,000									60,000
28	37,000	23,000									60,000
29	37,000	23,000									60,000
30	25,500	22,000									47,500
31	25,500	22,000									47,500
Total	1,023,667	845,333									1,869,000
Avg.	33,022	27,269									60,290
Max.	54,667	51,667									78,667

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-07

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek	PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Steve Fuller 12-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number	6531305	Plant Name	Orange Hill

November, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	21,500											
2	X	24.0	21,500		1.0								0.6	
3		24.0	36,000											
4		24.0	36,000											
5	X	24.0	36,000		1.9								1.7	
6		24.0	22,500											
7	X	24.0	22,500		1.1								0.8	
8		24.0	29,500											
9	X	24.0	29,500		1.3								1.0	
10		24.0	29,000											
11		24.0	29,000											
12	X	24.0	29,000		1.7								1.4	
13		24.0	30,000											
14	X	24.0	30,000		1.3								1.1	
15		24.0	27,000											
16	X	24.0	27,000		1.0								0.6	
17		24.0	14,333											
18		24.0	14,333											
19	X	24.0	14,333		1.0								0.8	
20		24.0	44,000											
21	X	24.0	44,000		2.2								1.9	
22		24.0	31,000											
23	X	24.0	31,000		1.0								0.7	
24		24.0	29,333											
25		24.0	29,333											
26	X	24.0	29,333		1.1								0.8	
27		24.0	27,500											
28	X	24.0	27,500		1.9								1.6	
29		24.0	31,500											
30	X	24.0	31,500		1.2								1.0	
Total			855,000											
Average			28,500											
Maximum			44,000											

* 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: November, 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 12-10-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek
[redacted]		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

				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	28,500											
2	X	24.0	28,500		1.4								1.0	
3		24.0	25,333											
4		24.0	25,333											
5	X	24.0	25,333		1.3								1.0	
6		24.0	35,500											
7	X	24.0	35,500		2.1								1.8	
8		24.0	23,000											
9	X	24.0	23,000		1.0								0.8	
10		24.0	32,333											
11		24.0	32,333											
12	X	24.0	32,333		2.1								1.8	
13		24.0	29,000											
14	X	24.0	29,000		1.5								1.2	
15		24.0	28,000											
16	X	24.0	28,000		1.4								1.1	
17		24.0	43,667											
18		24.0	43,667											
19	X	24.0	43,667		1.4								1.2	
20		24.0	23,500											
21	X	24.0	23,500		1.3								1.1	
22		24.0	27,000											
23	X	24.0	27,000		2.0								1.6	
24		24.0	29,333											
25		24.0	29,333											
26	X	24.0	29,333		2.0								1.7	
27		24.0	24,500											
28	X	24.0	24,500		2.0								1.7	
29		24.0	24,000											
30	X	24.0	24,000		1.2								0.8	
Total			878,000											
Average			29,267											
Maximum			43,667											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

November 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	21,500	28,500									50,000
2	21,500	28,500									50,000
3	36,000	25,333									61,333
4	36,000	25,333									61,333
5	36,000	25,333									61,333
6	22,500	35,500									58,000
7	22,500	35,500									58,000
8	29,500	23,000									52,500
9	29,500	23,000									52,500
10	29,000	32,333									61,333
11	29,000	32,333									61,333
12	29,000	32,333									61,333
13	30,000	29,000									59,000
14	30,000	29,000									59,000
15	27,000	28,000									55,000
16	27,000	28,000									55,000
17	14,333	43,667									58,000
18	14,333	43,667									58,000
19	14,333	43,667									58,000
20	44,000	23,500									67,500
21	44,000	23,500									67,500
22	31,000	27,000									58,000
23	31,000	27,000									58,000
24	29,333	29,333									58,667
25	29,333	29,333									58,667
26	29,333	29,333									58,667
27	27,500	24,500									52,000
28	27,500	24,500									52,000
29	31,500	24,000									55,500
30	31,500	24,000									55,500
Total	855,000	878,000									1,733,000
Avg.	28,500	29,267									57,767
Max.	44,000	43,667									67,500

PATRICK

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: December 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 1-8-08

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill

[redacted] December, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted,	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System,	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 Concentrati	Disinfectant Contact Time (T) at C Measureme	Lowest CT Provided Before or at First Customer	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	35,000											
2		24.0	35,000										1.5	
3	X	24.0	35,000		1.8									
4		24.0	24,000										1.2	
5	X	24.0	24,000		1.4									
6		24.0	19,000										1.2	
7	X	24.0	19,000		1.5									
8		24.0	31,000											
9		24.0	31,000										1.5	
10	X	24.0	31,000		1.8									
11		24.0	27,500										1.5	
12	X	24.0	27,500		1.8									
13		24.0	26,000										1.1	
14	X	24.0	26,000		1.5									
15		24.0	22,000											
16		24.0	22,000										1.5	
17	X	24.0	22,000		1.8									
18		24.0	8,000										1.5	
19	X	24.0	8,000		1.8									
20		24.0	8,000										1.4	
21	X	24.0	8,000		1.7									
22		24.0	12,333											
23		24.0	12,333										1.0	
24	X	24.0	12,333		1.2									
25		24.0	12,500										1.1	
26	X	24.0	12,500		1.7									
27		24.0	18,500										1.2	
28	X	24.0	18,500		1.7									
29		24.0	19,333											
30		24.0	19,333										0.9	
31	X	24.0	19,333		1.0									
Total			646,000											
Average			20,839											
Maximum			35,000											

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

PATRICK

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: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	SugarCreek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

S Steve Fuller 1-8-08

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Sugar Creek

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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	25,667											
2		24.0	25,667											
3	X	24.0	25,667		1.1								1.0	
4		24.0	27,000											
5	X	24.0	27,000		1.0								0.8	
6		24.0	30,500											
7	X	24.0	30,500		1.1								0.7	
8		24.0	33,000											
9		24.0	33,000											
10	X	24.0	33,000		1.0								0.9	
11		24.0	32,000											
12	X	24.0	32,000		1.0								0.8	
13		24.0	29,500											
14	X	24.0	29,500		1.2								1.0	
15		24.0	35,333											
16		24.0	35,333											
17	X	24.0	35,333		1.0								0.8	
18		24.0	39,500											
19	X	24.0	39,500		1.0								0.8	
20		24.0	42,500											
21	X	24.0	42,500		1.1								0.9	
22		24.0	44,667											
23		24.0	44,667											
24	X	24.0	44,667		1.0								0.8	
25		24.0	36,500											
26	X	24.0	36,500		0.7								0.7	
27		24.0	34,000											
28	X	24.0	34,000		1.3								0.9	
29		24.0	35,000											
30		24.0	35,000											
31	X	24.0	35,000		1.4								1.0	
Total			1,064,000											
Average			34,323											
Maximum			44,667											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

December 2007

Community Water System (CWS) Name: Orange Hill / Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	100,000	100,000									200,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,000	25,667									60,667
2	35,000	25,667									60,667
3	35,000	25,667									60,667
4	24,000	27,000									51,000
5	24,000	27,000									51,000
6	19,000	30,500									49,500
7	19,000	30,500									49,500
8	31,000	33,000									64,000
9	31,000	33,000									64,000
10	31,000	33,000									64,000
11	27,500	32,000									59,500
12	27,500	32,000									59,500
13	26,000	29,500									55,500
14	26,000	29,500									55,500
15	22,000	35,333									57,333
16	22,000	35,333									57,333
17	22,000	35,333									57,333
18	8,000	39,500									47,500
19	8,000	39,500									47,500
20	8,000	42,500									50,500
21	8,000	42,500									50,500
22	12,333	44,667									57,000
23	12,333	44,667									57,000
24	12,333	44,667									57,000
25	12,500	36,500									49,000
26	12,500	36,500									49,000
27	18,500	34,000									52,500
28	18,500	34,000									52,500
29	19,333	35,000									54,333
30	19,333	35,000									54,333
31	19,333	35,000									54,333
Total	646,000	1,064,000									1,710,000
Avg.	20,839	34,323									55,161
Max.	35,000	44,667									64,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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M 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: January 2006

A. Public Water System (PWS) Information

PWS Name:	Orange Hill Subdivision			PWS Identification Number:	6530305
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	200			Total Population Served at End of Month:	600
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East		City: Sarasota	State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill Subdivision			Plant Telephone Number:	863-858-2303
Plant Address:	1261 Temple Street/130 Cottontail Lane		City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72000				
Plant Category (per subsection 62-699.310(4), F.A.C.):				Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operators	Name	License Class	License Number	Days Shift Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 2-9-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

DOCUMENT NUMBER-DATE

04324 MAY 22 06

FPSC-COMMISSION CLERK

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

PWS Identification Number: 6531805 Plant Name: Orange Hill/Sugar Creek

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 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(s) Temporarily Out of Operation
1		24.0	77,000											
2	X	24.0	77,000		3.0								1.8	
3		24.0	50,000											
4	X	24.0	50,000		1.8								1.4	
5		24.0	48,000											
6	X	24.0	48,000		2.5								2.0	
7		24.0	56,333											
8		24.0	56,333											
9	X	24.0	56,333		1.5								1.2	
10		24.0	43,500											
11	X	24.0	43,500		1.1								0.8	
12		24.0	50,500											
13	X	24.0	50,500		0.5								0.4	
14		24.0	52,333											
15		24.0	52,333											
16	X	24.0	52,333		2.0								1.8	
17		24.0	52,000											
18	X	24.0	52,000		2.5								1.6	
19		24.0	47,000											
20	X	24.0	47,000		2.2								1.6	
21		24.0	65,333											
22		24.0	65,333											
23	X	24.0	65,333		0.7								0.6	
24		24.0	47,500											
25	X	24.0	47,500		2.2								1.2	
26		24.0	53,000											
27	X	24.0	53,000		2.1								1.4	
28		24.0	60,333											
29		24.0	60,333											
30	X	24.0	70,000		1.6								1.2	
31		24.0												
Total			1,649,667											
Average			53,205											
Maximum			77,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

January 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Daily Operating Capacity for Each Plant, gallons per day										Total
	1,008,000	576,000									1,584,000
	Actual Quantity of Finished Water Produced by Each Plant, gallons										Total
1	46,000	31,000									77,000
2	46,000	31,000									77,000
3	21,500	28,500									50,000
4	21,500	28,500									50,000
5	20,500	27,500									48,000
6	20,500	27,500									48,000
7	31,333	25,000									56,333
8	31,333	25,000									56,333
9	31,333	25,000									56,333
10	24,500	19,000									43,500
11	24,500	19,000									43,500
12	28,500	22,000									50,500
13	28,500	22,000									50,500
14	23,667	28,667									52,333
15	23,667	28,667									52,333
16	23,667	28,667									52,333
17	17,000	35,000									52,000
18	17,000	35,000									52,000
19	23,000	24,000									47,000
20	23,000	24,000									47,000
21	43,667	21,667									65,333
22	43,667	21,667									65,333
23	43,667	21,667									65,333
24	24,500	23,000									47,500
25	24,500	23,000									47,500
26	26,000	27,000									53,000
27	26,000	27,000									53,000
28	39,000	21,333									60,333
29	39,000	21,333									60,333
30	39,000	31,000									70,000
31	0	0									0
Total	876,000	773,667									1,649,667
Avg.	28,258	24,957									53,215
Max.	46,000	35,000									77,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek	PWS Identification Number:	6530053
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1097	Total Population Served at End of Month:	3010
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7443	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek	Plant Telephone Number:	863-858-1201
Plant Address:	126 Temple Street/130 Cottontail Lane	City: Lakeland State: Florida	Zip Code: 33801
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	700,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	D/C	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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

S Fuller 3-7-06

Signature and Date

Printed or Typed Name

License Number

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

PWS Identification Number: 6531305 Plant Name: Draper Hill/Sugar Creek

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	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	63,000		1.5								1.0	
2	X	24.0	39,000		1.8								1.0	
3	X	24.0	53,000		1.5								1.0	
4		24.0	56,333											
5		24.0	56,333											
6	X	24.0	56,333		1.8								1.2	
7		24.0	44,500											
8	X	24.0	44,500		1.7								1.2	
9	X	24.0	38,000		1.5								1.0	
10	X	24.0	53,000		2.1								1.6	
11		24.0	45,667											
12		24.0	45,667											
13	X	24.0	45,667		2.2								1.8	
14	X	24.0	44,000		2.4								1.6	
15	X	24.0	54,000		1.8								1.2	
16		24.0	51,500											
17	X	24.0	51,500		1.5								1.0	
18		24.0	51,667											
19		24.0	51,667											
20	X	24.0	51,667		1.2								0.8	
21		24.0	58,000											
22	X	24.0	58,000		1.0								0.8	
23	X	24.0	43,000		2.9								1.8	
24	X	24.0	60,000		0.8								0.7	
25		24.0	48,333											
26		24.0	48,333											
27	X	24.0	48,333		2.4								1.6	
28	X	24.0	42,000		1.1								0.8	
29		24.0												
30		24.0												
31	X	24.0												
Total			1,403,000											
Average			45,258											
Maximum			63,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

February 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Daywater Production Capacity of Each Plant in Gallons per Day										Total
Permit	1,008,000	576,000									1,584,000
Month	Maximum Daywater Production Capacity of Each Plant in Gallons										Total
	37,000	26,000									63,000
	20,000	19,000									39,000
	29,000	24,000									53,000
	24,667	31,667									56,333
	24,667	31,667									56,333
	24,667	31,667									56,333
	18,000	26,500									44,500
	18,000	26,500									44,500
	26,000	12,000									38,000
	22,000	31,000									53,000
	21,000	24,667									45,667
	21,000	24,667									45,667
	21,000	24,667									45,667
	17,000	27,000									44,000
	21,000	33,000									54,000
	16,500	35,000									51,500
	16,500	35,000									51,500
	22,333	29,333									51,667
	22,333	29,333									51,667
	22,333	29,333									51,667
	19,000	39,000									58,000
	19,000	39,000									58,000
	27,000	16,000									43,000
	19,000	41,000									60,000
	22,667	25,667									48,333
	22,667	25,667									48,333
	22,667	25,667									48,333
	19,000	23,000									42,000
	0	0									0
	0	0									0
	0	0									0
Total	616,000	787,000									1,403,000
Avg	22,000	28,107									50,107
Max	37,000	41,000									63,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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:	Orangehill/Sugar Creek	PWS Identification Number:	6531805
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:		Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orangehill/Sugar Creek	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/430 Gotional Lane	City: Lakeland State: Florida	Zip Code: 33801
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	750,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	D-V-NF	Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operators	Name	License Class	License Number	Days Staffed Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

S Steve Fuller 4/10/06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number: 6531305 Plant Name: Orange Hill/Sugar Creek

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 Produced, gal.	CT Calculations for Virus Inactivation Ratio: 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
[redacted]	X	24.0	54,000		0.9								0.8	
		24.0	50,500											
	X	24.0	50,500		0.8								0.7	
		24.0	60,667											
		24.0	60,667											
	X	24.0	60,667		1.3								0.8	
		24.0	61,000											
	X	24.0	61,000		1.1								0.7	
	X	24.0	49,000		1.2								0.9	
	X	24.0	69,000		1.5								1.2	
		24.0	70,667											
		24.0	70,667											
	X	24.0	70,667		1.0								0.7	
		24.0	59,000											
	X	24.0	59,000		1.1								0.8	
		24.0	68,000											
	X	24.0	68,000		1.2								0.9	
		24.0	85,333											
		24.0	85,333											
	X	24.0	85,333		1.3								1.0	
	X	24.0	64,000		1.4								1.0	
	X	24.0	66,000		1.1								0.8	
		24.0	60,000											
	X	24.0	60,000		1.3								1.0	
		24.0	57,333											
		24.0	57,333											
	X	24.0	57,333		1.4								1.0	
		24.0	71,500											
	X	24.0	71,500		1.6								1.2	
		24.0	61,000											
	X	24.0	61,000		1.2								0.9	
[redacted]			1,986,000											
			64,065											
			85,333											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

March 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gal/d										Total
Permit Max	1,008,000	576,000									1,584,000
	Actual Monthly Maximum Day Water Produced by Each Plant, gal/d										Total
1	19,000	35,000									54,000
2	23,000	27,500									50,500
3	23,000	27,500									50,500
4	32,333	28,333									60,667
5	32,333	28,333									60,667
6	32,333	28,333									60,667
7	15,000	46,000									61,000
8	15,000	46,000									61,000
9	26,000	23,000									49,000
10	22,000	47,000									69,000
11	32,000	38,667									70,667
12	32,000	38,667									70,667
13	32,000	38,667									70,667
14	24,000	35,000									59,000
15	24,000	35,000									59,000
16	21,500	46,500									68,000
17	21,500	46,500									68,000
18	40,667	44,667									85,333
19	40,667	44,667									85,333
20	40,667	44,667									85,333
21	30,000	34,000									64,000
22	63,000	3,000									66,000
23	25,000	35,000									60,000
24	25,000	35,000									60,000
25	23,000	34,333									57,333
26	23,000	34,333									57,333
27	23,000	34,333									57,333
28	39,000	32,500									71,500
29	39,000	32,500									71,500
30	25,000	36,000									61,000
31	25,000	36,000									61,000
Total	889,000	1,097,000									1,986,000
Avg	28,571	35,446									64,018
Max	63,000	47,000									85,333

DEP Form 62-555.900(11)
Effective August 28, 2003

M THLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED W ER

Candace

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek	PWS Identification Number:	6530804
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	227	Total Population Served at End of Month:	600
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	8960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek	Plant Telephone Number:	863-858-8044
Plant Address:	1201 Temple Street NW Columbia Shores	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	750,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	Community	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Facility Operators	Name	License Class	License Number	Day(s) & Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 5-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

[redacted]

License Number

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

PWS Identification Number: 6591005 Plant Name: Orange Hill/Sugar Creek

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	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*
[redacted]	X	24.0	69,000		1.3								1.0	
[redacted]		24.0	92,500										1.1	
[redacted]	X	24.0	92,500		1.3								0.8	
[redacted]	X	24.0	54,000		1.0								1.0	
[redacted]	X	24.0	81,000		1.2									
[redacted]		24.0	80,000										1.3	
[redacted]	X	24.0	80,000		2.0									
[redacted]		24.0	77,333											
[redacted]		24.0	77,333										1.2	
[redacted]	X	24.0	77,333		1.7								1.1	
[redacted]	X	24.0	52,000		1.6								1.0	
[redacted]	X	24.0	81,000		1.5								1.2	
[redacted]	X	24.0	38,000		1.7								1.0	
[redacted]	X	24.0	65,000		1.4									
[redacted]		24.0	92,333											
[redacted]		24.0	92,333											
[redacted]	X	24.0	92,333										0.8	
[redacted]	X	24.0	65,000		1.2								0.9	
[redacted]	X	24.0	88,000		1.4									
[redacted]		24.0	93,000										0.4	
[redacted]	X	24.0	93,000		0.9									
[redacted]		24.0	63,000											
[redacted]		24.0	63,000										0.8	
[redacted]	X	24.0	63,000		1.1									
[redacted]	X	24.0	36,000										0.7	
[redacted]	X	24.0	89,000		1.0								0.5	
[redacted]	X	24.0	50,000		0.9								0.8	
[redacted]	X	24.0	75,000		1.1									
[redacted]		24.0	1,000											
[redacted]			2,073,000											
[redacted]			69,100											
[redacted]			93,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

April 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant Treatment Maximum 30-day Operational Capacity for Each Plant, gallons per day										
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	28,000	41,000									69,000
2	53,500	39,000									92,500
3	53,500	39,000									92,500
4	22,000	32,000									54,000
5	41,000	40,000									81,000
6	44,500	35,500									80,000
7	44,500	35,500									80,000
8	34,667	42,667									77,333
9	34,667	42,667									77,333
10	34,667	42,667									77,333
11	18,000	34,000									52,000
12	28,000	53,000									81,000
13	8,000	30,000									38,000
14	15,000	50,000									65,000
15	42,667	49,667									92,333
16	42,667	49,667									92,333
17	42,667	49,667									92,333
18	30,000	35,000									65,000
19	26,000	62,000									88,000
20	47,000	46,000									93,000
21	47,000	46,000									93,000
22	15,667	47,333									63,000
23	15,667	47,333									63,000
24	15,667	47,333									63,000
25	17,000	19,000									36,000
26	70,000	19,000									89,000
27	49,000	1,000									50,000
28	74,000	1,000									75,000
29	0	1,000									1,000
30	0	0									0
Total	995,000	1,078,000									2,073,000
Avg	35,536	38,464									74,000
Max	74,000	62,000									93,000

M 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: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6530158
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	840
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail Lane	City: Lakeland	State: Florida	Zip Code:	33801
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	D, V, E, A		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	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 6-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number: 6531305 Plant Name: Orange Hill/Sugar Creek

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 Produced, gal	CT Credit Control for Plant to Demonstrate Four-Log Virus Inactivation if Applicable							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
[redacted]	X	24.0	200,000		1.1								0.8	
	X	24.0	67,000		1.0								0.7	
	X	24.0	83,000		1.0								0.8	
		24.0	83,000											
	X	24.0	83,000		0.9								0.7	
		24.0	90,000											
		24.0	90,000											
	X	24.0	90,000		0.9								0.4	
	X	24.0	82,000		1.3								0.8	
	X	24.0	65,000		0.8								0.4	
	X	24.0	65,000		1.5								0.7	
	X	24.0	78,000		1.3								0.9	
		24.0	71,333											
		24.0	71,333											
	X	24.0	71,333											
	X	24.0	58,000		1.0								0.6	
	X	24.0	50,000		1.0								0.5	
		24.0	55,000											
	X	24.0	55,000		1.3								1.1	
		24.0	82,667											
		24.0	82,667											
	X	24.0	82,667		0.9								0.4	
		24.0	59,000		0.9								0.5	
	X	24.0	64,000		1.0								0.4	
	X	24.0	61,000		0.9								0.5	
	X	24.0	73,000		1.0								0.8	
		24.0	137,333											
		24.0	78,333											
	X	24.0	78,333		1.0								0.5	
	X	24.0	81,000		0.9								0.9	
	X	24.0	96,000		0.9								0.4	
[redacted]			2,484,000											
			80,129											
			200,000											

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

DEP Form 82-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

May 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant's Maximum Daily Capacity (gpd)										
	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant (gpd)										Total
1	198,000	2,000									200,000
2	66,000	1,000									67,000
3	81,000	2,000									83,000
4	79,000	4,000									83,000
5	79,000	4,000									83,000
6	69,667	20,333									90,000
7	69,667	20,333									90,000
8	69,667	20,333									90,000
9	70,000	12,000									82,000
10	64,000	1,000									65,000
11	51,000	14,000									65,000
12	70,000	8,000									78,000
13	59,667	11,667									71,333
14	59,667	11,667									71,333
15	59,667	11,667									71,333
16	34,000	24,000									58,000
17	45,000	5,000									50,000
18	39,500	15,500									55,000
19	39,500	15,500									55,000
20	62,667	20,000									82,667
21	62,667	20,000									82,667
22	62,667	20,000									82,667
23	37,000	22,000									59,000
24	43,000	21,000									64,000
25	44,000	17,000									61,000
26	69,000	4,000									73,000
27	98,667	38,667									137,333
28	58,667	19,667									78,333
29	58,667	19,667									78,333
30	50,000	31,000									81,000
31	70,000	26,000									96,000
Total	2,021,000	463,000									2,484,000
Avg	65,194	14,935									80,129
Max	198,000	38,667									200,000

Lancaster

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:	Orange Hills Super Grid	PWS Identification Number:	
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	221	Total Population Served at End of Month:	
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean		
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941 907 7444	Contact Person's Fax Number:	941 907 7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com	Contact Person's Title:	VP Environmental Services

B. Water Treatment Plant Information

Plant Name:	Orange Hills Super Grid	Plant Telephone Number:	
Plant Address:	126 Temple Street/430 Gallonial Lane	City: Lakeland	State: Florida	Zip Code: 33815
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	

Treatment Operator(s)	Name	Operator Class	License Number	Hours (Shifts) Worked
Lead/Chief Operator(s):	Steve Fuller	B	7519	Days 1st Shift
Other Operator(s):	Eddie Christmas	C	13244	
	Robert Paver	C		

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.

Steve Fuller 7-8-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number: 6531305 Plant Name: Orange Hill/Sugar Creek

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 by Operator (Place "X")	Hours plant Was 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-minutes	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	64,000		0.9								0.6	
2	X	24.0	52,000		0.7								0.4	
3	X	24.0	60,000		0.8								0.5	
4		24.0	86,500											
5	X	24.0	86,500		1.7								1.2	
6	X	24.0	57,000		1.5								1.1	
7	X	24.0	93,000		1.1								0.7	
8		24.0	85,500											
9	X	24.0	85,500		1.7								0.9	
10		24.0	63,667											
11		24.0	63,667											
12	X	24.0	63,667		1.5								0.9	
13		24.0	36,833											
14	X	24.0	36,833		1.6								1.0	
15	X	24.0	46,333		1.5								1.0	
16	X	24.0	57,000		1.4								0.9	
17	X	24.0	49,667											
18	X	24.0	73,167											
19	X	24.0	73,167		1.1								0.7	
20		24.0	59,500											
21	X	24.0	62,500		0.9								0.9	
22	X	24.0	73,000		0.8								0.8	
23	X	24.0	72,000		1.0								0.8	
24	X	24.0	68,000		1.1								0.7	
25		24.0	64,500											
26	X	24.0	64,500		0.4								0.4	
27	X	24.0	54,000		0.4								0.8	
28	X	24.0	35,000		0.7								0.7	
29	X	24.0	50,000		1.2								1.0	
30	X	24.0	57,000		2.3								1.3	
			1,894,000											
			63,133											
			93,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

June 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
Permitted Maximum Day Operating Capacity of Each Plant (gallons per day)	1,008,000	576,000									1,584,000
Month	Quantity of Finished Water Produced by Each Plant (gallons)										Total
1	46,000	18,000									64,000
2	39,000	13,000									52,000
3	41,000	19,000									60,000
4	66,000	20,500									86,500
5	66,000	20,500									86,500
6	39,000	18,000									57,000
7	80,000	13,000									93,000
8	64,500	21,000									85,500
9	64,500	21,000									85,500
10	40,667	23,000									63,667
11	40,667	23,000									63,667
12	40,667	23,000									63,667
13	23,500	13,333									36,833
14	23,500	13,333									36,833
15	33,000	13,333									46,333
16	35,000	22,000									57,000
17	35,667	14,000									49,667
18	35,667	37,500									73,167
19	35,667	37,500									73,167
20	11,500	48,000									59,500
21	11,500	51,000									62,500
22	13,000	60,000									73,000
23	0	72,000									72,000
24	11,000	57,000									68,000
25	7,500	57,000									64,500
26	7,500	57,000									64,500
27	25,000	29,000									54,000
28	34,000	1,000									35,000
29	30,000	20,000									50,000
30	30,000	27,000									57,000
TOTAL	1,031,000	863,000									1,894,000
AVG	34,367	28,767									63,133
MAX	80,000	72,000									93,000

Carolyn

MC HLY OPERATION REPORT FOR PWSs TREATING R V GROUND WATER OR PURCHASED FINISHED WA R

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek	PWS Identification Number:	6530
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	640
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek	Plant Telephone Number:	859-8
Plant Address:	126 Temple Street/130 Coronado Lane	City: Lakeland State: Florida	Zip Code: 33815
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	750,000	Plant Class (per subsection 62-699.310(4), F.A.C.):	
Plant Category (per subsection 62-699.310(4), F.A.C.):			

Licensed Operators	Name	License Class	License Number	Days/Shift Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days, 1st Shift
Other Operators:	Robert Pavet	C	12040	

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.

Steve Fuller 8-9-06

Signature and Date

Steve Fuller

Printed or Typed Name

License Number

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

PWS Identification Number: 6531305 Plant Name: Orange Hill/Sugar Creek

[redacted] 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 Produced, gal	CT Calculations: 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 that 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	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]		24.0	55,000											
		24.0	55,000											
	X	24.0	55,000		1.3								0.6	
		24.0	54,500											
	X	24.0	54,500		1.2								0.8	
		24.0	61,000											
	X	24.0	61,000		0.9								0.4	
		24.0	51,333											
		24.0	51,333											
	X	24.0	51,333		1.0								0.5	
		24.0	51,000											
	X	24.0	51,000		0.9								0.5	
		24.0	49,500											
	X	24.0	49,500		0.7								0.4	
		24.0	67,667											
		24.0	67,667											
	X	24.0	67,667		1.0								1.0	
		24.0	55,500											
	X	24.0	55,500		1.1								0.8	
		24.0	46,000											
	X	24.0	46,000		1.6								0.9	
		24.0	50,333											
		24.0	50,333											
	X	24.0	50,333		1.9								1.0	
		24.0	49,500											
	X	24.0	49,500		1.8								0.9	
		24.0	52,000											
	X	24.0	52,000		1.3								0.8	
		24.0	50,000											
		24.0	50,000											
	X	24.0	50,000		1.1								0.7	
[redacted]			1,661,000											
			53,581											
			67,667											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

July 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Daily Operating Capacity of Each Plant (gallons per day)										
	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant (gallons)										Total
1	31,333	23,667									55,000
2	31,333	23,667									55,000
3	31,333	23,667									55,000
4	35,000	19,500									54,500
5	35,000	19,500									54,500
6	45,500	15,500									61,000
7	45,500	15,500									61,000
8	34,333	17,000									51,333
9	34,333	17,000									51,333
10	34,333	17,000									51,333
11	38,500	12,500									51,000
12	38,500	12,500									51,000
13	39,500	10,000									49,500
14	39,500	10,000									49,500
15	42,333	25,333									67,667
16	42,333	25,333									67,667
17	42,333	25,333									67,667
18	16,000	39,500									55,500
19	16,000	39,500									55,500
20	8,500	37,500									46,000
21	8,500	37,500									46,000
22	39,667	10,667									50,333
23	39,667	10,667									50,333
24	39,667	10,667									50,333
25	36,000	13,500									49,500
26	36,000	13,500									49,500
27	40,000	12,000									52,000
28	40,000	12,000									52,000
29	39,000	11,000									50,000
30	39,000	11,000									50,000
31	39,000	11,000									50,000
Total	1,078,000	583,000									1,661,000
Avg	34,774	18,806									53,581
Max	45,500	39,500									67,667

DEP Form 62-555.900(11)
Effective August 28, 2003

M' 'HLY OPERATION REPORT FOR PWSs TREATING 'W GROUND WATER OR PURCHASED FINISHED W. 'R

CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek Air-C	PWS Identification Number:	6533505
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	493	Total Population Served at End of Month:	1,040
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota State: Florida	Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek	Plant Telephone Number:	863-858-2501
Plant Address:	125 Temple Street/130 Cottontail lane	City: Lakeland State: Florida	Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	750,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	

Operator Type	Name	License Class	License Number	Days of Shift Worked
Lead/Chief Operator:	Steve Fuller	B	7319	Days: 1st Shift
Other Operator:	Robert Paver	C	12044	

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.

Steve Fuller 9-7-06

Signature and Date

Steve Fuller

Printed or Typed Name

[redacted]

License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

August 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Plant 1 Well 1	Plant 2 Well 2									
	Plant Capacity in Gallons per Day										
	1,008,000	576,000									1,584,000
Month	Actual Quantity of Finished Water Produced by Each Plant in Gallons										Total
	39,500	9,000									48,500
	39,500	9,000									48,500
	56,500	7,500									64,000
	56,500	7,500									64,000
	55,667	13,000									68,667
	55,667	13,000									68,667
	55,667	13,000									68,667
	40,000	13,000									53,000
	40,000	13,000									53,000
	28,000	11,500									39,500
	28,000	11,500									39,500
	48,000	42,000									90,000
	48,000	42,000									90,000
	48,000	42,000									90,000
	39,000	28,500									67,500
	39,000	28,500									67,500
	21,000	24,000									45,000
	21,000	24,000									45,000
	32,333	20,333									52,667
	32,333	20,333									52,667
	32,333	20,333									52,667
	26,500	20,500									47,000
	26,500	20,500									47,000
	26,000	27,500									53,500
	26,000	27,500									53,500
	9,667	39,667									49,333
	9,667	39,667									49,333
	9,667	39,667									49,333
	27,000	20,500									47,500
	27,000	20,500									47,500
	0	0									0
Total	1,044,000	669,000									1,713,000
Avg	33,677	21,581									55,258
Max	56,500	42,000									90,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

PWS Identification Number: 6531305 | Plant Name: Orange Hill/Sugar Creek

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 the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for Virus Inactivation Where Chlorine Is Used: 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	pH of Water, if Applicable	Minimum C.T 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) *
[redacted]		24.0	48,500											
[redacted]	X	24.0	48,500		1.1								0.6	
[redacted]		24.0	64,000											
[redacted]	X	24.0	64,000		1.0								0.5	
[redacted]		24.0	68,667											
[redacted]		24.0	68,667											
[redacted]	X	24.0	68,667		0.9								0.6	
[redacted]		24.0	53,000											
[redacted]	X	24.0	53,000		1.4								1.0	
[redacted]		24.0	39,500											
[redacted]	X	24.0	39,500		1.4								0.8	
[redacted]		24.0	90,000											
[redacted]		24.0	90,000											
[redacted]	X	24.0	90,000		1.0								0.7	
[redacted]		24.0	67,500											
[redacted]	X	24.0	67,500		1.0								0.6	
[redacted]		24.0	45,000											
[redacted]	X	24.0	45,000		0.7								0.6	
[redacted]		24.0	52,667											
[redacted]		24.0	52,667											
[redacted]	X	24.0	52,667		1.0								0.8	
[redacted]		24.0	47,000											
[redacted]	X	24.0	47,000		0.9								0.5	
[redacted]		24.0	53,500											
[redacted]	X	24.0	53,500		1.0								0.5	
[redacted]		24.0	49,333											
[redacted]		24.0	49,333											
[redacted]	X	24.0	49,333		0.9								0.4	
[redacted]		24.0	47,500											
[redacted]	X	24.0	47,500		1.0								0.5	
[redacted]		24.0												
[redacted]			1,713,000											
[redacted]			55,258											
[redacted]			90,000											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

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

FLORIDA

Landcare

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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: Steve Fuller	B	7519	Days 1st Shift
Other Operator: Eddie Christmas	C	13244	
Robert Paver	C		

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.

S Steve Fuller 10-4-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill/Sugar Creek

[redacted] 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 Demonstrate Four-Log Virus Inactivation, If Applicable

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations: Peak Flow Rate, gpd.	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	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	60,000		1.0								0.4	
[redacted]		24.0	46,333											
[redacted]		24.0	46,333											
[redacted]	X	24.0	46,333		1.7								0.8	
[redacted]	X	24.0	53,000		1.4								0.7	
[redacted]	X	24.0	47,000		1.2								0.7	
[redacted]		24.0	48,500											
[redacted]	X	24.0	48,500		1.2								0.7	
[redacted]		24.0	55,667											
[redacted]		24.0	55,667											
[redacted]	X	24.0	55,667		1.9								1.0	
[redacted]	X	24.0	50,000											
[redacted]	X	24.0	50,000											
[redacted]		24.0	43,000											
[redacted]	X	24.0	43,000		1.9								0.8	
[redacted]		24.0	52,667											
[redacted]		24.0	52,667											
[redacted]	X	24.0	52,667		2.0								1.0	
[redacted]		24.0	50,500											
[redacted]	X	24.0	50,500		1.2								0.4	
[redacted]		24.0	50,000		0.9									
[redacted]	X	24.0	50,000		0.8								0.9	
[redacted]	X	24.0	53,000											
[redacted]		24.0	53,000		1.1								0.7	
[redacted]	X	24.0	53,000		1.7								0.9	
[redacted]	X	24.0	48,000		1.2								0.6	
[redacted]	X	24.0	47,000		1.3								0.4	
[redacted]	X	24.0	42,000		1.0								0.4	
[redacted]	X	24.0	78,000		1.0								0.3	
[redacted]		24.0												
[redacted]			1,482,000											
[redacted]			49,400											
[redacted]			78,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

September 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day 0	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	25,000	35,000									60,000
2	22,333	24,000									46,333
3	22,333	24,000									46,333
4	22,333	24,000									46,333
5	31,000	22,000									53,000
6	21,000	26,000									47,000
7	24,500	24,000									48,500
8	24,500	24,000									48,500
9	30,667	25,000									55,667
10	30,667	25,000									55,667
11	30,667	25,000									55,667
12	14,000	36,000									50,000
13	15,000	35,000									50,000
14	17,000	26,000									43,000
15	17,000	26,000									43,000
16	32,667	20,000									52,667
17	32,667	20,000									52,667
18	32,667	20,000									52,667
19	13,000	37,500									50,500
20	13,000	37,500									50,500
21	0	50,000									50,000
22	0	50,000									50,000
23	33,667	19,333									53,000
24	33,667	19,333									53,000
25	33,667	19,333									53,000
26	40,000	8,000									48,000
27	29,000	18,000									47,000
28	28,000	14,000									42,000
29	62,000	16,000									78,000
30	0	0									0
Total	732,000	750,000									1,482,000
Avg	24,400	25,000									49,400
Max	62,000	50,000									78,000

MONTHLY OPERATION REPORT FOR PWSs TREATING FRESH 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:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444		Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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 Worked (Day(s) 1st Shift)
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operator	Robert Paver	C	12344	
	Jerry Hahn	C	14331	

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.

Steve Fuller 11/8/06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill/Sugar Creek

[redacted] 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

GT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation (If Applicable)

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations: Peak Flow Rate, gpd	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	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]		24.0	88,500											
[redacted]	X	24.0	88,500		1.5								0.9	
[redacted]		24.0	50,500											
[redacted]	X	24.0	50,500		1.2								0.9	
[redacted]		24.0	52,500											
[redacted]	X	24.0	66,500		1.1								0.5	
[redacted]		24.0	70,667											
[redacted]		24.0	70,667											
[redacted]	X	24.0	70,667		0.9								0.5	
[redacted]		24.0	61,000											
[redacted]	X	24.0	61,000		0.8								0.4	
[redacted]		24.0	56,500											
[redacted]	X	24.0	56,500		0.7								0.6	
[redacted]		24.0	75,000											
[redacted]		24.0	75,000											
[redacted]	X	24.0	75,000		1.0								0.4	
[redacted]		24.0	61,000											
[redacted]	X	24.0	61,000		1.0								0.8	
[redacted]		24.0	62,000											
[redacted]	X	24.0	62,000		1.3								0.9	
[redacted]		24.0	80,000											
[redacted]		24.0	80,000											
[redacted]	X	24.0	80,000		0.9								0.5	
[redacted]		24.0	57,000											
[redacted]	X	24.0	57,000		1.0								0.5	
[redacted]		24.0	59,500											
[redacted]	X	24.0	59,500		1.0								0.6	
[redacted]		24.0	59,333											
[redacted]		24.0	59,333											
[redacted]	X	24.0	68,667		1.0								0.5	
[redacted]		24.0												
[redacted]			1,975,333											
[redacted]			63,720											
[redacted]			88,500											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

October 2006

Community Water System (CWS) Name: *Orange Hill/Sugar Creek*

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day 00	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	61,500	27,000									88,500
2	61,500	27,000									88,500
3	35,000	15,500									50,500
4	35,000	15,500									50,500
5	41,000	11,500									52,500
6	55,000	11,500									66,500
7	54,667	16,000									70,667
8	54,667	16,000									70,667
9	54,667	16,000									70,667
10	51,000	10,000									61,000
11	51,000	10,000									61,000
12	56,500	0									56,500
13	56,500	0									56,500
14	51,333	23,667									75,000
15	51,333	23,667									75,000
16	51,333	23,667									75,000
17	40,500	20,500									61,000
18	40,500	20,500									61,000
19	38,000	24,000									62,000
20	38,000	24,000									62,000
21	57,667	22,333									80,000
22	57,667	22,333									80,000
23	57,667	22,333									80,000
24	34,500	22,500									57,000
25	34,500	22,500									57,000
26	32,500	27,000									59,500
27	32,500	27,000									59,500
28	37,667	21,667									59,333
29	37,667	21,667									59,333
30	37,667	31,000									68,667
31	0	0									0
Total	1,399,000	576,333									1,975,333
Average	45,129	18,591									63,720
Maximum	61,500	31,000									88,500

MC HLY OPERATION REPORT FOR PWSs TREATING F 'GROUND WATER OR PURCHASED FINISHED WA R

CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Orange Hill/Sugar Creek			PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	229			Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East	City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek			Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane	City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400				
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	Steve Fuller	B	7519	Days 1st Shift
Other Operators	Jerry Hahn	C	14331	

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.

Steve Fuller 12-7-06

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill/Sugar Creek
[redacted]		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 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			
[redacted]	X	24.0	119,000		1.3									0.5	
		24.0	53,500												
	X	24.0	53,500		1.0									0.5	
		24.0	75,333												
		24.0	75,333												
	X	24.0	75,333		1.5									0.8	
		24.0	48,500												
	X	24.0	48,500		1.3									0.9	
		24.0	47,500												
	X	24.0	47,500		2.0									1.0	
		24.0	66,333												
		24.0	66,333												
	X	24.0	66,333		1.8									0.7	
		24.0	58,500												
	X	24.0	58,500		1.4									0.9	
		24.0	56,000												
	X	24.0	56,000		1.9									1.0	
		24.0	55,667												
		24.0	55,667												
	X	24.0	55,667		1.8									1.0	
		24.0	53,000												
	X	24.0	53,000		2.0									1.1	
		24.0	56,500												
	X	24.0	56,500		2.1									1.0	
		24.0	63,333												
		24.0	63,333												
	X	24.0	63,333		1.8									0.9	
		24.0	55,000												
	X	24.0	55,000		1.9									1.0	
		24.0													
		24.0													
[redacted]			1,758,000												
			56,710												
			119,000												

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

EPA Form 62-355 900(7)
Effective August 26, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

November 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	1,008,000	576,000									1,584,000
	Net Quantity of Finished Water Produced by Each Plant, gallons per day										Monthly Total
1	61,000	58,000									119,000
2	27,500	26,000									53,500
3	27,500	26,000									53,500
4	45,000	30,333									75,333
5	45,000	30,333									75,333
6	45,000	30,333									75,333
7	15,000	33,500									48,500
8	15,000	33,500									48,500
9	14,000	33,500									47,500
10	14,000	33,500									47,500
11	30,000	36,333									66,333
12	30,000	36,333									66,333
13	30,000	36,333									66,333
14	21,500	37,000									58,500
15	21,500	37,000									58,500
16	20,000	36,000									56,000
17	20,000	36,000									56,000
18	23,000	32,667									55,667
19	23,000	32,667									55,667
20	23,000	32,667									55,667
21	18,000	35,000									53,000
22	18,000	35,000									53,000
23	27,500	29,000									56,500
24	27,500	29,000									56,500
25	39,333	24,000									63,333
26	39,333	24,000									63,333
27	39,333	24,000									63,333
28	30,000	25,000									55,000
29	30,000	25,000									55,000
30	0	0									0
31	0	0									0
Total	820,000	938,000									1,758,000
Avg	26,452	30,258									56,710
Maximum	61,000	58,000									119,000

DEP Form 62-555.900(11)
Effective August 28, 2003

M[illegible]THLY OPERATION REPORT FOR PWSs TREATING [illegible]W GROUND WATER OR PURCHASED FINISHED WA[illegible]R

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:	Orange Hill/Sugar Creek	PWS Identification Number:	6531305
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	229	Total Population Served at End of Month:	630
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	6960Professional Parkway East, City: Sarasota, State: Florida		Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Orange Hill/Sugar Creek	Plant Telephone Number:	863-858-2504
Plant Address:	126 Temple Street/130 Cottontail lane, City: Lakeland, State: Florida		Zip Code: 33810
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	79,400		
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	Steve Fuller	B	7519	Days 1st Shift
Other Operators	Jerry Hahn	C	14331	

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.

Steve Fuller 1-9-07

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number:	6531305	Plant Name:	Orange Hill/Sugar Creek

[redacted] 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

Section C: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gals	CT Calculations: 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	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	95,000		2.0								1.0	
[redacted]		24.0	60,333											
[redacted]		24.0	60,333											
[redacted]	X	24.0	60,333		2.1								1.0	
[redacted]		24.0	61,500											
[redacted]	X	24.0	61,500		1.9								1.1	
[redacted]		24.0	50,500											
[redacted]	X	24.0	50,500		2.0								1.1	
[redacted]		24.0	53,667											
[redacted]		24.0	53,667											
[redacted]	X	24.0	53,667		2.2								1.3	
[redacted]		24.0	51,500											
[redacted]	X	24.0	51,500		1.9								1.0	
[redacted]		24.0	50,000											
[redacted]	X	24.0	50,000		2.0								1.2	
[redacted]		24.0	50,667											
[redacted]		24.0	50,667											
[redacted]	X	24.0	50,667		1.8								1.0	
[redacted]		24.0	46,000											
[redacted]	X	24.0	46,000		2.2								1.4	
[redacted]		24.0	48,000											
[redacted]	X	24.0	48,000		2.2								1.3	
[redacted]		24.0	46,333											
[redacted]		24.0	46,333											
[redacted]	X	24.0	46,333		0.6								0.5	
[redacted]		24.0	49,000											
[redacted]	X	24.0	49,000		0.8								0.6	
[redacted]		24.0	47,500											
[redacted]	X	24.0	47,500		1.0								0.6	
[redacted]		24.0												
[redacted]		24.0												
[redacted]			1,536,000											
[redacted]			49,548											
[redacted]			95,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

December 2006

Community Water System (CWS) Name: Orange Hill/Sugar Creek

Public Water System (PWS) Identification Number: 6531305

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day	1,008,000	576,000									1,584,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	47,000	48,000									95,000
2	39,667	20,667									60,333
3	39,667	20,667									60,333
4	39,667	20,667									60,333
5	31,500	30,000									61,500
6	31,500	30,000									61,500
7	16,500	34,000									50,500
8	16,500	34,000									50,500
9	26,000	27,667									53,667
10	26,000	27,667									53,667
11	26,000	27,667									53,667
12	17,000	34,500									51,500
13	17,000	34,500									51,500
14	12,000	38,000									50,000
15	12,000	38,000									50,000
16	11,667	39,000									50,667
17	11,667	39,000									50,667
18	11,667	39,000									50,667
19	10,000	36,000									46,000
20	10,000	36,000									46,000
21	7,500	40,500									48,000
22	7,500	40,500									48,000
23	12,333	34,000									46,333
24	12,333	34,000									46,333
25	12,333	34,000									46,333
26	19,500	29,500									49,000
27	19,500	29,500									49,000
28	27,500	20,000									47,500
29	27,500	20,000									47,500
30	0	0									0
31	0	0									0
Total	599,000	937,000									1,536,000
Avg	19,323	30,226									49,548
Max	47,000	48,000									95,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

FLORIDA WATER SERVICES CORP

PO BOX 609520
ORLANDO,FL 32860-9520

TRANSFERRED ON: October 1, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 8, 2010

Cop'y

Subject: EXTENSION - Water Use Permit No. 7653.02
ORANGE HILL/SUGAR CREEK

Dear Permittee:

We are pleased to inform you that THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 08/08/10. Through a process of random selections by computer, the District has extended the expiration date of certain permits with annual average daily withdrawals of less than 500,000 gallons. This process will ensure that the number of renewal applications received in any one year does not exceed our capacity to evaluate and process the applications.

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

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

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

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

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

DOCUMENT NUMBER-DATE
04324 MAY 22 00
FPSC-COMMISSION CLERK

PAGE 2

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

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

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, indicating that your permit expiration date is now 08/08/10. We appreciate your assistance in this matter and it will help us to serve you better in the future when you submit your renewal application.

Sincerely,

(Signed)
BJ Jarvis, Director
Records and Data Department

BJJ/:

cc: File of Record - Water Use Permit No. 7653.02

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

GENERAL WATER USE PERMIT NO. 207653.02

EXPIRATION DATE: August 8, 2000

PERMIT ISSUE DATE: July 3, 1991

This permit may require various activities to be performed by the Permittee. Read the entire permit carefully, and particularly note any activities required of the Permittee by the special permit conditions starting at Item No. 17. This Permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Southern States Utilities, Inc.
1000 Color Place
Apopka, FL 32703

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT:

ANNUAL AVERAGE: 71,500 gallons per day
PEAK MONTHLY: 79,400 gallons per day
MAXIMUM: Not Applicable

(See Withdrawal Table for quantities permitted per withdrawal point)

PROPERTY LOCATION: Polk County, approximately 2 1/2 miles south of Auburndale on the east side of Thornhill Road.

ACRES: 3.2 Owned; 126 Serviced

WATER USE CAUTION AREA: N/A

Type of Permit Application: Modification
Date Permit Application Filed: June 17, 1991

WATER USE:

PUBLIC SUPPLY: SERVICE AREA NAME	POPULATION SERVED	PER CAPITA RATE
Sugar Creek and Orange Hill Subdivisions	550	130

I.D. NO. USER/DIST	LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	USE	GALLONS PER DAY AVERAGE	PEAK MO	MAXIMUM
O.H1 / 1	280053/814911	6	450/350	PS	71,500	79,400	N/A
S.C2 / 2	280111/814835	6	450/UNK	PS	71,500	79,400	N/A
						Standby	

PS=Public Supply

Permittee: Southern States Utilities, Inc.
Permit No.: 207653.02

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.

2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.

3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.

5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.

6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.

7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.

8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.

9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.

10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:

    a. A reduction in water levels which impairs the ability of a well to produce adequately;

    b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or

    c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:

    a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;

    b. Sinkholes or subsidence caused by reduction in water levels;

    c. Damage to crops and other vegetation causing financial harm to the owner; and

    d. Damage to the habitat of endangered or threatened species.

14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.

15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.

16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

OPS

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

    Permits Data Group
    Southwest Florida Water Management District
    2379 Broad Street
    Brooksville, Florida 34609-6899

OPS

18. Unless otherwise indicated, three copies of each report are required by the permit and shall be provided to the Director, Bartow Permitting Department, Resource Regulation, by the Permittee.

Called & Chris Arcand
Called Scott Laidlow 813-534-7080
- says this is a mistake and he will send letter to Chris saying that we should ignor item #18.
7/26/91 [illegible]

19. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Bartow Permitting Department, Resource Regulation, for District I.D. Nos. 1 and 2.

Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

173

BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

207653.02	SOUTHERN STATES UTILITIES, INC.
WUP No.	*Permittee*

71,500	79,400	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*

O.R1	1	6"	8-8-2000
Owner ID/District ID	*Size*		*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

207653.02	SOUTHERN STATES UTILITIES, INC.
WUP No.	*Permittee*

Standby 71,500	79,400	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*

S.C2	2	6"	8-8-2000
Owner ID/District ID	*Size*		*Expires*

APPLYING WATER USE TAG

tags for the withdrawal points as indicated

has been numbered in the same order as that strict ID Number.

terproof coating. However, care should be We suggest one of the following:

ng only when sufficient space is available and the base of the pump.

f the pump - that portion of the pump rmally removed for servicing the pump.

panel box if it is located adjacent to the

ie pump of a portable facility.

enses or permits are displayed on public

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
PROCESSING AND RECORDS
(904) 796-7211

173

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐ 5600 US 1 North, Fort Pierce, FL 34946, FDOH # E98080
☐ 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 34604, FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone (772) 465-2400, Ext. 2585 Fax (772) 467-2384

HBEL Report Number: 2407731 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 1255

Received for Laboratory By: MBonnett

Analysis Date and Time: 12/6/07 1312

Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 8 °C
Disinfectant Check: ☒ Not Detected ☐ >0.1 mg/l

Analysis Method Requested:
☒ Colilert ☐ Membrane Filtration PWS I.D. 6 5 3 1 3 0 6

System Name: Orange Hill / Sugar Creek

System Address: 126 Temple St / 130 Cottontail In

City: Lakeland FL System or Owner's Phone #: 863-858-2604 Fax #: 863-853-4937

Collector: JH Collector's Phone #: 863-858-2504

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

Date/Time: 12-6-07 Date/Time: 12-6-07 Date/Time: 12-6-07 12:55

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): 12-6-07

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
1	Raw - OH	R	10:30	0	
2	14 Valencia St	D	10:35	1.7	
3	Raw - SC	R	10:45	0	
4	123 Quail Wood Dr	D	10:50	1.1	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,800. Do not include raw or plant samples in the average.) 1.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other

Person performing analysis is:
☒ a certified operator (# C14331)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Steve Fuller
416 W. Daughtery Rd
Lakeland FL 33809

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			2407731 002
	A			001
	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: MB

Report authorized by: MBonnett
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

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

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

DOCUMENT NUMBER-DATE 04324 MAY 22 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) 467-6584

Date issued: October 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Orange Hill DW THM/HAA5 **[2025905]**
Received: 9/29/06 10:30

Dear Bill Dean;

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: Orange Hill DW THM/HAA5 **[2025905]**
Received: 9/29/06 10:30

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
2025905001	Dist - #14 Valencia Ct. 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.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 283 Fax: (772) 467-6884

CERTIFICATE OF ANALYSIS

[2025905]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill DW THM/HAA5

Parameter	Qualifier	Result[1]	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025905001** *Sample ID:* **Dist - #14 Valencia Ct. Grab**						*Sampled: 09/28/06 12:26* *Matrix: Water*			*Received: 09/29/06 10:30* Results reported on Wet Weight Basis		
Bromodichloromethane		4.7	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 2:08	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/10/06 2:08	WR	E96080
Chloroform		9.3	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 2:08	WR	E96080
Dibromochloromethane		2.2	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/10/06 2:08	WR	E96080
Total THMs		16	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/10/06 2:08	WR	E96080
Dibromoacetic Acid		0.63 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Dichloroacetic Acid		3.5	ug/L	0.66	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Total HAAs		6.0	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Trichloroacetic acid		1.9	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 0:34	JL	E96080
Laboratory ID: **2025905002** *Sample ID:* **Trip Blank**						*Sampled: 09/28/06 0:00* *Matrix: Water*			*Received: 09/29/06 10:30* Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 2:41	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/10/06 2:41	WR	E96080
Chloroform		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 2:41	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/10/06 2:41	WR	E96080
Total THMs		0.50 U	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/10/06 2:41	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.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Orange Hill Estates PWS I.D. #: 6531305

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 126 temple St

City: Avburndale State: FL ZIP Code: 33801

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 202590S001 Location Code (if known):

Sample Date: 09/28/06 Sample Time: 12:26 PM

Sample Location (be specific): Dist - #14 Valencia Ct. Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): 6530-1305 Sample Number (From Page 1): 2025905001

Lab Assigned Report Number or Job ID: 2025905001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2594

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Orange Hill DW THM/HAA5

Sample Location: Dist - #14 Valencia Ct. Grab

Disinfectant Residual (mg/L) _____

Sample Number: 2025905001

PWS ID 653-1365

Sampling Date: 9/28/06 12:26

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	10/06/06	12:34 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	3.5		EPA 552.1	0.66	10/06/06	12:34 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	1.9		EPA 552.1	0.20	10/06/06	12:34 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28	U	EPA 552.1	0.28	10/06/06	12:34 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.63	I	EPA 552.1	0.18	10/06/06	12:34 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	9.3		EPA 524.2	0.25	10/10/06	2:08 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/10/06	2:08 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	4.7		EPA 524.2	0.25	10/10/06	2:08 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	2.2		EPA 524.2	0.30	10/10/06	2:08 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Orange Hill Estates PWS I.D. #: 6531305

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 126 temple St

City: Auburndale State: FL ZIP Code: 33810

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 09/28/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name:

Sampler's Phone #: Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Date:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2025905002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Orange Hill DW THM/HAA5

Sample Location: Trip Blank

Disinfectant Residual (mg/L) _____

Sample Number: 2025905002

PWS ID 653-1305

Sampling Date: 9/28/06 0:00

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	10/10/06	2:41 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/10/06	2:41 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	10/10/06	2:41 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30	U	EPA 524.2	0.30	10/10/06	2:41 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-6584

Date issued: October 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugarcreek DW THM/HAA5 **[2025909]**
Received: 9/29/06 10:30

Dear Bill Dean;

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) 467-6884

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugarcreek DW THM/HAA5 **[2025909]**
Received: 9/29/06 10:30

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
2025909001	Dist. - 105 Sugarcreek 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
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LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5894

CERTIFICATE OF ANALYSIS

[2025909]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugarcreek DW THM/HAA5

Parameter	Qualifier	Result[1]	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025909001**											
Sample ID: **Dist. - 105 Sugarcreek Grab**											
Sampled: 09/28/06 12:47 *Received:* 09/29/06 10:30											
Matrix: Water											
Results reported on Wet Weight Basis											
Bromodichloromethane		2.0	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 13:31	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2706		10/11/06 13:31	WR	E96080
Chloroform		7.6	ug/L	0.25	1.0	EPA 524.2	VOC2706		10/11/06 13:31	WR	E96080
Dibromochloromethane		0.61 I	ug/L	0.30	1.2	EPA 524.2	VOC2706		10/11/06 13:31	WR	E96080
Total THMs		10	ug/L	0.50	2.0	EPA 524.2	VOC2706		10/11/06 13:31	WR	E96080
Dibromoacetic Acid		0.24 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	JL	E96080
Dichloroacetic Acid		3.2	ug/L	0.66	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	JL	E96080
Total HAAs		4.9	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	JL	E96080
Trichloroacetic acid		1.5	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 4:10	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.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Sugar Creek PWS I.D. #: 6531305

System Type (check one) ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 130 Cottontail

City: Auburndale State: FL ZIP Code: 33801

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025909001 Location Code (if known):

Sample Date: 09/28/06 Sample Time: 12:47 PM

Sample Location (be specific): Dist. - 105 Sugarcreek Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH:

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Qtr?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@aquaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller (Print Name), Senior Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Steve Fuller Date: 10-27-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 9/29/2006

PWS ID (From Page 1): 653-1305 Sample Number (From Page 1): 2025909001

Lab Assigned Report Number or Job ID: 2025909001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc.

Report Number/ Job ID: Sugarcreek DW THM/HAA5

Sample Location: Dist. - 105 Sugarcreek Grab

Disinfectant Residual (mg/L) 0.9

Sample Number: 2025909001

PWS ID 653-1305

Sampling Date: 9/28/06 12:47

Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	**0.88**	U	EPA 552.1	0.88	10/06/06	4:10 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**3.2**		EPA 552.1	0.66	10/06/06	4:10 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**1.5**		EPA 552.1	0.20	10/06/06	4:10 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28**	U	EPA 552.1	0.28	10/06/06	4:10 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.24**	I	EPA 552.1	0.18	10/06/06	4:10 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	**7.6**		EPA 524.2	0.25	10/11/06	1:31 PM	E96080
2942	Bromoform	[N/A]	ug/L	**0.41**	U	EPA 524.2	0.41	10/11/06	1:31 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	**2.0**		EPA 524.2	0.25	10/11/06	1:31 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**0.61**	I	EPA 524.2	0.30	10/11/06	1:31 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

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: September 8, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Orange Hill DW Recollect **[2025545]**
Received: 8/23/06 10:00

Dear Bill Dean;

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) 467-5984

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Orange Hill DW Recollect
Received: 8/23/06 10:00

[2025545]

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

[2025545]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill DW Recollect

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025545001**										
Sample ID: **POE Grab**										
					Sampled: 08/22/06 12:37		*Received:* 08/23/06 10:00			
					Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.1	T.O.N.	1.0	SM2150 B	WCGE26153		08/23/06 11:25	GG	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	08/31/06 12:30	09/1/06 17:21	GG	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.

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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

___ FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

___ FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

___ FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax 863-853-4937
Client Contact: Steve Fuller
Project Name: ORange Hill
Sampled By: DAVID Evans

Method(s) of Shipment: DHL

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 202545

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE U	PRESERVATIVE N oH	ANALYSES REQUESTED A	ANALYSES REQUESTED B	ANALYSES REQUESTED odor	ANALYSES REQUESTED CN	COMMENTS
001	8-22-06	12:35pm	G	DW		POE CL²-1.3						X	
	8-22-06	12:37pm	G	DW		POE CL²-1.3			X				

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: C=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4

RELINQUISHED BY Steve Fuller	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 8/22/06 3:15 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY Shah
DATE/TIME	DATE/TIME	DATE/TIME 8-23-06 1000

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5600 U.S. | North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2884

Date Issued: September 8, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugar Creek DW Recollect **[2025544]**
Received: 8/23/06 10:00

Dear Bill Dean;

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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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, ext. 385 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugar Creek DW Recollect
Received: 8/23/06 10:00

[2025544]

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) 467-5584

CERTIFICATE OF ANALYSIS

[2025544]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugar Creek DW Recollect

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025544001**										
Sample ID: **POE Grab**										
Sampled: 08/22/06 12:47 *Received: 08/23/06 10:00*										
Matrix: Water Results reported on Wet Weight Basis										
Odor - Dechlorinated		1.0	T.O.N.	1.0	SM2150 B	WCGE26153		08/23/06 11:25	GG	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	08/31/06 12:30	09/1/06 17:21	GG	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.

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Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
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PRINT LEGIBLY

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Sugar Creek
Sampled By: DAVID Evans

Method(s) of Shipment: DHL

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact: Y (N)
pH Checked Y N
LAB # 2025544

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: U	NA OH	ANALYSES REQUESTED: A	B	odor	CN	COMMENTS
	8-22-06	12:45pm	G	DW		POE CL² - 1.0				X			
001	8-22-06	12:47pm	G	DW		POE CL² - 1.0			X				

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 8/22/06 3:15 pm	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 8-23-06 1000

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CHAIN PAGE 1

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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

Date issued: September 12, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Orange Hill Tri-annual DW **[2025280]**
Received: 7/27/06 10:15

Dear Bill Dean;

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) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Orange Hill Tri-annual DW **[2025280]**
Received: 7/27/06 10:15

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
2025280001	POE Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025280002	Dist. 14 Valencia Street 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
EPA 505			
	PEST4761		
2025280001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 524.2			
		1,2-Dibromo-3-chloropropane	Accuracy - Outside acceptance limits in the LCS.
EPA 552.1			
	PEST4783		
2025280002		2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performace. Precision and Accuracy were determined with the LCS.

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CERTIFICATE OF ANALYSIS

[2025280]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025280001**						*Sampled:* 07/26/06 16:35		*Received:* 07/27/06 10:15		
Sample ID: **POE Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
pH	Q	8.00	SU	0.200	EPA 150.1	WCGE26036		08/3/06 18:35	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Barium		0.011	mg/L	0.0018	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Copper		0.0057	mg/L	0.0014	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Sodium		13	mg/L	0.50	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Zinc		0.027	mg/L	0.010	EPA 200.7	META8058		08/9/06 1:59	DM	E96080
Lead		0.0034	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:45	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 15:11	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/5/06 10:02	DM	E96080
Mercury		0.000080 U	mg/L	0.000080	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080
Chloride		20	mg/L	5.0	EPA 300.0	IC6888		08/1/06 3:46	JL	E96080
Fluoride		0.21	mg/L	0.011	EPA 300.0	IC6883		07/27/06 15:27	JL	E96080
Nitrate as N		0.44	mg/L	0.0030	EPA 300.0	IC6883		07/27/06 15:27	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6883		07/27/06 15:27	JL	E96080
Sulfate		11	mg/L	1.4	EPA 300.0	IC6888		08/1/06 3:46	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 5:06	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 5:06	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4761	07/27/06 12:41	07/28/06 2:00	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:46	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080

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CERTIFICATE OF ANALYSIS

[2025280]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill Tri-annual DW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/2/06 0:03	WR	E96080
Alachlor		0.64 U	ug/L	0.64	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Atrazine		0.51 U	ug/L	0.51	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Benzo(a)pyrene		0.073 U	ug/L	0.073	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
bis(2-ethylhexyl)phthalate		0.89 U	ug/L	0.89	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Di(2-ethylhexyl)adipate		0.71 U	ug/L	0.71	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Hexachlorobenzene		0.32 U	ug/L	0.32	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Simazine		0.66 U	ug/L	0.66	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:41	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 21:01	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 21:01	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2321		08/8/06 15:06	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2427	08/2/06 13:52	08/3/06 19:23	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 12:55	07/27/06 14:16	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/7/06 15:46	SAL	E84129
Arsenic		0.0047	mg/L	0.0010	SM 3113 B	SAL1017		08/2/06 12:40	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE25996		07/28/06 9:50	TCL	E96080
Odor		3.3	T.O.N.	1.0	SM2150 B	WCGE26012		07/27/06 12:30	EE	E96080
Total Dissolved Solids		200	mg/L	16	SM2540 C	WCGE26007		07/31/06 12:30	EE	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/4/06 8:30	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25998	07/27/06 12:00	07/27/06 17:55	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

CERTIFICATE OF ANALYSIS

[2025280]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025280002** *Sample ID:* **Dist. 14 Valencia Street Grab**						*Sampled:* 07/26/06 16:46 *Matrix:* Water		*Received:* 07/27/06 10:15 Results reported on Wet Weight Basis		
Bromodichloromethane		2.2	ug/L	0.25	EPA 524.2	VOC2670		08/2/06 0:37	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/2/06 0:37	WR	E96080
Chloroform		9.1	ug/L	0.25	EPA 524.2	VOC2670		08/2/06 0:37	WR	E96080
Dibromochloromethane		0.63	ug/L	0.30	EPA 524.2	VOC2670		08/2/06 0:37	WR	E96080
Total THMs		12	ug/L	0.50	EPA 524.2	VOC2670		08/2/06 0:37	WR	E96080
Dibromoacetic Acid	Q	2.4	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Dichloroacetic Acid	Q	3.8	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Total HAAs	Q	7.4	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Trichloroacetic acid	Q	1.2	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:54	JL	E96080
Laboratory ID: **2025280003** *Sample ID:* **Trip Blank**						*Sampled:* 07/26/06 0:00 *Matrix:* Water		*Received:* 07/27/06 10:15 Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/2/06 1:11	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/2/06 1:11	WR	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

CERTIFICATE OF ANALYSIS

[2025280]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Orange Hill Tri-annual DW

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID

[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.

Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

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Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: ADun Utilities
Address: 415 W. Daughtery Rd
LAKE LAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Orange Hill
Sampled By: Steve Fuller

Method(s) of Shipment: D.H.L.

e-mail:

✓ Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 2025250

PRESERVATIVE: N | SH | U | U | U | U | H | ST

ANALYSES REQUESTED

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A 1+2 Methyl	B Cyanide	C NO_3, NO_2, F, SO_4	D pH Color TDS	E ODOR	F MBAS	H VOCs	J 504	COMMENTS
001	7/26/06	400-455 PM	G	DW	12	P.O.E Cl2 0.9	1	1	1	1	1	1	3	3	X Collection time
3					3	TRIP BLANK								3	when last bottle Filled

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7/26/06 520 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7/27/06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 3

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

___ FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

___ FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

___ FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34607

Company: Aqua Utilities
Address: 415 W. Daughtery Rd
LAKELAND FLA Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Orange Hill
Sampled By: Steve Fuller

Method(s) of Shipment: D, H.L

e-mail:

Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (X) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 2025260

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE							ANALYSES REQUESTED							COMMENTS
														L	M	N	O	P	Q	R	
001	7/24/06	4:05 PM	G	DW	11	P.O.E U2 0.9	ST	ST	MCA	ST	ST	S	ST	515.1	525.2	531.1	547	548	549	505	x Collection time when last bottle filled
														1	1	1	1	3	1	3	

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 7A of 7

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 4/26/06 5:20 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7:27:06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 3

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

X FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: Aqua utilities of Fla
Address: 415 w. Daughtery Rd.
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Orange Hill WTP
Sampled By: Steve Fuller

Method(s) of Shipment: OVER NIGHT

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: (Y) N
Custody Seals Intact: Y (N)
pH Checked: Y N

LAB # 2025280

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: 5T	PRESERVATIVE: #4 HCl St	ANALYSES REQUESTED: 5 THM	ANALYSES REQUESTED: HAA5	ANALYSES REQUESTED: TRIP BLANK	COMMENTS
001	7/26/06	445PM	G	DW	3	Dist. 14 Valencia St	X					CL2 0.7
002	7/26/06	446PM	G	DW	1	Dist. 14 Valencia St		X				
003					3	TRIP BLANK Same As VOC			X			
												# Cl² Residual measured using DPD Colorimetric Test method SLF

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

Report Page 78 of 7

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
Steve Fuller		
DATE/TIME 7-26-06 520 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY: Brad
DATE/TIME	DATE/TIME	DATE/TIME 7-27-06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 3 of 3

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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

Date issued: September 12, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugar Creek Tri-annual DW **[2025278]**
Received: 7/27/06 10:15

Dear Bill Dean;

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
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Phone (772) 465-2400, Ext. 285 Fax (772) 467-5584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Sugar Creek Tri-annual DW
Received: 7/27/06 10:15

[2025278]

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
2025278001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025278002	Dist. 105 Sugar Creek 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
EPA 505			
	PEST4761		
2025278001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 552.1			
	PEST4783		
2025278002		2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performace. Precision and Accuracy were determined with the LCS.

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CERTIFICATE OF ANALYSIS
[2025278]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugar Creek Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
Alachlor		0.65 U	ug/L	0.65	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Atrazine		0.52 U	ug/L	0.52	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Benzo(a)pyrene		0.075 U	ug/L	0.075	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
bis(2-ethylhexyl)phthalate		0.91 U	ug/L	0.91	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Di(2-ethylhexyl)adipate		0.73 U	ug/L	0.73	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Hexachlorobenzene		0.33 U	ug/L	0.33	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Simazine		0.67 U	ug/L	0.67	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 15:22	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 19:56	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 19:56	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2321		08/8/06 14:36	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2427	08/2/06 13:52	08/3/06 18:39	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 12:55	07/27/06 14:02	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/7/06 15:46	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/2/06 12:40	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE25996		07/28/06 9:35	TCL	E96080
Odor		8.4	T.O.N.	1.0	SM2150 B	WCGE26012		07/27/06 12:30	EE	E96080
Total Dissolved Solids		210	mg/L	16	SM2540 C	WCGE26007		07/31/06 12:30	EE	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/3/06 9:00	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25998	07/27/06 12:00	07/27/06 17:55	GG	E96080

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

CERTIFICATE OF ANALYSIS

[2025278]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugar Creek Tri-annual DW

Laboratory ID: **2025278001**
Sample ID: **POE Grab**

Sampled: 07/26/06 15:35 *Received:* 07/27/06 10:15
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 [6.5-8.5]	Q	7.91	SU	0.200	EPA 150.1	WCGE26036		08/3/06 18:35	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8045		08/1/06 14:44	SP	E96080
Barium		0.015	mg/L	0.0018	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Copper		0.0016	mg/L	0.0014	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Sodium		19	mg/L	0.50	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8046		08/1/06 14:44	SP	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:36	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 15:03	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/4/06 18:19	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080
Chloride		28	mg/L	5.0	EPA 300.0	IC6887		08/1/06 2:45	JL	E96080
Fluoride		0.22	mg/L	0.011	EPA 300.0	IC6883		07/27/06 15:09	JL	E96080
Nitrate as N		0.013	mg/L	0.0030	EPA 300.0	IC8883		07/27/06 15:09	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8883		07/27/06 15:09	JL	E96080
Sulfate		3.3	mg/L	1.4	EPA 300.0	IC8887		08/1/06 2:45	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 4:00	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 4:00	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:02	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 21:41	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/1/06 20:40	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 20:40	WR	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

CERTIFICATE OF ANALYSIS

[2025278]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugar Creek Tri-annual DW

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2025278002** *Sample ID:* **Dist. 105 Sugar Creek Grab**					*Sampled: 07/26/06 15:45* *Matrix: Water*			*Received: 07/27/06 10:15* Results reported on Wet Weight Basis		
Bromodichloromethane		6.6	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 21:14	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 21:14	WR	E96080
Chloroform		14	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 21:14	WR	E96080
Dibromochloromethane		2.4	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 21:14	WR	E96080
Total THMs		23	ug/L	0.50	EPA 524.2	VOC2670		08/1/06 21:14	WR	E96080
Dibromoacetic Acid	Q	0.51	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Dichloroacetic Acid	Q	5.5	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Total HAAs	Q	8.3	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Trichloroacetic acid	Q	2.3	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 5:42	JL	E96080
Laboratory ID: **2025278003** *Sample ID:* **Trip Blank**					*Sampled: 07/26/06 0:00* *Matrix: Water*			*Received: 07/27/06 10:15* Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/1/06 21:47	WR	E96080

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

CERTIFICATE OF ANALYSIS

[2025278]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Sugar Creek Tri-annual DW

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID

[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.

Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

✓ FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Sugar Creek
Sampled By: Steve Fuller

Method(s) of Shipment: D, HL

e-mail:

✓ Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 202578

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A 1+2 Metals	B Cyanide	C NO3,NO2,F,SO4	D PH Color TDS	E Odor	F MBAS	H VOCs	J SO4	COMMENTS
						PRESERVATIVE	N	SH	V	U	U	U	H	ST	
001	7/26/06	3:45 PM	G	DW	12	P.O.E Cl2 1.2	1	1	1	1	1	1	3	3	Collection time
3						TRIP BLANK							3		When Last Sample Pulled

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 7 of 7

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-26-06 5:15 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7-27-06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 3

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody
and
Agreement to Perform Services

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Laboratory not responsible for omitted information

X FDOH # E86080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: AQUA Utilities
Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Sugar Creek
Sampled By: Steve Fuller

Method(s) of Shipment: D, H, L

e-mail:

Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 2025278

PRESERVATIVE: ST | ST | MeA | ST | ST | S | ST

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	L 515.1	M 525.2	N 531.1	O 547	P 548	Q 549	R 505	COMMENTS
001	7/26/06	315-325 pm	G	PW	11	P.O.E. Cl2 1.2	1	1	1	1	3	1	3	

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 7-26-06 515 PM	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 7-27-06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 3

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
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Chain-of-Custody
and
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___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
___ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: Aqua Utilities Fla
Address: 415 W. Daughtery Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Sugar Creek WTP
Sampled By: Steve Fuller

Method(s) of Shipment: HDL OVERNIGHT

e-mail:

X Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y (N)
pH Checked Y N
LAB # 2025278

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: N	ANALYSES REQUESTED: TTHM	HAA-5	M.I.P. Plant	COMMENTS
2001	7/26/06	3:45PM	G	3		Dist - 105 Sugar Creek	st	X	X	X	Cl2 0.8
2002		3:45PM	C	1		Dist. - 105 Sugar Creek	st		X	X	
				3		SAME TRIP BLANK AS VOCs				3	

Preservation Key: H=Hydrochloric Acid, N=Nitric Acid, S=Sulfuric Acid, SH=Sodium Hydroxide, P=Phosphoric Acid, ST=Sodium Thiosulfate, U=Unpreserved

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

* Cl^2 Residual measured using DPD colorimetric Test method
SLR

Report Page 1 of 1

RELINQUISHED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME
Steve Fuller	7/26/06 5:15 PM				
RECEIVED BY	DATE/TIME	RECEIVED BY	DATE/TIME	RECEIVED FOR HBEL CUSTODY BY	DATE/TIME
					7-27-06 1015

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 3 of 3

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

M. Rony François, MD, MSPH, PhD
Secretary

September 1, 2006

RECEIVED
SEP - 5 2006
AQUA UTILITIES FLORIDA, INC.

CS/Orange Hill/Sugar Creek
PWS: Id. No. 6531305

Dennie Muldun
Orange Hill/Sugar Creek (Aqua America)
6960 Professional Parkway East Ste.400
Sarasota, FL 34240

Responded on 9-6-06

Dear Mr. Muldun:

A sanitary survey of your water system conducted on August 31, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

DONE

1. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and notify the Department in writing. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/clg

FAXED 9-6-06 Jerry C. Mike O. Steve F.

POLK COUNTY HEALTH DEPARTMENT
Daniel O. Haight
Director
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7360 / FAX (863) 534-0245
Lynne M. Saddler, MD, MPH
Assistant Director

DOCUMENT NUMBER-DATE
04324 MAY 22 80
FPSC-COMMISSION CLERK

September 6, 2006

Henry Taghiof
Engineering Specialist III
Environmental Engineering Division
Polk County Health Department
2090 East Clower Street
Bartow, Florida 33830

RE: Sanitary Survey
Orange Hill / Sugar Creek
PWSID 6531305

Dear Mr. Taghiof:

The purpose of the correspondence is to provide a written response as requested in your August 23, 2006 letter regarding the sanitary survey conducted at Orange Hill / Sugar Creek on August 31, 2006.

Deficiencies Listed:

1. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(3) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacture manuals shall be considered sufficient to meet the requirements of this section.

   Response:
   Aqua is in the process of reviewing available equipment manufacturers' information to insure the Orange Hill / Sugar Creek O&M manual is up-to-date and complete for the major equipment. A copy of the O&M manual will be left on-site for review during DEP sanitary surveys or inspections.

We trust this response is sufficient to meet your requirements. If you have any questions, please contact me at (352) 435-4033.

Sincerely,

AQUA UTILITIES FLORIDA, INC.

Gerard P. Connolly, P.E.