WASHINGTON COUNTY

Sunny Hills WTF
Sunny Hills WWTF

Docket No. 080121-WS

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

Florida

Volume 5
Book 2
Set 16 of 16

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

DOCUMENT NUMBER-DATE
04335 MAY 22 08
FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

2-7-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

DOCUMENT NUMBER-DATE
04335 MAY 22 8

FPSC-COMMISSION CLERK

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 1

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														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
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25														
26														
27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

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

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PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	Days 1st Shift
Other Operators:				

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2-7-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	150,000		0.8								0.4	
2	X	24.0	50,000		0.8								0.4	
3	X	24.0	220,000		0.8								0.4	
4	X	24.0	230,000		0.8								0.4	
5	X	24.0	210,000		0.8								0.4	
6	X	24.0	110,000		0.8								0.4	
7		24.0	110,000											
8	X	24.0	150,000		0.8								0.4	
9	X	24.0	130,000		0.8								0.4	
10	X	24.0	130,000		0.8								0.4	
11	X	24.0	160,000		0.7								0.3	
12	X	24.0	170,000		0.8								0.3	
13	X	24.0	125,000		0.8								0.3	
14		24.0	125,000											
15	X	24.0	180,000		0.8								0.3	
16	X	24.0	130,000		0.8								0.4	
17	X	24.0	120,000		0.8								0.4	
18	X	24.0	160,000		0.8								0.4	
19	X	24.0	150,000		0.9								0.4	
20	X	24.0	145,000		0.9								0.4	
21		24.0	145,000											
22	X	24.0	170,000		0.9								0.4	
23	X	24.0	200,000		0.9								0.3	
24	X	24.0	80,000		0.8								0.3	
25	X	24.0	140,000		0.8								0.3	
26	X	24.0	160,000		0.8								0.3	
27	X	24.0	115,000		0.8								0.3	
28		24.0	115,000											
29	X	24.0	130,000		0.7								0.3	
30	X	24.0	150,000		0.7								0.3	
31	X	24.0	130,000											
Total			4,490,000											
Avgerage			144,839											
Maximum			230,000											

* 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: January, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

2-7-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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

				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			0.7								0.4	
2	X	24.0	1,000		0.7								0.4	
3	X	24.0	2,000		0.7								0.4	
4	X	24.0	2,000		0.7								0.3	
5	X	24.0	1,000		0.7								0.3	
6	X	24.0	500		0.6								0.3	
7		24.0	500											
8	X	24.0	2,000		0.7								0.4	
9	X	24.0	1,000		0.7								0.4	
10	X	24.0	1,000		0.8								0.4	
11	X	24.0	2,000		0.8								0.4	
12	X	24.0	1,000		0.8								0.4	
13	X	24.0	1,000		0.8								0.4	
14		24.0	1,000											
15	X	24.0	1,000		0.7								0.3	
16	X	24.0	1,000		0.7								0.4	
17	X	24.0	2,000		0.8								0.4	
18	X	24.0	1,000		0.8								0.4	
19	X	24.0	1,000		0.7								0.3	
20	X	24.0	1,500		0.7								0.3	
21		24.0	1,500											
22	X	24.0	1,000		0.7								0.3	
23	X	24.0	2,000		0.7								0.3	
24	X	24.0	1,000		0.8								0.3	
25	X	24.0	2,000		0.8								0.4	
26	X	24.0	2,000		0.8								0.4	
27	X	24.0	1,500		0.7								0.3	
28		24.0	1,500											
29	X	24.0	2,000		0.7								0.3	
30	X	24.0	2,000		0.7								0.3	
31	X	24.0	3,000											
Total			43,000											
Avgerage			1,387											
Maximum			3,000											

* 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 2007

Community Water System (CWS) Name: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	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										
	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	150,000	0								150,000
2	0	50,000	1,000								51,000
3	0	220,000	2,000								222,000
4	0	230,000	2,000								232,000
5	0	210,000	1,000								211,000
6	0	110,000	500								110,500
7	0	110,000	500								110,500
8	0	150,000	2,000								152,000
9	0	130,000	1,000								131,000
10	0	130,000	1,000								131,000
11	0	160,000	2,000								162,000
12	0	170,000	1,000								171,000
13	0	125,000	1,000								126,000
14	0	125,000	1,000								126,000
15	0	180,000	1,000								181,000
16	0	130,000	1,000								131,000
17	0	120,000	2,000								122,000
18	0	160,000	1,000								161,000
19	0	150,000	1,000								151,000
20	0	145,000	1,500								146,500
21	0	145,000	1,500								146,500
22	0	170,000	1,000								171,000
23	0	200,000	2,000								202,000
24	0	80,000	1,000								81,000
25	0	140,000	2,000								142,000
26	0	160,000	2,000								162,000
27	0	115,000	1,500								116,500
28	0	115,000	1,500								116,500
29	0	130,000	2,000								132,000
30	0	150,000	2,000								152,000
31	0	130,000	3,000								133,000
Total	0	4,490,000	43,000								4,533,000
Avg.	0	144,839	1,387								146,226
Max.		230,000	3,000								232,000

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Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
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Lead/Chief Operator:	Jean H. Pitzer	C	7605	Days 1st Shift
Other Operators:				

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Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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				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														
2														
3														
4														
5														
6														
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27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

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

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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:	Jean H. Pitzer	C	7605	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.

3-5-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Poim 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	130,000		0.7								0.3	
2	X	24.0	130,000		0.7								0.3	
3	X	24.0	140,000		0.8								0.3	
4		24.0	140,000											
5	X	24.0	150,000		0.6								0.3	
6	X	24.0	120,000		0.6								0.3	
7	X	24.0	150,000		0.6								0.3	
8	X	24.0	180,000		0.6								0.3	
9	X	24.0	160,000		0.7								0.3	
10	X	24.0	110,000		0.7								0.3	
11		24.0	110,000											
12	X	24.0	140,000		0.7								0.3	
13	X	24.0	130,000		0.9								0.4	
14	X	24.0	140,000		0.9								0.4	
15	X	24.0	130,000		0.7								0.3	
16	X	24.0	140,000		0.6								0.3	
17	X	24.0	160,000		0.5								0.3	
18		24.0	160,000											
19	X	24.0	180,000		0.7								0.3	
20	X	24.0	140,000		0.8								0.4	
21	X	24.0	140,000		0.8								0.4	
22	X	24.0	130,000		0.8								0.4	
23	X	24.0	210,000		0.8								0.4	
24	X	24.0	115,000		0.7								0.4	
25		24.0	115,000											
26	X	24.0	130,000		0.7								0.3	
27	X	24.0	140,000		0.7								0.3	
28	X	24.0	300,000		0.5								0.2	
29		24.0												
30		24.0												
31		24.0												
Total			4,120,000											
Avgerage			132,903											
Maximum			300,000											

* 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: February, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

3-5-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 5

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	2,000		0.8								0.4	
2	X	24.0	2,000		0.9								0.5	
3	X	24.0	2,000		0.9								0.5	
4		24.0	2,000											
5	X	24.0	2,000		0.8								0.4	
6	X	24.0	2,000		0.8								0.4	
7	X	24.0	2,000		0.8								0.4	
8	X	24.0	2,000		0.7								0.3	
9	X	24.0	2,000		0.7								0.3	
10	X	24.0	2,000		0.7								0.3	
11		24.0	2,000											
12	X	24.0	2,000		0.6								0.3	
13	X	24.0	2,000		0.8								0.4	
14	X	24.0	2,000		0.8								0.4	
15	X	24.0	2,000		0.8								0.4	
16	X	24.0	2,000		0.9								0.5	
17	X	24.0	2,000		0.8								0.5	
18		24.0	2,000											
19	X	24.0	3,000		0.8								0.4	
20	X	24.0	2,000		0.8								0.4	
21	X	24.0	2,000		0.9								0.4	
22	X	24.0	17,000		0.9								0.3	
23	X	24.0	25,000		0.9								0.3	
24	X	24.0	15,000		0.8								0.3	
25		24.0	15,000											
26	X	24.0	15,000		0.8								0.3	
27	X	24.0	23,000		0.8								0.3	
28	X	24.0	16,000		0.8								0.3	
29		24.0												
30		24.0												
31		24.0												
Total			169,000											
Avgerage			5,452											
Maximum			25,000											

* 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 :	February 2007
Community Water System (CWS) Name:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	130,000	2,000								132,000
2	0	130,000	2,000								132,000
3	0	140,000	2,000								142,000
4	0	140,000	2,000								142,000
5	0	150,000	2,000								152,000
6	0	120,000	2,000								122,000
7	0	150,000	2,000								152,000
8	0	180,000	2,000								182,000
9	0	160,000	2,000								162,000
10	0	110,000	2,000								112,000
11	0	110,000	2,000								112,000
12	0	140,000	2,000								142,000
13	0	130,000	2,000								132,000
14	0	140,000	2,000								142,000
15	0	130,000	2,000								132,000
16	0	140,000	2,000								142,000
17	0	160,000	2,000								162,000
18	0	160,000	2,000								162,000
19	0	180,000	3,000								183,000
20	0	140,000	2,000								142,000
21	0	140,000	2,000								142,000
22	0	130,000	17,000								147,000
23	0	210,000	25,000								235,000
24	0	115,000	15,000								130,000
25	0	115,000	15,000								130,000
26	0	130,000	15,000								145,000
27	0	140,000	23,000								163,000
28	0	300,000	16,000								316,000
29	0	0	0								0
30	0	0	0								0
31	0	0	0								0
Total	0	4,120,000	169,000								4,289,000
Avg.	0	132,903	5,452								138,355
Max.		300,000	25,000								316,000

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: March, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

4-2-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

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

* 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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4		Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
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:	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
4-2-07	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	130,000		0.5								0.2	
2	X	24.0	130,000		0.6								0.3	
3	X	24.0	165,000		0.6								0.3	
4		24.0	165,000											
5	X	24.0	120,000		0.6								0.3	
6	X	24.0	150,000		0.7								0.3	
7	X	24.0	180,000		0.6								0.2	
8	X	24.0	180,000		0.6								0.2	
9	X	24.0	180,000		0.7								0.3	
10	X	24.0	175,000		0.8								0.4	
11		24.0	175,000											
12	X	24.0	200,000		0.8								0.4	
13	X	24.0	200,000		0.8								0.4	
14	X	24.0	180,000		0.7								0.4	
15	X	24.0	180,000		0.7								0.4	
16	X	24.0	220,000		0.6								0.3	
17	X	24.0	195,000		0.7								0.3	
18		24.0	195,000											
19	X	24.0	180,000		0.7								0.3	
20	X	24.0	230,000		0.7								0.3	
21	X	24.0	170,000		0.8								0.3	
22	X	24.0	220,000		0.8								0.3	
23	X	24.0	290,000		0.8								0.4	
24	X	24.0	235,000		0.7								0.3	
25		24.0	235,000											
26	X	24.0	180,000		0.7								0.3	
27	X	24.0	230,000		0.7								0.3	
28	X	24.0	210,000		0.6								0.3	
29	X	24.0	280,000		0.6								0.3	
30	X	24.0	220,000		0.6								0.3	
31	X	24.0	225,000											
Total			6,025,000											
Avgerage			194,355											
Maximum			290,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5		Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
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:	Jean H. Pitzer	C	7605	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.

4-2-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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/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	18,000		0.7								0.3	
2	X	24.0	18,000		0.7								0.3	
3	X	24.0	18,500		0.7								0.3	
4		24.0	18,500											
5	X	24.0	19,000		0.7								0.3	
6	X	24.0	21,000		0.7								0.3	
7	X	24.0	14,000		0.7								0.3	
8	X	24.0	29,000		0.8								0.3	
9	X	24.0	20,000		0.7								0.3	
10	X	24.0	15,000		0.7								0.3	
11		24.0	15,000											
12	X	24.0	11,000		0.8								0.4	
13	X	24.0	2,000		0.8								0.4	
14	X	24.0	2,000		0.8								0.4	
15	X	24.0	3,000		0.8								0.4	
16	X	24.0	5,000		0.8								0.4	
17	X	24.0	54,500		0.7								0.3	
18		24.0	54,500											
19	X	24.0	20,000		0.7								0.3	
20	X	24.0	16,000		0.8								0.4	
21	X	24.0	19,000		0.8								0.4	
22	X	24.0	19,000		0.8								0.4	
23	X	24.0	19,000		0.8								0.4	
24	X	24.0	19,500		0.8								0.4	
25		24.0	19,500											
26	X	24.0	10,000		0.8								0.4	
27	X	24.0	20,000		0.8								0.4	
28	X	24.0	30,000		0.8								0.4	
29	X	24.0	33,000		0.8								0.4	
30	X	24.0	40,000		0.8								0.3	
31	X	24.0	15,500											
Total			618,500											
Avgerage			19,952											
Maximum			54,500											

* 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 :	March 2007									
Community Water System (CWS) Name:	Sunny Hills									
Public Water System (PWS) Identification Number:	1670647									
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	130,000	18,000								148,000
2	0	130,000	18,000								148,000
3	0	165,000	18,500								183,500
4	0	165,000	18,500								183,500
5	0	120,000	19,000								139,000
6	0	150,000	21,000								171,000
7	0	180,000	14,000								194,000
8	0	180,000	29,000								209,000
9	0	180,000	20,000								200,000
10	0	175,000	15,000								190,000
11	0	175,000	15,000								190,000
12	0	200,000	11,000								211,000
13	0	200,000	2,000								202,000
14	0	180,000	2,000								182,000
15	0	180,000	3,000								183,000
16	0	220,000	5,000								225,000
17	0	195,000	54,500								249,500
18	0	195,000	54,500								249,500
19	0	180,000	20,000								200,000
20	0	230,000	16,000								246,000
21	0	170,000	19,000								189,000
22	0	220,000	19,000								239,000
23	0	290,000	19,000								309,000
24	0	235,000	19,500								254,500
25	0	235,000	19,500								254,500
26	0	180,000	10,000								190,000
27	0	230,000	20,000								250,000
28	0	210,000	30,000								240,000
29	0	280,000	33,000								313,000
30	0	220,000	40,000								260,000
31	0	225,000	15,500								240,500
Total	0	6,025,000	618,500								6,643,500
Avg.	0	194,355	19,952								214,306
Max.		290,000	54,500								313,000

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: April, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

5-3-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
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16														
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19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

* 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:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4	Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

5-3-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water 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	225,000											
2	X	24.0	230,000		0.7								0.3	
3	X	24.0	260,000		0.7								0.3	
4	X	24.0	220,000		0.5								0.2	
5	X	24.0	220,000		0.5								0.2	
6	X	24.0	225,000		0.6								0.3	
7		24.0	225,000											
8	X	24.0	170,000		0.5								0.3	
9	X	24.0	150,000		0.8								0.4	
10	X	24.0	210,000		0.8								0.4	
11	X	24.0	170,000		0.7								0.3	
12	X	24.0	210,000		0.8								0.4	
13	X	24.0	240,000		0.8								0.4	
14	X	24.0	180,000		0.8								0.4	
15		24.0	180,000											
16	X	24.0	200,000		0.9								0.4	
17	X	24.0	200,000		0.8								0.3	
18	X	24.0	200,000		0.8								0.3	
19	X	24.0	250,000		0.9								0.4	
20	X	24.0	190,000		0.9								0.4	
21	X	24.0	255,000		0.6								0.3	
22		24.0	255,000											
23	X	24.0	390,000		0.6								0.3	
24	X	24.0	300,000		0.5								0.2	
25	X	24.0	240,000		0.5								0.2	
26	X	24.0	210,000		0.8								0.4	
27	X	24.0	210,000		0.8								0.4	
28	X	24.0	225,000		0.9								0.3	
29		24.0	225,000											
30	X	24.0	200,000		0.8								0.3	
31		24.0												
Total			6,665,000											
Avgerage			215,000											
Maximum			390,000											

* 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:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5	Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

5-3-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	15,500											
2	X	24.0	13,000		0.7								0.3	
3	X	24.0	21,000		0.7								0.3	
4	X	24.0	112,000		0.6								0.2	
5	X	24.0	46,000		0.8								0.4	
6	X	24.0	50,000		0.8								0.4	
7		24.0	50,000											
8	X	24.0	11,000		0.8								0.4	
9	X	24.0	14,000		0.8								0.4	
10	X	24.0	35,000		0.8								0.4	
11	X	24.0	14,000		0.6								0.3	
12	X	24.0	19,000		0.8								0.4	
13	X	24.0	19,000		0.8								0.4	
14	X	24.0	14,000		0.8								0.4	
15		24.0	14,000											
16	X	24.0	20,000		0.8								0.4	
17	X	24.0	17,000		0.8								0.3	
18	X	24.0	13,000		0.8								0.4	
19	X	24.0	16,000		0.8								0.4	
20	X	24.0	20,000		0.8								0.4	
21	X	24.0	19,000		0.7								0.3	
22		24.0	19,000											
23	X	24.0	11,000		0.9								0.5	
24	X	24.0	11,000		0.9								0.5	
25	X	24.0	16,000		0.9								0.5	
26	X	24.0	18,000		0.9								0.4	
27	X	24.0	18,000		0.9								0.5	
28	X	24.0	17,000		0.9								0.4	
29		24.0	17,000											
30	X	24.0	13,000		0.8								0.4	
31		24.0												
Total			692,500											
Avgerage			22,339											
Maximum			112,000											

* 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:	Sunny Hills										
Public Water System (PWS) Identification Number:	1670647										
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	225,000	15,500								240,500
2	0	230,000	13,000								243,000
3	0	260,000	21,000								281,000
4	0	220,000	112,000								332,000
5	0	220,000	46,000								266,000
6	0	225,000	50,000								275,000
7	0	225,000	50,000								275,000
8	0	170,000	11,000								181,000
9	0	150,000	14,000								164,000
10	0	210,000	35,000								245,000
11	0	170,000	14,000								184,000
12	0	210,000	19,000								229,000
13	0	240,000	19,000								259,000
14	0	180,000	14,000								194,000
15	0	180,000	14,000								194,000
16	0	200,000	20,000								220,000
17	0	200,000	17,000								217,000
18	0	200,000	13,000								213,000
19	0	250,000	16,000								266,000
20	0	190,000	20,000								210,000
21	0	255,000	19,000								274,000
22	0	255,000	19,000								274,000
23	0	390,000	11,000								401,000
24	0	300,000	11,000								311,000
25	0	240,000	16,000								256,000
26	0	210,000	18,000								228,000
27	0	210,000	18,000								228,000
28	0	225,000	17,000								242,000
29	0	225,000	17,000								242,000
30	0	200,000	13,000								213,000
31	0	0	0								0
Total	0	6,665,000	692,500								7,357,500
Avg.	0	215,000	22,339								237,339
Max.		390,000	112,000								401,000

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: May, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

6-2-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

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

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

6-2-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

				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	260,000		0.6								0.3	
2	X	24.0	270,000		0.5								0.2	
3	X	24.0	240,000		0.8								0.3	
4	X	24.0	240,000		0.8								0.4	
5	X	24.0	275,000		0.7								0.3	
6		24.0	275,000											
7	X	24.0	200,000		0.6								0.3	
8	X	24.0	270,000		0.8								0.4	
9	X	24.0	250,000		0.8								0.4	
10	X	24.0	300,000		0.8								0.4	
11	X	24.0	300,000		0.8								0.4	
12	X	24.0	240,000		0.8								0.4	
13		24.0	240,000											
14	X	24.0	230,000		0.6								0.3	
15	X	24.0	240,000		0.6								0.3	
16	X	24.0	210,000		0.6								0.3	
17	X	24.0	230,000		0.8								0.4	
18	X	24.0	230,000		0.8								0.4	
19	X	24.0	250,000		0.8								0.4	
20		24.0	250,000											
21	X	24.0	240,000		0.8								0.4	
22	X	24.0	240,000		0.7								0.3	
23	X	24.0	280,000		0.8								0.4	
24	X	24.0	270,000		0.8								0.4	
25	X	24.0	210,000		0.8								0.4	
26	X	24.0	310,000		0.8								0.4	
27		24.0	310,000											
28	X	24.0	180,000		0.8								0.3	
29	X	24.0	270,000		0.7								0.3	
30	X	24.0	230,000		0.8								0.3	
31	X	24.0												
Total			7,540,000											
Avgerage			243,226											
Maximum			310,000											

* 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: May, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills		State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

6-2-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number: 1670647 Plant Name: Sunny Hills Well # 5

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	11,000		0.8								0.4	
2	X	24.0	19,000		0.8								0.4	
3	X	24.0	12,000		0.8								0.4	
4	X	24.0	12,000		0.8								0.4	
5	X	24.0	24,000		0.7								0.3	
6		24.0	24,000											
7	X	24.0	17,000		0.7								0.3	
8	X	24.0	16,000		0.7								0.3	
9	X	24.0	20,000		0.7								0.3	
10	X	24.0	21,000		0.7								0.3	
11	X	24.0	20,000		0.8								0.3	
12	X	24.0	20,000		0.8								0.3	
13		24.0	20,000											
14	X	24.0	20,000		0.7								0.3	
15	X	24.0	19,000		0.8								0.3	
16	X	24.0	14,000		0.8								0.3	
17	X	24.0	14,000		0.7								0.3	
18	X	24.0	20,000		0.7								0.3	
19	X	24.0	16,000		0.7								0.3	
20		24.0	16,000											
21	X	24.0	16,000		0.9								0.4	
22	X	24.0	15,000		0.8								0.4	
23	X	24.0	23,000		0.7								0.3	
24	X	24.0	20,000		0.7								0.3	
25	X	24.0	20,000		0.7								0.3	
26	X	24.0	20,000		0.7								0.3	
27		24.0	20,000											
28	X	24.0	9,000		0.8								0.3	
29	X	24.0	34,000		0.7								0.3	
30	X	24.0	21,000		0.7								0.3	
31	X	24.0	21,000											
Total			574,000											
Avgerage			18,516											
Maximum			34,000											

* 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 2007									
Community Water System (CWS) Name:	Sunny Hills									
Public Water System (PWS) Identification Number:	1670647									
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total:
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total:
1	0	260,000	11,000								271,000
2	0	270,000	19,000								289,000
3	0	240,000	12,000								252,000
4	0	240,000	12,000								252,000
5	0	275,000	24,000								299,000
6	0	275,000	24,000								299,000
7	0	200,000	17,000								217,000
8	0	270,000	16,000								286,000
9	0	250,000	20,000								270,000
10	0	300,000	21,000								321,000
11	0	300,000	20,000								320,000
12	0	240,000	20,000								260,000
13	0	240,000	20,000								260,000
14	0	230,000	20,000								250,000
15	0	240,000	19,000								259,000
16	0	210,000	14,000								224,000
17	0	230,000	14,000								244,000
18	0	230,000	20,000								250,000
19	0	250,000	16,000								266,000
20	0	250,000	16,000								266,000
21	0	240,000	16,000								256,000
22	0	240,000	15,000								255,000
23	0	280,000	23,000								303,000
24	0	270,000	20,000								290,000
25	0	210,000	20,000								230,000
26	0	310,000	20,000								330,000
27	0	310,000	20,000								330,000
28	0	180,000	9,000								189,000
29	0	270,000	34,000								304,000
30	0	230,000	21,000								251,000
31	0	0	21,000								21,000
Total	0	7,540,000	574,000								8,114,000
Avg.	0	243,226	18,516								261,742
Max.		310,000	34,000								330,000

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: June, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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	Jean H. Pitzer	C	7605	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.

7-4-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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/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														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
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18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

* 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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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 Operators	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
7-4-07	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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/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	320,000		0.7								0.3	
2	X	24.0	240,000		0.8								0.4	
3		24.0	240,000											
4	X	24.0	250,000		0.8								0.3	
5	X	24.0	260,000		0.8								0.3	
6	X	24.0	290,000		0.9								0.4	
7	X	24.0	250,000		0.9								0.4	
8	X	24.0	360,000		0.6								0.3	
9	X	24.0	215,000		0.6								0.3	
10		24.0	235,000											
11	X	24.0	340,000		0.6								0.3	
12	X	24.0	350,000		0.8								0.3	
13	X	24.0	200,000		0.8								0.3	
14	X	24.0	280,000		0.7								0.3	
15	X	24.0	60,000		0.7								0.3	
16	X	24.0	385,000		0.9								0.4	
17		24.0	385,000											
18	X	24.0	210,000		0.6								0.4	
19	X	24.0	200,000		0.7								0.3	
20	X	24.0	220,000		0.6								0.3	
21	X	24.0	280,000		0.7								0.3	
22	X	24.0	350,000		0.7								0.3	
23	X	24.0	230,000		0.6								0.3	
24		24.0	230,000											
25	X	24.0	210,000		0.6								0.3	
26	X	24.0	280,000		0.6								0.3	
27	X	24.0	290,000		0.7								0.3	
28	X	24.0	180,000		0.8								0.4	
29	X	24.0	370,000		0.8								0.4	
30	X	24.0	220,000		0.8								0.4	
31		24.0												
Total			7,950,000											
Avgerage			256,452											
Maximum			385,000											

* 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: June, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

7-4-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 5

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	17,000		0.8								0.4	
2	X	24.0	17,000		0.6								0.3	
3		24.0	17,000											
4	X	24.0	8,000		0.5								0.4	
5	X	24.0	18,000		0.5								0.4	
6	X	24.0	18,000		0.8								0.3	
7	X	24.0	18,000		0.7								0.3	
8	X	24.0	9,000		0.8								0.4	
9	X	24.0	14,000		0.8								0.4	
10		24.0	14,000											
11	X	24.0	18,000		0.5								0.4	
12	X	24.0	10,000		0.5								0.3	
13	X	24.0	18,000		0.8								0.3	
14	X	24.0	20,000		0.7								0.3	
15	X	24.0	19,000		0.8								0.4	
16	X	24.0	30,000		0.8								0.4	
17		24.0	30,000											
18	X	24.0	14,000		0.8								0.4	
19	X	24.0	26,000		0.8								0.4	
20	X	24.0	21,000		0.8								0.4	
21	X	24.0	22,000		0.7								0.4	
22	X	24.0			0.9								0.4	
23	X	24.0	45,000		0.9								0.4	
24		24.0	45,000											
25	X	24.0	33,000		0.6								0.3	
26	X	24.0	14,000		0.5								0.3	
27	X	24.0	56,000		0.5								0.3	
28	X	24.0	22,000		0.5								0.3	
29	X	24.0	22,000		0.5								0.3	
30	X	24.0	7,666		0.6								0.3	
31		24.0												
Total			622,666											
Avgerage			20,086											
Maximum			56,000											

* 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:	Sunny Hills										
Public Water System (PWS) Identification Number:	1670647										
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	320,000	17,000								337,000
2	0	240,000	17,000								257,000
3	0	240,000	17,000								257,000
4	0	250,000	8,000								258,000
5	0	260,000	18,000								278,000
6	0	290,000	18,000								308,000
7	0	250,000	18,000								268,000
8	0	360,000	9,000								369,000
9	0	235,000	14,000								249,000
10	0	235,000	14,000								249,000
11	0	340,000	18,000								358,000
12	0	350,000	10,000								360,000
13	0	200,000	18,000								218,000
14	0	280,000	20,000								300,000
15	0	60,000	19,000								79,000
16	0	385,000	30,000								415,000
17	0	385,000	30,000								415,000
18	0	210,000	14,000								224,000
19	0	200,000	26,000								226,000
20	0	220,000	21,000								241,000
21	0	280,000	22,000								302,000
22	0	350,000	0								350,000
23	0	230,000	45,000								275,000
24	0	230,000	45,000								275,000
25	0	210,000	33,000								243,000
26	0	280,000	14,000								294,000
27	0	290,000	56,000								346,000
28	0	180,000	22,000								202,000
29	0	370,000	22,000								392,000
30	0	220,000	7,666								227,666
31	0	0	0								0
Total	0	7,950,000	622,666								8,572,666
Avg.	0	256,452	20,086								276,538
Max.		385,000	56,000								415,000

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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	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.

8-3-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1														
2														
3														
4														
5														
6														
7	Out of Service from 7/1/07 to 7/18/07.													
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18	X				0.5								0.3	
19	X		10,000		0.3								0.3	
20	X		10,000		0.4								0.3	
21	X				0.3								0.3	
22														
23	X		140,000		0.3								0.3	
24	X		130,000		0.5								0.3	
25	X		150,000		0.5								0.3	
26	X		120,000		0.5								0.3	
27	X		130,000		0.4								0.3	
28	X		110,000		0.3								0.3	
29			110,000											
30	X		150,000		0.3								0.3	
31	X		170,000		0.3								0.3	
Total			1,230,000											
Avgerage			45,556											
Maximum			170,000											

* 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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
8-3-07	Jean Pitzer	C7605

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 4

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	220,000											
2	X	24.0	200,000		0.8								0.4	
3	X	24.0	130,000		0.8								0.4	
4	X	24.0	258,000		0.8								0.4	
5	X	24.0	162,000		0.8								0.3	
6	X	24.0	250,000		0.8								0.3	
7	X	24.0	185,000		0.7								0.3	
8		24.0	185,000											
9	X	24.0	200,000		0.8								0.3	
10	X	24.0	220,000		0.8								0.3	
11	X	24.0	200,000		0.7								0.3	
12	X	24.0	200,000		0.7								0.3	
13	X	24.0	220,000		0.7								0.3	
14	X	24.0	185,000		0.8								0.3	
15		24.0	185,000											
16	X	24.0	150,000		0.8								0.3	
17	X	24.0	200,000		0.8								0.3	
18	X	24.0	230,000		0.8								0.3	
19	X	24.0	200,000		0.8								0.3	
20	X	24.0	260,000		0.8								0.3	
21	X	24.0	200,000		0.7								0.3	
22		24.0	200,000											
23	X	24.0	70,000		0.7								0.3	
24	X	24.0	60,000		0.6								0.3	
25	X	24.0	70,000		0.6								0.3	
26	X	24.0	60,000		0.8								0.4	
27	X	24.0	70,000		0.8								0.4	
28	X	24.0	60,000		0.8								0.4	
29		24.0	60,000											
30	X	24.0	80,000		0.9								0.4	
31	X	24.0	100,000		0.9								0.4	
Total			5,070,000											
Avgerage			163,548											
Maximum			260,000											

* 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: July, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	Days 1st Shift
Other Operators	[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.

8-3-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	7,666											
2	X	24.0	25,000		0.5								0.3	
3	X	24.0	11,000		0.8								0.4	
4	X	24.0	13,000		0.8								0.4	
5	X	24.0	24,000		0.8								0.4	
6	X	24.0	33,000		0.7								0.4	
7	X	24.0	14,500		0.8								0.4	
8		24.0	14,500											
9	X	24.0	25,000		0.7								0.4	
10	X	24.0	26,000		0.8								0.3	
11	X	24.0	24,000		0.8								0.3	
12	X	24.0	12,000		0.8								0.4	
13	X	24.0	23,000		0.7								0.3	
14	X	24.0	18,000		0.7								0.3	
15		24.0	18,000											
16	X	24.0	23,000		0.6								0.3	
17	X	24.0	12,000		0.8								0.3	
18	X	24.0	23,000		0.8								0.3	
19	X	24.0	24,000		0.8								0.3	
20	X	24.0	23,000		0.7								0.3	
21	X	24.0	17,000		0.8								0.4	
22		24.0	17,000											
23	X	24.0	12,000		0.6								0.3	
24	X	24.0	22,000		0.7								0.4	
25	X	24.0	11,000		0.7								0.3	
26	X	24.0	23,000		0.8								0.4	
27	X	24.0	11,000		0.7								0.4	
28	X	24.0	17,000		0.7								0.4	
29		24.0	17,000											
30	X	24.0	18,000		0.7								0.4	
31	X	24.0	8,000		0.6								0.3	
Total			566,666											
Avgerage			18,280											
Maximum			33,000											

* 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: Sunny Hills											
Public Water System (PWS) Identification Number: 1670647											
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	220,000	7,666								227,666
2	0	200,000	25,000								225,000
3	0	130,000	11,000								141,000
4	0	258,000	13,000								271,000
5	0	162,000	24,000								186,000
6	0	250,000	33,000								283,000
7	0	185,000	14,500								199,500
8	0	185,000	14,500								199,500
9	0	200,000	25,000								225,000
10	0	220,000	26,000								246,000
11	0	200,000	24,000								224,000
12	0	200,000	12,000								212,000
13	0	220,000	23,000								243,000
14	0	185,000	18,000								203,000
15	0	185,000	18,000								203,000
16	0	150,000	23,000								173,000
17	0	200,000	12,000								212,000
18	0	230,000	23,000								253,000
19	10,000	200,000	24,000								234,000
20	10,000	260,000	23,000								293,000
21	0	200,000	17,000								217,000
22	0	200,000	17,000								217,000
23	140,000	70,000	12,000								222,000
24	130,000	60,000	22,000								212,000
25	150,000	70,000	11,000								231,000
26	120,000	60,000	23,000								203,000
27	130,000	70,000	11,000								211,000
28	110,000	60,000	17,000								187,000
29	110,000	60,000	17,000								187,000
30	150,000	80,000	18,000								248,000
31	170,000	100,000	8,000								278,000
Total	1,230,000	5,070,000	566,666								6,866,666
Avg.	39,677	163,548	18,280								221,505
Max.	170,000	260,000	33,000								293,000

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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
9-5-07	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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		90,000		0.5								0.2	
2	X		210,000		0.6								0.2	
3			210,000											
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total			510,000											
Avgerage			16,452											
Maximum			210,000											

* 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: August, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	*Brian Heath*	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4	Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

9-5-07
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 4

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	80,000		0.8								0.4	
2	X	24.0	90,000		0.8								0.4	
3	X	24.0	120,000		0.8								0.4	
4	X	24.0	265,000		0.8								0.4	
5		24.0	265,000											
6	X	24.0	220,000		0.6								0.3	
7	X	24.0	270,000		0.6								0.3	
8	X	24.0	220,000		0.6								0.3	
9	X	24.0	240,000		0.6								0.3	
10	X	24.0	280,000		0.6								0.3	
11	X	24.0	205,000		0.7								0.3	
12		24.0	205,000											
13	X	24.0	280,000		0.6								0.3	
14	X	24.0	290,000		0.8								0.3	
15	X	24.0	330,000		0.7								0.3	
16	X	24.0	280,000		0.8								0.3	
17	X	24.0	220,000		0.6								0.3	
18	X	24.0	140,000		0.6								0.3	
19		24.0	140,000											
20	X	24.0	240,000		0.8								0.4	
21	X	24.0	280,000		0.8								0.4	
22	X	24.0	310,000		0.8								0.4	
23	X	24.0	210,000		0.8								0.4	
24	X	24.0	300,000		0.8								0.4	
25	X	24.0	220,000		0.7								0.3	
26		24.0	220,000											
27	X	24.0	200,000		0.8								0.4	
28	X	24.0	20,000		0.8								0.4	
29	X	24.0	450,000		0.8								0.4	
30	X	24.0	270,000		0.7								0.3	
31	X	24.0	250,000											
Total			7,110,000											
Avgerage			229,355											
Maximum			450,000											

* 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: August, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

9-5-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	12,000		0.7								0.3	
2	X	24.0	23,000		0.6								0.2	
3	X	24.0	23,000		0.8								0.3	
4	X	24.0	17,000		0.8								0.3	
5		24.0	17,000											
6	X	24.0	24,000		0.8								0.4	
7	X	24.0	11,000		0.8								0.3	
8	X	24.0	23,000		0.8								0.3	
9	X	24.0	11,000		0.8								0.3	
10	X	24.0	22,000		0.8								0.3	
11	X	24.0	11,500		0.8								0.3	
12		24.0	11,500											
13	X	24.0	28,000		0.6								0.3	
14	X	24.0	19,000		0.8								0.3	
15	X	24.0	33,000		0.6								0.3	
16	X	24.0	34,000		0.6								0.3	
17	X	24.0	11,000		0.6								0.3	
18	X	24.0	16,500		0.6								0.3	
19		24.0	16,500											
20	X	24.0	18,000		0.6								0.3	
21	X	24.0	15,000		0.6								0.3	
22	X	24.0	22,000		0.6								0.3	
23	X	24.0	11,000		0.6								0.3	
24	X	24.0	21,000		0.7								0.3	
25	X	24.0	21,500		0.7								0.3	
26		24.0	21,500											
27	X	24.0	22,000		0.7								0.3	
28	X	24.0	11,000		0.8								0.4	
29	X	24.0	22,000		0.8								0.4	
30	X	24.0	21,000		0.9								0.4	
31	X	24.0	22,000											
Total			592,000											
Avgerage			19,097											
Maximum			34,000											

* 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: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	432,000	504,000	288,000								1,224,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	90,000	80,000	12,000								182,000
2	210,000	90,000	23,000								323,000
3	210,000	120,000	23,000								353,000
4	0	265,000	17,000								282,000
5	0	265,000	17,000								282,000
6	0	220,000	24,000								244,000
7	0	270,000	11,000								281,000
8	0	220,000	23,000								243,000
9	0	240,000	11,000								251,000
10	0	280,000	22,000								302,000
11	0	205,000	11,500								216,500
12	0	205,000	11,500								216,500
13	0	280,000	28,000								308,000
14	0	290,000	19,000								309,000
15	0	330,000	33,000								363,000
16	0	280,000	34,000								314,000
17	0	220,000	11,000								231,000
18	0	140,000	16,500								156,500
19	0	140,000	16,500								156,500
20	0	240,000	18,000								258,000
21	0	280,000	15,000								295,000
22	0	310,000	22,000								332,000
23	0	210,000	11,000								221,000
24	0	300,000	21,000								321,000
25	0	220,000	21,500								241,500
26	0	220,000	21,500								241,500
27	0	200,000	22,000								222,000
28	0	20,000	11,000								31,000
29	0	450,000	22,000								472,000
30	0	270,000	21,000								291,000
31	0	250,000	22,000								272,000
Total	510,000	7,110,000	592,000								8,212,000
Avg.	16,452	229,355	19,097								264,903
Max.	210,000	450,000	34,000								472,000

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: September, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			*Total Population Served at End of Month:*	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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)	Jean H. Pitzer	C	7605	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.

10-1-2007
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water 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														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

* 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: September, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills		PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community		☐ Consecutive	
Number of Service Connections at End of Month:	522		Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4		Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
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	Jean H. Pitzer	C	7605	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.

10-1-2007
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	235,000		0.8								0.4	
2		24.0	235,000											
3	X	24.0	255,000		0.6								0.3	
4	X	24.0	205,000		0.8								0.4	
5	X	24.0	280,000		0.8								0.4	
6	X	24.0	250,000		0.8								0.4	
7	X	24.0	250,000		0.8								0.4	
8	X	24.0	215,000		0.8								0.4	
9		24.0	215,000											
10	X	24.0	235,000		0.7								0.3	
11	X	24.0	215,000		0.7								0.3	
12	X	24.0	250,000		0.7								0.3	
13	X	24.0	215,000		0.7								0.3	
14	X	24.0	250,000		0.8								0.3	
15	X	24.0	215,000		0.8								0.3	
16		24.0	215,000											
17	X	24.0	215,000		0.7								0.3	
18	X	24.0	220,000		0.6								0.3	
19	X	24.0	220,000		0.6								0.3	
20	X	24.0	240,000		0.6								0.3	
21	X	24.0	310,000		0.7								0.3	
22	X	24.0	300,000		0.8								0.4	
23		24.0	300,000											
24	X	24.0	310,000		0.8								0.4	
25	X	24.0	300,000		0.8								0.4	
26	X	24.0	215,000		0.6								0.3	
27	X	24.0	220,000		0.7								0.3	
28	X	24.0	215,000		0.8								0.3	
29	X	24.0	260,000		0.7								0.3	
30		24.0	260,000											
31		24.0												
Total			7,320,000											
Avgerage			236,129											
Maximum			310,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City:	Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-1-2007
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 5

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	X	24.0	16,000		0.9								0.4	
2		24.0	16,000											
3	X	24.0	21,000		0.9								0.4	
4	X	24.0	11,000		0.9								0.4	
5	X	24.0	20,000		0.9								0.4	
6	X	24.0	21,000		0.9								0.4	
7	X	24.0	20,000		0.8								0.4	
8	X	24.0	26,000		0.8								0.4	
9		24.0	26,000											
10	X	24.0	20,000		0.7								0.4	
11	X	24.0	10,000		0.7								0.4	
12	X	24.0	21,000		0.8								0.4	
13	X	24.0	20,000		0.8								0.4	
14	X	24.0	21,000		0.8								0.4	
15	X	24.0	19,000		0.8								0.4	
16		24.0	19,000											
17	X	24.0	10,000		0.8								0.4	
18	X	24.0	19,000		0.8								0.4	
19	X	24.0	19,000		0.8								0.4	
20	X	24.0	19,000		0.8								0.4	
21	X	24.0	19,000		0.7								0.4	
22	X	24.0	20,000		0.8								0.4	
23		24.0	20,000											
24	X	24.0	20,000		0.8								0.4	
25	X	24.0	19,000		0.8								0.4	
26	X	24.0	19,000		0.9								0.4	
27	X	24.0	19,000		0.9								0.4	
28	X	24.0	19,000		0.9								0.4	
29	X	24.0	19,000		0.8								0.4	
30		24.0	19,000											
31		24.0												
Total			567,000											
Avgerage			18,290											
Maximum			26,000											

* 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: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	235,000	16,000								251,000
2	0	235,000	16,000								251,000
3	0	255,000	21,000								276,000
4	0	205,000	11,000								216,000
5	0	280,000	20,000								300,000
6	0	250,000	21,000								271,000
7	0	250,000	20,000								270,000
8	0	215,000	26,000								241,000
9	0	215,000	26,000								241,000
10	0	235,000	20,000								255,000
11	0	215,000	10,000								225,000
12	0	250,000	21,000								271,000
13	0	215,000	20,000								235,000
14	0	250,000	21,000								271,000
15	0	215,000	19,000								234,000
16	0	215,000	19,000								234,000
17	0	215,000	10,000								225,000
18	0	220,000	19,000								239,000
19	0	220,000	19,000								239,000
20	0	240,000	19,000								259,000
21	0	310,000	19,000								329,000
22	0	300,000	20,000								320,000
23	0	300,000	20,000								320,000
24	0	310,000	20,000								330,000
25	0	300,000	19,000								319,000
26	0	215,000	19,000								234,000
27	0	220,000	19,000								239,000
28	0	215,000	19,000								234,000
29	0	260,000	19,000								279,000
30	0	260,000	19,000								279,000
31	0	0	0								0
Total	0	7,320,000	567,000								7,887,000
Avg.	0	236,129	18,290								254,419
Max.		310,000	26,000								330,000

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, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

11-05-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4	Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

11-05-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

11-05-07

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

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 :	October 2007										
Community Water System (CWS) Name:	Sunny Hills										
Public Water System (PWS) Identification Number:	1670647										
Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	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										
	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	0	260,000	1,800								261,800
2	0	250,000	1,900								251,900
3	0	250,000	1,800								251,800
4	0	270,000	1,900								271,900
5	0	270,000	2,800								272,800
6	0	250,000	1,850								251,850
7	0	250,000	1,850								251,850
8	0	230,000	1,900								231,900
9	0	250,000	1,900								251,900
10	0	270,000	1,800								271,800
11	0	260,000	1,800								261,800
12	0	310,000	2,500								312,500
13	0	240,000	2,150								242,150
14	0	240,000	2,150								242,150
15	0	210,000	900								210,900
16	0	250,000	2,500								252,500
17	0	230,000	1,800								231,800
18	0	230,000	2,300								232,300
19	0	240,000	2,100								242,100
20	0	230,000	1,700								231,700
21	0	230,000	1,700								231,700
22	0	230,000	2,700								232,700
23	0	230,000	1,900								231,900
24	0	230,000	3,300								233,300
25	0	200,000	900								200,900
26	0	260,000	2,400								262,400
27	0	220,000	2,050								222,050
28	0	220,000	2,050								222,050
29	0	250,000	1,600								251,600
30	0	220,000	2,400								222,400
31	0	0	1,600								1,600
Total	0	7,280,000	62,000								7,342,000
Avg.	0	234,839	2,000								236,839
Max.		310,000	3,300								312,500

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT

WATER USE SUMMARY REPORTING FORM

Mail to: Northwest Florida Water Management District
Division of Resource of Regulation
152 Water Management Drive
Havana, Florida 32333-9700
(850) 539-5999

Permit # S842730

County Washington

Month & Year October, 2007

Permittee Name & Phone No.: Aqua Utilities Florida - Sunny Hills Plant (850) 773-2802

Water Use Reporting Method: Flow Meter. Pump Run Time. Other

Comments:

FOR IRRIGATION WATER USERS ONLY

Crop/Vegetation Type(s)	Net Acres Irrigated

Days of Month	FACILITY/Well * Florida Unique ID SSU #1 (1000 GALS)	FACILITY/Well * Florida Unique ID SSU #4 (1000 GALS)	FACILITY/Well * Florida Unique ID SSU #5 (1000 GALS)	FACILITY/Well * Florida Unique ID (1000 GALS)	SYSTEM DAILY TOTAL (1000 GALS)
1	0	260,000	1,800		261,800
2	0	250,000	1,900		251,900
3	0	250,000	1,800		251,800
4	0	270,000	1,900		271,900
5	0	270,000	2,800		272,800
6	0	250,000	1,850		251,850
7	0	250,000	1,850		251,850
8	0	230,000	1,900		231,900
9	0	250,000	1,900		251,900
10	0	270,000	1,800		271,800
11	0	260,000	1,800		261,800
12	0	310,000	2,500		312,500
13	0	240,000	2,150		242,150
14	0	240,000	2,150		242,150
15	0	210,000	900		210,900
16	0	250,000	2,500		252,500
17	0	230,000	1,800		231,800
18	0	230,000	2,300		232,300
19	0	240,000	2,100		242,100
20	0	230,000	1,700		231,700
21	0	230,000	1,700		231,700
22	0	230,000	2,700		232,700
23	0	230,000	1,900		231,900
24	0	230,000	3,300		233,300
25	0	200,000	900		200,900
26	0	260,000	2,400		262,400
27	0	220,000	2,050		222,050
28	0	220,000	2,050		222,050
29	0	250,000	1,600		251,600
30	0	220,000	2,400		222,400
31	0	0	1,600		1,600
Monthly Total	0	7,280,000	62,000	0	7,342,000
					312,500

Signature of Person Completing Form — Date: 11-5-07

SYSTEM MAXIMUM DAILY USE

* Use the Florida Unique Identification Number if available (i.e., AAA1234)

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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	594			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

12-5-2007
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1
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/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														
2					Well Off Line									
3														
4														
5														
6														
7	X		5,600											
8	X		14,100		0.5								0.2	
9	X		20,000		0.3								0.3	
10	X		15,000		0.3								0.3	
11			15,000											
12	X		4,500		0.2								0.2	
13	X		12,500		0.3								0.2	
14	X		15,000		0.3								0.2	
15	X		15,000		0.3								0.3	
16	X		23,000		0.3								0.3	
17	X		15,500		0.3								0.3	
18			15,500											
19	X		3,000		0.4								0.3	
20	X		5,000		0.3								0.3	
21	X				Well Off Line								0.3	
22	X				Well Off Line								0.3	
23	X				Well Off Line								0.3	
24	X				Well Off Line								0.2	
25														
26	X				Well Off Line								0.3	
27	X				Well Off Line								0.3	
28	X				Well Off Line								0.3	
29	X		5,000		0.4								0.3	
30	X				0.4								0.3	
31														
Total			183,700											
Avgerage			5,926											
Maximum			23,000											

* 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:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	394			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

12-5-2007

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water 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 Mainteriance 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	220,000		0.6								0.2	
2	X	24.0	260,000		0.6								0.2	
3	X	24.0	210,000		0.7								0.2	
4		24.0	220,000											
5	X	24.0	230,000		0.6								0.2	
6	X	24.0	230,000		0.7								0.3	
7	X	24.0	230,000		0.8								0.3	
8	X	24.0	100,000		0.8								0.4	
9	X	24.0	120,000		0.8								0.4	
10	X	24.0	100,000		0.8								0.4	
11		24.0	120,000											
12	X	24.0	230,000		0.8								0.4	
13	X	24.0	180,000		0.8								0.4	
14	X	24.0	120,000		0.8								0.4	
15	X	24.0	100,000		0.8								0.4	
16	X	24.0	120,000		0.8								0.4	
17	X	24.0	100,000		0.7								0.3	
18		24.0	120,000											
19	X	24.0	230,000		0.8								0.3	
20	X	24.0	230,000		0.8								0.3	
21	X	24.0	260,000		0.8								0.3	
22	X	24.0	220,000		0.8								0.3	
23	X	24.0	260,000		0.8								0.3	
24	X	24.0	210,000		0.8								0.3	
25		24.0	210,000											
26	X	24.0	280,000		0.8								0.4	
27	X	24.0	230,000		0.8								0.4	
28	X	24.0	210,000		0.8								0.4	
29	X	24.0	240,000		0.8								0.4	
30	X	24.0	120,000		0.8								0.4	
31		24.0												
Total			5,710,000											
Avgerage			184,194											
Maximum			280,000											

* 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: November, 2007

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	594			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605.	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.

12-5-2007
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	23,000		0.8								0.3	
2	X	24.0	24,000		0.6								0.2	
3	X	24.0	19,000		0.6								0.2	
4		24.0	19,000											
5	X	24.0	22,000		0.6								0.2	
6	X	24.0	15,000		0.7								0.2	
7	X	24.0	22,000		0.7								0.2	
8	X	24.0	21,000		0.8								0.4	
9	X	24.0	22,000		0.8								0.4	
10	X	24.0	17,500		0.8								0.4	
11		24.0	17,500											
12	X	24.0	22,000		0.5								0.2	
13	X	24.0	14,000		0.6								0.2	
14	X	24.0	22,000		0.6								0.2	
15	X	24.0	28,000		0.6								0.2	
16	X	24.0	19,000		0.7								0.3	
17	X	24.0	17,000		0.7								0.3	
18		24.0	17,000											
19	X	24.0	21,000		0.8								0.3	
20	X	24.0	21,000		0.8								0.3	
21	X	24.0	20,000		0.7								0.2	
22	X	24.0	20,000		0.8								0.3	
23	X	24.0	20,000		0.8								0.4	
24	X	24.0	16,000		0.8								0.4	
25		24.0	16,000											
26	X	24.0	21,000		0.8								0.4	
27	X	24.0	20,000		0.8								0.4	
28	X	24.0	20,000		0.8								0.3	
29	X	24.0	20,000		0.8								0.3	
30	X	24.0	10,000		0.7								0.3	
31		24.0												
Total			586,000											
Avgerage			18,903											
Maximum			28,000											

* 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 2007

Community Water System (CWS) Name: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	220,000	23,000								243,000
2	0	260,000	24,000								284,000
3	0	210,000	19,000								229,000
4	0	220,000	19,000								239,000
5	0	230,000	22,000								252,000
6	0	230,000	15,000								245,000
7	5,600	230,000	22,000								257,600
8	14,100	100,000	21,000								135,100
9	20,000	120,000	22,000								162,000
10	15,000	100,000	17,500								132,500
11	15,000	120,000	17,500								152,500
12	4,500	230,000	22,000								256,500
13	12,500	180,000	14,000								206,500
14	15,000	120,000	22,000								157,000
15	15,000	100,000	28,000								143,000
16	23,000	120,000	19,000								162,000
17	15,500	100,000	17,000								132,500
18	15,500	120,000	17,000								152,500
19	3,000	230,000	21,000								254,000
20	5,000	230,000	21,000								256,000
21	0	260,000	20,000								280,000
22	0	220,000	20,000								240,000
23	0	260,000	20,000								280,000
24	0	210,000	16,000								226,000
25	0	210,000	16,000								226,000
26	0	280,000	21,000								301,000
27	0	230,000	20,000								250,000
28	0	210,000	20,000								230,000
29	5,000	240,000	20,000								265,000
30	0	120,000	10,000								130,000
31	0	0	0								0
Total	183,700	5,710,000	586,000								6,479,700
Avg.	5,926	184,194	18,903								209,023
Max.	23,000	280,000	28,000								301,000

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	594			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

1-3-2008
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water 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	217,500		0.8								0.4	
2		24.0	217,500											
3	X	24.0	180,000		0.8								0.4	
4	X	24.0	240,000		0.6								0.3	
5	X	24.0	190,000		0.7								0.3	
6	X	24.0	170,000		0.8								0.3	
7	X	24.0	130,000		0.8								0.3	
8		24.0	130,000											
9	X	24.0	130,000		0.7								0.3	
10	X	24.0	205,000		0.7								0.3	
11	X	24.0	205,000		0.8								0.4	
12	X	24.0	240,000		0.8								0.4	
13	X	24.0	205,000		0.8								0.3	
14	X	24.0	205,000		0.7								0.3	
15	X	24.0	212,500		0.8								0.4	
16		24.0	212,500											
17	X	24.0	265,000		0.8								0.4	
18	X	24.0	190,000		0.8								0.4	
19	X	24.0	180,000		0.8								0.4	
20	X	24.0	200,000		0.8								0.4	
21	X	24.0	225,000		0.8								0.4	
22	X	24.0	190,000		0.7								0.3	
23		24.0	190,000											
24	X	24.0	265,000		0.8								0.4	
25	X	24.0	170,000		0.8								0.4	
26	X	24.0	190,000		0.8								0.3	
27	X	24.0	225,000		0.8								0.4	
28	X	24.0	235,000		0.8								0.4	
29	X	24.0	200,000		0.8								0.4	
30		24.0	200,000											
31	X	24.0	200,000											
Total			6,215,000											
Avgerage			200,484											
Maximum			265,000											

* 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	594			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

1-3-2008
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water 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, ^{0}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	23,500		0.7								0.3	
2		24.0	23,500											
3	X	24.0	12,000		0.8								0.3	
4	X	24.0	20,000		0.6								0.2	
5	X	24.0	19,000		0.6								0.2	
6	X	24.0	19,000		0.7								0.3	
7	X	24.0	22,500		0.8								0.3	
8		24.0	22,500											
9	X	24.0	12,000		0.8								0.4	
10	X	24.0	18,000		0.8								0.4	
11	X	24.0	13,000		0.8								0.4	
12	X	24.0	24,000		0.8								0.4	
13	X	24.0	17,000		0.8								0.3	
14	X	24.0	19,000		0.8								0.4	
15	X	24.0	18,500		0.8								0.4	
16		24.0	18,500											
17	X	24.0	28,000		0.6								0.2	
18	X	24.0	23,000		0.7								0.3	
19	X	24.0	12,000		0.8								0.3	
20	X	24.0	23,000		0.8								0.3	
21	X	24.0	29,000		0.8								0.4	
22	X	24.0	19,500		0.8								0.3	
23		24.0	19,500											
24	X	24.0	27,000		0.8								0.3	
25	X	24.0	16,000		0.8								0.4	
26	X	24.0	16,000		0.8								0.4	
27	X	24.0	21,000		0.8								0.4	
28	X	24.0	28,000		0.8								0.4	
29	X	24.0	16,000		0.8								0.3	
30		24.0	16,000											
31	X	24.0	20,000											
Total			616,000											
Avgerage			19,871											
Maximum			29,000											

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

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

PWS ID:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

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

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

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

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

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

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

MONTHLY OPERATION REPORT FOR 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: Sunny Hills											
Public Water System (PWS) Identification Number: 1670647											
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	217,500	23,500								241,000
2	0	217,500	23,500								241,000
3	4,000	180,000	12,000								196,000
4	0	240,000	20,000								260,000
5	18,000	190,000	19,000								227,000
6	21,000	170,000	19,000								210,000
7	0	130,000	22,500								152,500
8	11,000	130,000	22,500								163,500
9	11,000	130,000	12,000								153,000
10	3,000	205,000	18,000								226,000
11	0	205,000	13,000								218,000
12	0	240,000	24,000								264,000
13	0	205,000	17,000								222,000
14	0	205,000	19,000								224,000
15	0	212,500	18,500								231,000
16	0	212,500	18,500								231,000
17	0	265,000	28,000								293,000
18	0	190,000	23,000								213,000
19	0	180,000	12,000								192,000
20	0	200,000	23,000								223,000
21	0	225,000	29,000								254,000
22	0	190,000	19,500								209,500
23	0	190,000	19,500								209,500
24	0	265,000	27,000								292,000
25	0	170,000	16,000								186,000
26	0	190,000	16,000								206,000
27	0	225,000	21,000								246,000
28	0	235,000	28,000								263,000
29	0	200,000	16,000								216,000
30	0	200,000	16,000								216,000
31	0	200,000	20,000								220,000
Total	68,000	6,215,000	616,000								6,899,000
Avg	2,194	200,484	19,871								222,548
Max	21,000	265,000	29,000								293,000

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	594			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	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.

1-3-2008
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	X				0.3								0.4	
2														
3	X		4,000		0.3								0.4	
4	X				0.3								0.3	
5	X		18,000		0.5								0.3	
6	X		21,000		0.3								0.3	
7	X				0.3								0.3	
8	X		11,000		0.4								0.4	
9			11,000											
10	X		3,000		0.3								0.3	
11	X				0.3								0.3	
12	X				0.3								0.4	
13	X				0.3								0.4	
14	X				0.3								0.4	
15	X				0.3								0.4	
16														
17	X				0.3								0.3	
18	X				0.3								0.3	
19	X				0.2								0.3	
20	X				0.2								0.3	
21	X				0.3								0.3	
22	X				0.3								0.3	
23														
24	X				0.3								0.3	
25	X				0.3								0.3	
26	X				0.2								0.2	
27	X				0.2								0.3	
28	X				0.2								0.3	
29	X				0.2								0.3	
30														
31	X													
Total			68,000											
Avgerage			2,194											
Maximum			21,000											

* 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: January 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	499	Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd City: Sunny Hills State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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 Worked / Shift Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

2-3-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

DOCUMENT NUMBER-DATE
04335 MAY 22 06
FPSC-COMMISSION CLERK

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	Time Plant Started to Operate (Use "0" if Not Operated)	Time Plant Stopped Operating (Use "0" if Not Operated)	Net Quantity of Finished Water Produced (gal)	Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration in Finished Water (mg/L)	Time of Occurrence (Hours and Minutes)	Lowest Residual Disinfectant Concentration in Distribution System (mg/L)	Time of Occurrence (Hours and Minutes)	Turbidity of Finished Water (NTU)	Disinfectant Contact Time (Minutes)	Maximum Treated Water Storage (gal)	Lowest Operating Pressure in Distribution System (psig)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Finished Water System Components, and Duration of Operation
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
Total													
Average													
Maximum													

* 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: January, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	499	Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4	Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	Grade Class	License Number	Days (& Shifts) Worked
Lead/Chief Operator:	Jean H. Pitzer	C	7605	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.

2-3-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Plant in Operation? (Enter X)	Hours Plant Operated	Finished Water Pumped (gallons)	CT Calculations for Virus Inactivation (if applicable)								Lowest Free Chlorine Residual Measured in Distribution System (mg/L)	Entry Point Number and Description of Any Unusual Sampling Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				Lowest Measured Disinfectant Concentration (C) (mg/L)	Measured Temperature (°C)	Lowest Measured pH	Contact Time (T) (minutes)	Inactivation Ratio Achieved During Peak Flow	Actual CT Value	Minimum CT Value Required	Virus Inactivation Ratio Achieved		
1		24.0	314,000										
2	X	24.0	91,000	0.8								0.4	
3	X	24.0	83,000	0.8								0.4	
4	X	24.0	219,000	0.8								0.4	
5	X	24.0	149,000	0.8								0.4	
6	X	24.0	149,000	0.8								0.3	
7	X	24.0	175,000	0.8								0.3	
8		24.0	175,000										
9	X	24.0	223,000	0.8								0.4	
10	X	24.0	100,000	0.7								0.3	
11	X	24.0	193,000	0.7								0.3	
12	X	24.0	129,000	0.7								0.3	
13	X	24.0	188,000	0.8								0.4	
14	X	24.0	112,500	0.8								0.4	
15		24.0	112,500										
16	X	24.0	155,000	0.8								0.4	
17	X	24.0	211,000	0.8								0.3	
18	X	24.0	152,000	0.7								0.3	
19	X	24.0	158,000	0.8								0.3	
20	X	24.0	209,000	0.8								0.3	
21	X	24.0	128,500	0.8								0.3	
22		24.0	128,500										
23	X	24.0	290,000	0.6								0.3	
24	X	24.0	104,000	0.6								0.3	
25	X	24.0	181,000	0.6								0.3	
26	X	24.0	209,000	0.8								0.4	
27	X	24.0	211,000	0.8								0.4	
28	X	24.0	202,500	0.8								0.4	
29		24.0	202,500										
30	X	24.0	200,000	0.9								0.4	
31	X	24.0	210,000										
Total			5,365,000										
Average			173,065										
Maximum			314,000										

* 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: January, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	499			Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Days/Shift Worked
Lead/Chief Operator:	Jean H. Pitzer	C	7605	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.

2-3-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 5

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	Plant Started or Manned for Operation	Hours plant in Operation	Net Quantity of Water Produced (gallons)	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Peak Hourly Flow Rate (gpm)	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Contact Time (T) at Peak Hourly Flow (minutes)	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Residual Disinfectant Concentration (C) for each CT Calculation (mg/L)	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Log Inactivation Achieved at Peak Hourly Flow	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Actual CT Value	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Required CT Value for 4-Log Inactivation	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Maximum Contact Time (T) for 4-Log Inactivation (minutes)	CT Calculations for Daily Demonstration of 4-Log Virus Inactivation, if Applicable: Maximum Allowed Plant Outlet Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) in Water Entering the Distribution System (mg/L)	Events of Abnormal Operation, Corrective Action or Work that Involved Taking Water System Components Out of Operation
1		24.0										0.4	
2	X	24.0				0.8							
3	X	24.0	1,000			0.8						0.4	
4	X	24.0				0.8						0.4	
5	X	24.0	3,000			0.7						0.4	
6	X	24.0	1,000			0.7						0.3	
7	X	24.0	500			0.8						0.3	
8		24.0	500									0.3	
9	X	24.0	3,000			0.8							
10	X	24.0	1,000			0.8						0.3	
11	X	24.0	1,000			0.8						0.4	
12	X	24.0	1,000			0.8						0.4	
13	X	24.0	1,000			0.8						0.4	
14	X	24.0				0.8						0.4	
15		24.0										0.4	
16	X	24.0				0.8							
17	X	24.0	2,000			0.8						0.4	
18	X	24.0				0.8						0.4	
19	X	24.0	1,000			0.8						0.4	
20	X	24.0				0.7						0.4	
21	X	24.0	500			0.8						0.3	
22		24.0	500									0.4	
23	X	24.0				0.8							
24	X	24.0	1,000			0.7						0.4	
25	X	24.0	1,000			0.7						0.3	
26	X	24.0				0.7						0.3	
27	X	24.0	1,000			0.7						0.3	
28	X	24.0	500			0.7						0.3	
29		24.0	500									0.3	
30	X	24.0	1,000			0.7							
31	X	24.0	2,000									0.3	
Total			24,000										
Average			774										
Maximum			3,000										

* 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:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

	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 4	Plant 3 Well 5								
	Rated Maximum Day Operational Capacity of Each Plant, gallons per day										
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	314,000	0								314,000
2	0	91,000	0								91,000
3	0	83,000	1,000								84,000
4	0	219,000	0								219,000
5	0	149,000	3,000								152,000
6	0	149,000	1,000								150,000
7	0	175,000	500								175,500
8	0	175,000	500								175,500
9	0	223,000	3,000								226,000
10	0	100,000	1,000								101,000
11	0	193,000	1,000								194,000
12	0	129,000	1,000								130,000
13	0	188,000	1,000								189,000
14	0	112,500	0								112,500
15	0	112,500	0								112,500
16	0	155,000	0								155,000
17	0	211,000	2,000								213,000
18	0	152,000	0								152,000
19	0	158,000	1,000								159,000
20	0	209,000	0								209,000
21	0	128,500	500								129,000
22	0	128,500	500								129,000
23	0	290,000	0								290,000
24	0	104,000	1,000								105,000
25	0	181,000	1,000								182,000
26	0	209,000	0								209,000
27	0	211,000	1,000								212,000
28	0	202,500	500								203,000
29	0	202,500	500								203,000
30	0	200,000	1,000								201,000
31	0	210,000	2,000								212,000
Total	0	5,365,000	24,000								5,389,000
Avg	0	173,065	774								173,839
Max		314,000	3,000								314,000

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: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	499			Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Hours per Day/on Shift/Shifts per Week
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

3-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	Hours Plant Was Operated	Finished Water Pumped to Ground Storage (gal)	Net Quantity of Purchased Water Produced (gal)	CT Calculations or UV Dose for Demostration of Four-Log Virus Inactivation, If Applicable: CT Calculations: Peak Hourly Flow Rate (gpd)	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	CT Calculations: Disinfectant Contact Time (T) During Peak Hourly Flow (minutes)	CT Calculations: Product of "C" and "T" (CT)	CT Calculations: Log Inactivation Provided	CT Calculations: Minimum CT Required for Applicable Log Inactivation	UV Dose: Minimum UV Dose Required for Log Inactivation	UV Dose: Lowest Operating UV Dose (mW-sec/cm²)	UV Dose: Lowest Residual Disinfectant Concentration (C) Before or at the First Customer (mg/L)	Emergency or Abnormal Operating Conditions, Repair, Maintenance Work that Involves Taking Water System Components Out of Operation
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
Total													
Average													
Maximum													

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	499			Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

3-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

Day of the Month	Was Plant Operated Yes/No (X)	Hours Plant Was in Operation	Net Quantity of Water Produced (gal.)	CT Calculations for CT Dose to Demonstrate Four-Log Virus Inactivation, If Applicable: Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) in Water Entering Distribution System During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Lowest CT Provided Before First Customer During Peak Hourly Flow (mg-min)	Point of Water Entry (If Applicable)	CT Calculations for CT Dose: Minimum CT Dose Required for Virus Inactivation (mg-min)	Lowest Operating CT Dose Provided (mg-min)	Maximum CT Dose Required for Virus Inactivation (mg-min)	Average Residual Disinfectant Concentration (C) for Water in Distribution System (mg/L)	Emergency or Unusual Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	220,000		0.8							0.3	
2	X	24.0	223,000		0.8							0.3	
3	X	24.0	290,000		0.6							0.3	
4	X	24.0	258,500		0.6							0.3	
5		24.0	258,500										
6	X	24.0	140,000		0.6							0.3	
7	X	24.0	245,000		0.6							0.3	
8	X	24.0	234,000		0.6							0.3	
9	X	24.0	240,000		0.6							0.3	
10	X	24.0	221,000		0.6							0.3	
11	X	24.0	240,000		0.7							0.3	
12		24.0	240,000										
13	X	24.0	242,000		0.6							0.3	
14	X	24.0	364,000		0.6							0.3	
15	X	24.0	129,000		0.6							0.3	
16	X	24.0	275,000		0.6							0.3	
17	X	24.0	150,000		0.6							0.3	
18	X	24.0	282,500		0.6							0.2	
19		24.0	282,500										
20	X	24.0	254,000		0.6							0.3	
21	X	24.0	234,000		0.6							0.4	
22	X	24.0	246,000		0.6							0.4	
23	X	24.0	244,000		0.6							0.3	
24	X	24.0	377,000		0.7							0.3	
25	X	24.0	194,000		0.7							0.3	
26		24.0	194,000										
27	X	24.0	225,000		0.6							0.3	
28	X	24.0	256,000		0.6							0.3	
29		24.0											
30		24.0											
31		24.0											
Total			6,759,000										
Average			218,032										
Maximum			377,000										

* 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: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	499	Total Population Served at End of Month:	1,747
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5	Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd. City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Type	Name of Operator	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	Days 1st Shift
Other Operator(s)				

II. Certification by Lead/Chief Operator

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

3-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	Daily Plant Shutdown Verified by Operator (Yes/No)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced (gallons)	Data for Calculations of CT or Dose for Demonstrating Four-Log Virus Inactivation, if Applicable: CT Calculations: Peak Hourly Flow Rate (gpm)	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	CT Calculations: Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	CT Calculations: Lowest Operating CT Value	CT Calculations: Temp of Water (°C)	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required During Peak Hourly Flow (mg-min/L)	UV Dose: Lowest Operating UV Dose (mJ/cm²)	UV Dose: Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration (C) Entering Public Water System (mg/L)	Emergency or Abnormal Operating Conditions Event or Maintenance Work that Involved Taking Water System Components Out of Operation
1		24.0			0.7								0.3	
2		24.0	1,000		0.7								0.3	
3		24.0			0.7								0.3	
4		24.0			0.7								0.3	
5		24.0												
6		24.0	2,000		0.7								0.3	
7		24.0			0.7								0.3	
8		24.0	1,000		0.7								0.3	
9		24.0	1,000		0.7								0.3	
10		24.0	1,000		0.6								0.3	
11		24.0	500		0.7								0.3	
12		24.0	500											
13		24.0			0.7								0.3	
14		24.0			0.6								0.3	
15		24.0	1,000		0.6								0.3	
16		24.0			0.6								0.3	
17		24.0	2,000		0.6								0.3	
18		24.0	500		0.6								0.3	
19		24.0	500											
20		24.0	1,000		0.6								0.3	
21		24.0			0.7								0.3	
22		24.0	1,000		0.7								0.3	
23		24.0			0.6								0.3	
24		24.0	1,000		0.7								0.3	
25		24.0	500		0.7								0.3	
26		24.0	500											
27		24.0	1,000		0.6								0.3	
28		24.0			0.6								0.3	
29		24.0												
30		24.0												
31		24.0												
Total			16,000											
Average			516											
Maximum			2,000											

* 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 :	February 2006
Community Water System (CWS) Name:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

Day of Month	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	0	220,000	0								220,000
2	0	223,000	1,000								224,000
3	0	290,000	0								290,000
4	0	258,500	0								258,500
5	0	258,500	0								258,500
6	0	140,000	2,000								142,000
7	0	245,000	0								245,000
8	0	234,000	1,000								235,000
9	0	240,000	1,000								241,000
10	0	221,000	1,000								222,000
11	0	240,000	500								240,500
12	0	240,000	500								240,500
13	0	242,000	0								242,000
14	0	364,000	0								364,000
15	0	129,000	1,000								130,000
16	0	275,000	0								275,000
17	0	150,000	2,000								152,000
18	0	282,500	500								283,000
19	0	282,500	500								283,000
20	0	254,000	1,000								255,000
21	0	234,000	0								234,000
22	0	246,000	1,000								247,000
23	0	244,000	0								244,000
24	0	377,000	1,000								378,000
25	0	194,000	500								194,500
26	0	194,000	500								194,500
27	0	225,000	1,000								226,000
28	0	256,000	0								256,000
29	0	0	0								0
30	0	0	0								0
31	0	0	0								0
Total	0	6,759,000	16,000								6,775,000
Avg	0	218,032	516								218,548
Max		377,000	2,000								378,000

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: March, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills				
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	PWS Identification Number: 1670647
Number of Service Connections at End of Month:	522				Total Population Served at End of Month: 1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath				
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749	Contact Person's Title: Area Manager
Contact Person's Telephone Number:	(352) 787-0980				Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		Plant Telephone Number: (850) 773-2802
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C

	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator:	Jean H. Pitzer	C	7605	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.

Signature and Date: 04-03-2006

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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 Treated or Stored Water (Circle One)	Hours plant in Operation	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 (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer during Peak Flow (mg/L)	Disinfectant Contact Time (T) in Minutes during Peak Flow (minutes)	Lowest CT Provided Before or at the First Customer during Peak Flow (mg-min/L)	Product of Water pH and Temperature, if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose Recorded (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	If Emergency or Abnormal Operating Conditions, Reason or Maintenance Work that Involved Taking Water System Components Out of Operation
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
Total													
Average													
Maximum													

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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) or Shift(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
04-03-2006	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Plant Staffed or Water Produced (Place X)	Hours Plant in Operation	Net Quantity Water Produced (gal)	CT Calculations to Determine 4-Log Virus Inactivation* Applicable CT Calculations									4-Log Virus Inactivation* Applicable CT Dose		Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Hourly Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Product of "C" and "T" Before or at the First Customer During Peak Hourly Flow	Temp of Water (°C) (If Applicable)	pH of Water (If Applicable)	Maximum CT Required for 4-Log Virus Inactivation (mg/L x minutes)	Lowest Operational CT Dose Provided (mg/L x minutes)	Maximum CT Dose Required (mg/L x minutes)	Lowest Residual Disinfectant Concentration (C) Entering Distribution System (mg/L)		
1	X	24.0	270,000		0.6								0.3		
2	X	24.0	230,000		0.8								0.4		
3	X	24.0	231,000		0.8								0.4		
4	X	24.0	338,500		0.8								0.4		
5		24.0	338,500												
6	X	24.0	320,000		0.6								0.3		
7	X	24.0	292,000		0.6								0.3		
8	X	24.0	304,000		0.7								0.4		
9	X	24.0	272,000		0.7								0.4		
10	X	24.0	330,000		0.7								0.4		
11	X	24.0	272,500		0.7								0.4		
12		24.0	272,500												
13	X	24.0	271,000		0.6								0.3		
14	X	24.0	279,000		0.6								0.3		
15	X	24.0	238,000		0.7								0.4		
16	X	24.0	247,000		0.6								0.3		
17	X	24.0	249,000		0.7								0.4		
18	X	24.0	238,000		0.7								0.4		
19		24.0	238,000												
20	X	24.0	197,000		0.8								0.4		
21	X	24.0	253,000		0.8								0.4		
22	X	24.0	220,000		0.7								0.3		
23	X	24.0	220,000		0.7								0.3		
24	X	24.0	220,000		0.7								0.3		
25	X	24.0	179,500		0.8								0.4		
26		24.0	179,500												
27	X	24.0	231,000		0.8								0.3		
28	X	24.0	243,000		0.8								0.3		
29	X	24.0	234,000		0.8								0.3		
30	X	24.0	222,000		0.8								0.3		
31	X	24.0	223,000												
Total			7,853,000												
Average			253,323												
Maximum			338,500												

* 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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath				
Contact Person's Mailing Address:	PO Box 490310			Contact Person's Title:	Area Manager
Contact Person's Telephone Number:	(352) 787-0980	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com			Contact Person's Fax Number:	(352) 787-6333

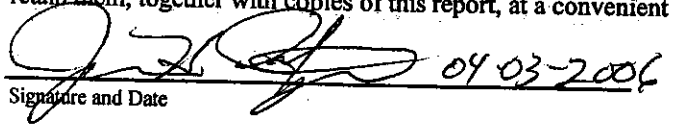
B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5				
Plant Address:	1240 Elkcam Blvd			Plant Telephone Number:	(850) 773-2802
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water	City: Sunny Hills	State: Florida	Zip Code: 32428
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.



Signature and Date: 04-03-2006

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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 Operated (Place an X)	Hours plant in Operation	Daily Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Treating Water Not Normally Treated or Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or At the First Customer During Peak Flow, mg/L	Disinfection Contact Time (T) for Residual Disinfectant Concentration (C) Before or At the First Customer During Peak Flow, minutes	Lowest CT Provided Before or At the First Customer During Peak Flow, min/L	Temperature of Water, °C	pH of Water, If Applicable	Minimum Required CT for 4-Log Inactivation, min/L	Lowest Operating UV Dose, mW-s/cm²	Minimum UV Dose Required, mW-s/cm²		
1	X	24.0			0.7								0.3	
2	X	24.0	2,000		0.7								0.3	
3	X	24.0	1,000		0.7								0.3	
4	X	24.0	1,500		0.6								0.3	
5		24.0	1,500											
6	X	24.0	2,000		0.7								0.4	
7	X	24.0	1,000		0.8								0.4	
8	X	24.0	1,000		0.8								0.4	
9	X	24.0	1,000		0.8								0.4	
10	X	24.0	1,000		0.7								0.4	
11	X	24.0	1,000		0.7								0.4	
12		24.0	1,000											
13	X	24.0			0.8								0.4	
14	X	24.0	1,000		0.8								0.4	
15	X	24.0			0.8								0.4	
16	X	24.0	1,000		0.8								0.4	
17	X	24.0	1,000		0.8								0.4	
18	X	24.0	1,000		0.7								0.3	
19		24.0	1,000											
20	X	24.0			0.8								0.3	
21	X	24.0	1,000		0.8								0.3	
22	X	24.0	1,000		0.9								0.4	
23	X	24.0	1,000		0.9								0.4	
24	X	24.0			0.9								0.4	
25	X	24.0	500		0.8								0.4	
26		24.0	500											
27	X	24.0	1,000		0.8								0.3	
28	X	24.0	1,000		0.8								0.3	
29	X	24.0	1,000		0.8								0.3	
30	X	24.0			0.8								0.3	
31	X	24.0												
Total			26,000											
Average			839											
Maximum			2,000											

* 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 2006
Community Water System (CWS) Name:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	270,000	0								270,000
2	0	230,000	2,000								232,000
3	0	231,000	1,000								232,000
4	0	338,500	1,500								340,000
5	0	338,500	1,500								340,000
6	0	320,000	2,000								322,000
7	0	292,000	1,000								293,000
8	0	304,000	1,000								305,000
9	0	272,000	1,000								273,000
10	0	330,000	1,000								331,000
11	0	272,500	1,000								273,500
12	0	272,500	1,000								273,500
13	0	271,000	0								271,000
14	0	279,000	1,000								280,000
15	0	238,000	0								238,000
16	0	247,000	1,000								248,000
17	0	249,000	1,000								250,000
18	0	238,000	1,000								239,000
19	0	238,000	1,000								239,000
20	0	197,000	0								197,000
21	0	253,000	1,000								254,000
22	0	220,000	1,000								221,000
23	0	220,000	1,000								221,000
24	0	220,000	0								220,000
25	0	179,500	500								180,000
26	0	179,500	500								180,000
27	0	231,000	1,000								232,000
28	0	243,000	1,000								244,000
29	0	234,000	1,000								235,000
30	0	222,000	0								222,000
31	0	223,000	0								223,000
Total	0	7,853,000	26,000								7,879,000
Avg	0	253,323	839								254,161
Max		338,500	2,000								340,000

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: April, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

5-2-2006

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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 (Circle Days)	Hours plant in Operation	Quantity of Finished Water Produced (gal.)	CT Calculations or UV Dose to Demonstate 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 Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Lowest CT Provided Before or at First Customer During Peak Hourly Flow (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)			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Total															
Average															
Maximum															

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
5-2-2006	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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 for Water Operation (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: For Chlorine: Peak Flow Rate (gpm)	For Chlorine: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	For Chlorine: Disinfectant Contact Time (T) of C Measurement Only During Peak Flow (minutes)	For Chlorine: Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	For Chlorine: Current pH of Water Entering Distribution	For Chlorine: Applicable Minimum CT Required During Peak Flow (mg-min/L)	For UV Dose: Lowest Operating UV Dose (mJ/cm²)	For UV Dose: Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration (C) Before 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	266,500		0.7							0.3	
2		24.0	266,500										
3	X	24.0	268,000		0.8							0.4	
4	X	24.0	267,000		0.9							0.4	
5	X	24.0	225,000		0.8							0.4	
6	X	24.0	182,000		0.8							0.4	
7	X	24.0	325,000		0.8							0.4	
8	X	24.0	259,000		0.8							0.4	
9		24.0	259,000										
10	X	24.0	326,000		0.7							0.3	
11	X	24.0	255,000		0.8							0.4	
12	X	24.0	307,000		0.8							0.4	
13	X	24.0	302,000		0.7							0.4	
14	X	24.0	260,000		0.8							0.4	
15	X	24.0	347,500		0.8							0.4	
16		24.0	347,500										
17	X	24.0	327,000		0.8							0.4	
18	X	24.0	360,000		0.7							0.3	
19	X	24.0	287,000		0.7							0.3	
20	X	24.0	361,000		0.8							0.4	
21	X	24.0	270,000		0.8							0.4	
22	X	24.0	255,000		0.8							0.4	
23		24.0	255,000										
24	X	24.0	304,000		0.7							0.3	
25	X	24.0	286,000		0.7							0.3	
26	X	24.0	170,000		0.7							0.3	
27	X	24.0	270,000		0.7							0.3	
28	X	24.0	190,000		0.7							0.3	
29	X	24.0	206,000		0.6							0.3	
30		24.0	206,000										
31		24.0											
Total			8,210,000										
Average			264,839										
Maximum			361,000										

* 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 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5	Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

Jean H Pitzer 5-2-2006

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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 (Yes or X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations, or UV Dose, to Demostrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Remote Portion of Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hourly Flow (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes Measurement from Point of Peak Hourly Flow	Lowest CT Provided Before or at the First Customer During Peak Hourly Flow (min x mg/L)	Temp of Water (°C) if Applicable	pH of Water if Applicable	Minimum CT Required (min x mg/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1	X	24.0	1,500		0.7								0.3	
2		24.0	1,500											
3	X	24.0			0.7								0.3	
4	X	24.0	1,000		0.8								0.4	
5	X	24.0	1,000		0.8								0.4	
6	X	24.0			0.8								0.4	
7	X	24.0	1,000		0.8								0.4	
8	X	24.0	1,000		0.8								0.4	
9		24.0	1,000											
10	X	24.0	2,000		0.7								0.3	
11	X	24.0			0.6								0.3	
12	X	24.0	1,000		0.6								0.3	
13	X	24.0			0.7								0.3	
14	X	24.0			0.7								0.4	
15	X	24.0	500		0.7								0.3	
16		24.0	500											
17	X	24.0	1,000		0.7								0.3	
18	X	24.0	2,000		0.7								0.3	
19	X	24.0			0.7								0.3	
20	X	24.0	1,000		0.7								0.3	
21	X	24.0	1,000		0.6								0.3	
22	X	24.0	1,000		0.6								0.3	
23		24.0	1,000											
24	X	24.0			0.7								0.3	
25	X	24.0	1,000		0.8								0.4	
26	X	24.0	2,000		0.7								0.3	
27	X	24.0	2,000		0.6								0.3	
28	X	24.0			0.6								0.3	
29	X	24.0	667		0.8								0.4	
30		24.0	667											
31		24.0												
Total			25,333											
Average			817											
Maximum			2,000											

* 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: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	266,500	1,500								268,000
2	0	266,500	1,500								268,000
3	0	268,000	0								268,000
4	0	267,000	1,000								268,000
5	0	225,000	1,000								226,000
6	0	182,000	0								182,000
7	0	325,000	1,000								326,000
8	0	259,000	1,000								260,000
9	0	259,000	1,000								260,000
10	0	326,000	2,000								328,000
11	0	255,000	0								255,000
12	0	307,000	1,000								308,000
13	0	302,000	0								302,000
14	0	260,000	0								260,000
15	0	347,500	500								348,000
16	0	347,500	500								348,000
17	0	327,000	1,000								328,000
18	0	360,000	2,000								362,000
19	0	287,000	0								287,000
20	0	361,000	1,000								362,000
21	0	270,000	1,000								271,000
22	0	255,000	1,000								256,000
23	0	255,000	1,000								256,000
24	0	304,000	0								304,000
25	0	286,000	1,000								287,000
26	0	170,000	2,000								172,000
27	0	270,000	2,000								272,000
28	0	190,000	0								190,000
29	0	206,000	667								206,667
30	0	206,000	667								206,667
31	0	0	0								0
Total	0	8,210,000	25,333								8,235,333
Avg	0	264,839	817								265,656
Max		361,000	2,000								362,000

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: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6339
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operators in Charge	Name	Class of License	License Number	Hours/Day, Shifts/Week, Days/Week
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

6-5-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	Was Plant Started or Shut Down (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for 4-Log Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) in Water Entering the First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) of Water Between Point During Peak Hourly Flow (min)	Lowest CT Provided Before the First Customer During Peak Hourly Flow (mg-min/L)	Peak Hourly Water Temperature if Applicable (°C)	pH of Water if Applicable	Minimum CT Required for 4-Log Dose (mg-min/L)	Operating Log Dose (Place X)	Minimum 4-Log Dose Required (Place X)	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Average														
Maximum														

* 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: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4		Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
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	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

6-5-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Does Plant Staffed by Operator Twice a Day?	Hours plant in Operation	Net Quantity of Finished Water Produced* (gal)	CT Calculations or UV Dose to Demostrate Four-Log Virus Inactivation, if Applicable: CT Calculation: Peak Hourly Flow Rate (gpm)	CT Calculation: Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Hourly Flow (mg/L)	CT Calculation: Disinfectant Contact Time (T) in Minutes Under Maximum Hour Flow Conditions	CT Calculation: Lowest Measured CT Provided Before or At First Customer During Peak Hourly Flow (mg-min/L)	CT Calculation: CT Value Required for Four-Log Virus Inactivation	CT Calculation: Is Lowest Measured CT Greater than or Equal to CT Required?	UV Dose: Lowest Operating UV Dose Applied (mJ/cm²)	UV Dose: Minimum UV Intensity Recorded (mW/cm²)	Lowest Residual Disinfectant Concentration in Any Water Sample Collected in the Distribution System (mg/L)	Occurrences or Abnormal Operating Conditions, Reason for Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	310,000		0.6							0.3	
2	X	24.0	340,000		0.6							0.3	
3	X	24.0	320,000		0.6							0.3	
4	X	24.0	310,000		0.7							0.3	
5	X	24.0	240,000		0.6							0.3	
6	X	24.0	235,000		0.6							0.3	
7		24.0	235,000										
8	X	24.0	230,000		0.5							0.2	
9	X	24.0	250,000		0.8							0.4	
10	X	24.0	220,000		0.8							0.4	
11	X	24.0	220,000		0.6							0.3	
12	X	24.0	230,000		0.6							0.3	
13	X	24.0	275,000		0.7							0.4	
14		24.0	275,000										
15	X	24.0	250,000		0.6							0.3	
16	X	24.0	250,000		0.6							0.3	
17	X	24.0	180,000		0.7							0.4	
18	X	24.0	250,000		0.6							0.3	
19	X	24.0	240,000		0.8							0.4	
20	X	24.0	260,000		0.8							0.4	
21		24.0	260,000										
22	X	24.0	250,000		0.8							0.4	
23	X	24.0	250,000		0.8							0.4	
24	X	24.0	250,000		0.9							0.4	
25	X	24.0	240,000		0.9							0.4	
26	X	24.0	240,000		0.9							0.4	
27	X	24.0	300,000		0.8							0.4	
28		24.0	300,000										
29	X	24.0	310,000		0.8							0.4	
30	X	24.0	260,000		0.6							0.4	
31	X	24.0	250,000										
Total			8,030,000										
Average			259,032										
Maximum			340,000										

* 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: May, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Designated Operator	Name	Grade of Class	Operator's Number	Days/Shifts Worked
Lead/Chief Operator:	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
6-5-06	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	Plant Status Code (Place X)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration (C) in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions (e.g. Maintenance, Well Out of Service, Interconnect Use) and Water System Components Out of Operation
				CT Calculations							UV Dose		
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Lowest CT Provided Before or at the First Customer During Peak Hourly Flow	Temperature of Water During Peak Hourly Flow (°C or °F)	pH of Water During Peak Hourly Flow	Minimum CT Required for Virus Inactivation	Lowest Operating Dose Reported (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)		
1	X	24.0			0.8								0.4	
2	X	24.0	1,000		0.7								0.4	
3	X	24.0			0.7								0.4	
4	X	24.0	1,000		0.6								0.3	
5	X	24.0	1,000		0.7								0.4	
6	X	24.0	500		0.7								0.4	
7		24.0	500											
8	X	24.0			0.7								0.4	
9	X	24.0	1,000		0.7								0.4	
10	X	24.0	1,000		0.8								0.4	
11	X	24.0	1,000		0.7								0.4	
12	X	24.0	1,000		0.7								0.4	
13	X	24.0	1,000		0.6								0.3	
14		24.0	1,000											
15	X	24.0	1,000		0.6								0.3	
16	X	24.0			0.7								0.4	
17	X	24.0	1,000		0.7								0.4	
18	X	24.0	1,000		0.6								0.3	
19	X	24.0			0.6								0.3	
20	X	24.0	500		0.6								0.3	
21		24.0	500											
22	X	24.0			0.6								0.3	
23	X	24.0	1,000		0.6								0.3	
24	X	24.0	1,000		0.6								0.3	
25	X	24.0			0.7								0.3	
26	X	24.0	1,000		0.7								0.3	
27	X	24.0	500		0.7								0.3	
28		24.0	500											
29	X	24.0	1,000		0.6								0.3	
30	X	24.0			0.7								0.3	
31	X	24.0	1,000											
Total			20,000											
Average			645											
Maximum			1,000											

* 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:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

Day	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	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										
	432,000	504,000	288,000								1,224,000
	Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	310,000	0								310,000
2	0	340,000	1,000								341,000
3	0	320,000	0								320,000
4	0	310,000	1,000								311,000
5	0	240,000	1,000								241,000
6	0	235,000	500								235,500
7	0	235,000	500								235,500
8	0	230,000	0								230,000
9	0	250,000	1,000								251,000
10	0	220,000	1,000								221,000
11	0	220,000	1,000								221,000
12	0	230,000	1,000								231,000
13	0	275,000	1,000								276,000
14	0	275,000	1,000								276,000
15	0	250,000	1,000								251,000
16	0	250,000	0								250,000
17	0	180,000	1,000								181,000
18	0	250,000	1,000								251,000
19	0	240,000	0								240,000
20	0	260,000	500								260,500
21	0	260,000	500								260,500
22	0	250,000	0								250,000
23	0	250,000	1,000								251,000
24	0	250,000	1,000								251,000
25	0	240,000	0								240,000
26	0	240,000	1,000								241,000
27	0	300,000	500								300,500
28	0	300,000	500								300,500
29	0	310,000	1,000								311,000
30	0	260,000	0								260,000
31	0	250,000	1,000								251,000
Total	0	8,030,000	20,000								8,050,000
Avg	0	259,032	645								259,677
Max		340,000	1,000								341,000

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: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

7-6-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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 by Water Treatment Operator (Place an "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										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculation							UV Dose			
				Peak Hour Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Hour, minutes	Lowest CT Provided Before or At First Customer During Peak Hour, mg-min/L	Log of Virus Inactivation Required During Peak Hour	Actual Log of Virus Inactivation Achieved During Peak Hour	Minimum CT Required During Peak Hour, mg-min/L	Actual Operating UV Dose, mJ/cm²	Minimum UV Dose Required, mJ/cm²	Lowest Residual Disinfectant Concentration in Remote Portion of Distribution System, mg/L	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Average														
Maximum														

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

7-6-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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 Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced*	Number of Calculations of CT Value to Demonstrate Four-Log Virus Inactivation, if Applicable: Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at the Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Flow	Lowest CT Provided Before or at the First Customer During Peak Flow (mg-min)	Temp of Water (°C) if Applicable	pH of Water if Applicable	Minimum CT Required (mg-min)	Lowest Operating 4-Log Virus Inactivation Ratio	Minimum 4-Log Virus Inactivation Ratio Required During Period	Lowest Residual Disinfectant Concentration in Entry Point to 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	250,000		0.6								0.4	
2	X	24.0	250,000		0.6								0.3	
3	X	24.0	250,000		0.6								0.3	
4		24.0	250,000		---									
5	X	24.0	280,000		0.7								0.3	
6	X	24.0	320,000		0.7								0.3	
7	X	24.0	290,000		0.7								0.3	
8	X	24.0	250,000		0.6								0.3	
9	X	24.0	270,000		0.6								0.3	
10	X	24.0	222,500		0.6								0.3	
11		24.0	222,500		---									
12	X	24.0	475,000		0.6								0.3	
13	X	24.0	270,000		0.6								0.3	
14	X	24.0	270,000		0.7								0.4	
15	X	24.0	330,000		0.7								0.4	
16	X	24.0	330,000		0.7								0.4	
17	X	24.0	180,000		0.7								0.4	
18		24.0	180,000		---									
19	X	24.0	280,000		0.8								0.5	
20	X	24.0	280,000		0.8								0.5	
21	X	24.0	310,000		0.9								0.5	
22	X	24.0	260,000		0.9								0.5	
23	X	24.0	260,000		0.9								0.4	
24	X	24.0	205,000		0.9								0.3	
25		24.0	205,000		---									
26	X	24.0	230,000		0.8								0.3	
27	X	24.0	250,000		0.7								0.3	
28	X	24.0	242,000		0.7								0.3	
29	X	24.0	268,000		0.7								0.3	
30	X	24.0	350,000		0.8								0.4	
31		24.0			---									
Total			8,030,000											
Average			259,032											
Maximum			475,000											

* 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: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5	Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

7-6-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	Raw Water Supplied by Operator (Yes or No)	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 in Finished Water in Distribution System (mg/L)	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Min. Measurement Both During Peak Hourly Flow (minutes)	Lowest CT Provided Before or at the First Customer During Peak Hourly Flow (mg-min/L)	Log of Virus Inactivation Achieved	CT Value (CT) Applicable	Minimum CT Required for Log of Virus Inactivation	Lowest Operating UV Dose (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)		
1	X	24.0			0.7								0.3	
2	X	24.0	1,000		0.7								0.3	
3	X	24.0	1,000		0.7								0.3	
4		24.0	1,000											
5	X	24.0			0.6								0.3	
6	X	24.0			0.6								0.3	
7	X	24.0	1,000		0.6								0.3	
8	X	24.0	1,000		0.6								0.3	
9	X	24.0			0.6								0.3	
10	X	24.0	500		0.6								0.3	
11		24.0	500											
12	X	24.0	1,000		0.7								0.3	
13	X	24.0			0.6								0.3	
14	X	24.0	2,000		0.6								0.3	
15	X	24.0			0.6								0.3	
16	X	24.0			0.7								0.3	
17	X	24.0	1,000		0.7								0.3	
18		24.0	1,000											
19	X	24.0	1,000		0.7								0.3	
20	X	24.0			0.7								0.3	
21	X	24.0	1,000		0.7								0.3	
22	X	24.0			0.7								0.3	
23	X	24.0	1,000		0.7								0.3	
24	X	24.0	500		0.7								0.3	
25		24.0	500											
26	X	24.0	1,000		0.7								0.3	
27	X	24.0			0.6								0.3	
28	X	24.0			0.7								0.3	
29	X	24.0	1,000		0.7								0.3	
30	X	24.0			0.7								0.3	
31		24.0												
Total			17,000											
Average			548											
Maximum			2,000											

* 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:	Sunny Hills									
Public Water System (PWS) Identification Number:	1670647									
	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 4	Plant 3 Well 5								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	250,000	0								250,000
2	0	250,000	1,000								251,000
3	0	250,000	1,000								251,000
4	0	250,000	1,000								251,000
5	0	280,000	0								280,000
6	0	320,000	0								320,000
7	0	290,000	1,000								291,000
8	0	250,000	1,000								251,000
9	0	270,000	0								270,000
10	0	222,500	500								223,000
11	0	222,500	500								223,000
12	0	475,000	1,000								476,000
13	0	270,000	0								270,000
14	0	270,000	2,000								272,000
15	0	330,000	0								330,000
16	0	330,000	0								330,000
17	0	180,000	1,000								181,000
18	0	180,000	1,000								181,000
19	0	280,000	1,000								281,000
20	0	280,000	0								280,000
21	0	310,000	1,000								311,000
22	0	260,000	0								260,000
23	0	260,000	1,000								261,000
24	0	205,000	500								205,500
25	0	205,000	500								205,500
26	0	230,000	1,000								231,000
27	0	250,000	0								250,000
28	0	242,000	0								242,000
29	0	268,000	1,000								269,000
30	0	350,000	0								350,000
31	0	0	0								0
Total	0	8,030,000	17,000								8,047,000
Avg	0	259,032	548								259,581
Max		475,000	2,000								476,000

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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

8-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	1. Days Plant Staffed or Visited by Operator (Place "X")	2. Hours plant in Operation	3. Net Quantity of Finished Water Produced gal.	C. If Calculations for CT or UV Dose to Demonstrate Total Log Virus Inactivation is Applicable:										D. If Emergency or Abnormal Operating Conditions Required for Maintenance Work that Involves Finished Water System Components Occurred:
				1. CT Calculations							2. 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 Value 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	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														
Avgerage														
Maximum														

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Name	Grade Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

8-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

				CT Calculations for 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 Hour Flow (gal/gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Hour Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Hour Flow (mg-min/L)	Temp of Water (°C)	pH of Water, If Applicable	Minimum CT Required Time (minutes)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	275,000		0.8							0.5	
2		24.0	275,000										
3	X	24.0	170,000		0.7							0.3	
4	X	24.0	460,000		0.6							0.3	
5	X	24.0	440,000		0.7							0.4	
6	X	24.0	270,000		0.6							0.3	
7	X	24.0	280,000		0.5							0.2	
8	X	24.0	265,000		0.7							0.3	
9		24.0	265,000										
10	X	24.0	350,000		0.8							0.4	
11	X	24.0	370,000		0.8							0.4	
12	X	24.0	270,000		0.9							0.3	
13	X	24.0	280,000		0.8							0.3	
14	X	24.0	280,000		0.8							0.3	
15	X	24.0	235,000		0.7							0.3	
16		24.0	235,000										
17	X	24.0	230,000		0.7							0.3	
18	X	24.0	280,000		0.8							0.3	
19	X	24.0	190,000		0.7							0.3	
20	X	24.0	280,000		0.8							0.4	
21	X	24.0	280,000		0.8							0.4	
22	X	24.0	200,000		0.8							0.4	
23	X	24.0	190,000		0.7							0.3	
24		24.0	190,000										
25	X	24.0	180,000		0.6							0.3	
26	X	24.0	250,000		0.6							0.3	
27	X	24.0	200,000		0.7							0.3	
28	X	24.0	200,000		0.6							0.3	
29	X	24.0	310,000		0.8							0.4	
30		24.0	310,000										
31	X	24.0	240,000										
Total			8,250,000										
Average			266,129										
Maximum			460,000										

* 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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	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.

8-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced - gal	CT Calculations for UV Dose to Demostate Four-Log Virus Inactivation, if Applicable							UV Dose		Lowest Residual Disinfectant Concentration in Remote Point in Distribution System - mg/L	If Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation,
				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 Peak Hourly Flow - minutes	Lowest CT Provided Before or at First Customer During Peak Hourly Flow - min/L	Temp of Water - C if Applicable	pH of Water if Applicable	Minimum CT Required During Peak Hourly Flow - min/L	Lowest Operating UV Dose - mW-sec/cm²	Minimum UV Dose Required - mW-sec/cm²		
1	X	24.0	1,000		0.6								0.3	
2		24.0	1,000											
3	X	24.0			0.5								0.3	
4	X	24.0			0.6								0.3	
5	X	24.0	3,000		0.7								0.3	
6	X	24.0			0.7								0.4	
7	X	24.0	1,000		0.7								0.4	
8	X	24.0	500		0.6								0.3	
9		24.0	500											
10	X	24.0	1,000		0.6								0.3	
11	X	24.0	1,000		0.7								0.4	
12	X	24.0			0.7								0.4	
13	X	24.0			0.8								0.4	
14	X	24.0	1,000		0.7								0.4	
15	X	24.0	500		0.6								0.3	
16		24.0	500											
17	X	24.0	1,000		0.6								0.3	
18	X	24.0	1,000		0.6								0.3	
19	X	24.0			0.7								0.4	
20	X	24.0	1,000		0.7								0.3	
21	X	24.0			0.7								0.3	
22	X	24.0	1,000		0.6								0.3	
23	X	24.0			0.7								0.4	
24		24.0												
25	X	24.0			0.7								0.4	
26	X	24.0			0.7								0.4	
27	X	24.0	1,000		0.6								0.3	
28	X	24.0			0.7								0.4	
29	X	24.0	500		0.8								0.4	
30		24.0	500											
31	X	24.0	1,000											
Total			18,000											
Average			581											
Maximum			3,000											

* 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: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	275,000	1,000								276,000
2	0	275,000	1,000								276,000
3	0	170,000	0								170,000
4	0	460,000	0								460,000
5	0	440,000	3,000								443,000
6	0	270,000	0								270,000
7	0	280,000	1,000								281,000
8	0	265,000	500								265,500
9	0	265,000	500								265,500
10	0	350,000	1,000								351,000
11	0	370,000	1,000								371,000
12	0	270,000	0								270,000
13	0	280,000	0								280,000
14	0	280,000	1,000								281,000
15	0	235,000	500								235,500
16	0	235,000	500								235,500
17	0	230,000	1,000								231,000
18	0	280,000	1,000								281,000
19	0	190,000	0								190,000
20	0	280,000	1,000								281,000
21	0	280,000	0								280,000
22	0	200,000	1,000								201,000
23	0	190,000	0								190,000
24	0	190,000	0								190,000
25	0	180,000	0								180,000
26	0	250,000	0								250,000
27	0	200,000	1,000								201,000
28	0	200,000	0								200,000
29	0	310,000	500								310,500
30	0	310,000	500								310,500
31	0	240,000	1,000								241,000
Total	0	8,250,000	18,000								8,268,000
Avg	0	266,129	581								266,710
Max		460,000	3,000								460,000

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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

9-5-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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 by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal.)	C•T Calculations or Data to Demonstrate Four-Log Virus Inactivation, if Applicable: C•T Calculation: Peak Hourly Flow (gpm)	C•T Calculation: Lowest Residual Disinfectant Concentration (C) Before or At the First Customer During Peak Hourly Flow (mg/L)	C•T Calculation: Contact Time (T) During Peak Hourly Flow (minutes)	C•T Calculation: Lowest Ratio Between Actual C•T and Required C•T	C•T Calculation: Temperature of Water (°C)	C•T Calculation: pH	C•T Data: Minimum Required C•T Value	C•T Data: Lowest Operating C•T Value for Peak Hourly Flow	C•T Data: Minimum CT Ratio Occurring in Column 10	Lowest Residual Disinfectant Concentration (C) in Water Entering First Customer in Distribution System (mg/L)	Highest Pressure (psi) Recorded During Hours of Operation	Description of Abnormal Operating Conditions (e.g., Maintenance Work that Involves Taking Water System Components Out of Operation, etc.)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Total															
Average															
Maximum															

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

9-5-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Was Plant Staffed to Satisfy Operator Rule? (Place "X")	Hours Plant Was in Operation	Net Quantity of Water Produced (gpd)	Peak Hour Flow (gpm)	Lowest Residual Disinfectant Concentration (mg/L) Before or at the First Customer During Peak Hour	Disinfectant Contact Time (min) During Peak Hour	Lowest CT Provided Before or at the First Customer During Peak Hour	Ratio of CT Provided to CT Required	Log of Virus Inactivation Achieved	Minimum CT Required for 4-Log Virus Inactivation	Lowest Operating UV Dose (mJ/cm²)	Minimum UV Dose Required for 4-Log Virus Inactivation (mJ/cm²)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Plant Water System Components, Outages, Operator Absences, etc.
1	X	24.0	190,000		0.8								0.4	
2	X	24.0	190,000		0.8								0.4	
3	X	24.0	200,000		0.8								0.4	
4	X	24.0	240,000		0.7								0.4	
5	X	24.0	180,000		0.7								0.4	
6		24.0	180,000											
7	X	24.0	210,000		0.6								0.3	
8	X	24.0	210,000		0.7								0.4	
9	X	24.0	190,000		0.8								0.4	
10	X	24.0	220,000		0.8								0.4	
11	X	24.0	220,000		0.9								0.4	
12	X	24.0	265,000		0.9								0.4	
13		24.0	265,000											
14	X	24.0	180,000		0.9								0.4	
15	X	24.0	250,000		0.9								0.4	
16	X	24.0	230,000		0.9								0.4	
17	X	24.0	230,000		0.9								0.3	
18	X	24.0	220,000		0.9								0.3	
19	X	24.0	235,000		0.8								0.4	
20		24.0	235,000											
21	X	24.0	220,000		0.7								0.3	
22	X	24.0	230,000		0.7								0.3	
23	X	24.0	200,000		0.6								0.3	
24	X	24.0	230,000		0.8								0.4	
25	X	24.0	240,000		0.9								0.4	
26	X	24.0	245,000		0.9								0.5	
27		24.0	245,000											
28	X	24.0	350,000		0.5								0.3	
29	X	24.0	230,000		0.5								0.3	
30	X	24.0	330,000		0.5								0.3	
31	X	24.0	460,000											
Total			7,320,000											
Average			236,129											
Maximum			460,000											

* 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: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

9-5-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	Plant Staffed or Visited by Operator (Circle "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for Disinfection Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration in Entire Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Related to Maintaining Adequate Water Pressure, Flow Rate, Disinfection Residuals, or Other Conditions Within the Water System (Describe Actions Taken and Results)
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) in Water at Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) at Peak Hourly Flow (min)	Lowest CT Provided Before the First Customer at Peak Hourly Flow (mg-min/L)	Required CT for 4-Log Virus Inactivation Before the First Customer at Peak Hourly Flow (mg-min/L)	Actual CT / Required CT Ratio	Minimum CT Ratio Occurring in Distribution System	Lowest Operating Free Chlorine Residual Measured (mg/L)	Minimum Free Chlorine Residual Measured in Distribution System (mg/L)		
1	X	24.0			0.6								0.3	
2	X	24.0			0.6								0.3	
3	X	24.0	1,000		0.7								0.3	
4	X	24.0			0.6								0.3	
5	X	24.0	500		0.6								0.3	
6		24.0	500											
7	X	24.0			0.6								0.3	
8	X	24.0	1,000		0.7								0.3	
9	X	24.0	1,000		0.7								0.3	
10	X	24.0	1,000		0.7								0.3	
11	X	24.0	1,000		0.6								0.3	
12	X	24.0	500		0.6								0.3	
13		24.0	500											
14	X	24.0			0.7								0.3	
15	X	24.0	1,000		0.6								0.3	
16	X	24.0			0.6								0.3	
17	X	24.0	1,000		0.6								0.3	
18	X	24.0	1,000		0.6								0.3	
19	X	24.0	1,000		0.6								0.3	
20		24.0	1,000											
21	X	24.0	1,000		0.6								0.3	
22	X	24.0	2,000		0.5								0.3	
23	X	24.0	1,000		0.5								0.3	
24	X	24.0	1,000		0.5								0.3	
25	X	24.0			0.5								0.3	
26	X	24.0	500		0.5								0.3	
27		24.0	500											
28	X	24.0	1,000		0.6								0.3	
29	X	24.0	1,000		0.6								0.3	
30	X	24.0	1,000		0.6								0.3	
31	X	24.0												
Total			21,000											
Average			677											
Maximum			2,000											

* 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:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	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 Pretreatment Capacity of Each Plant, Gallons per day										
	432,000	504,000	288,000								1,224,000
Month	Net Quantity of Finished Water Produced by Each Plant, Gallons										Total
1	0	190,000	0								190,000
2	0	190,000	0								190,000
3	0	200,000	1,000								201,000
4	0	240,000	0								240,000
5	0	180,000	500								180,500
6	0	180,000	500								180,500
7	0	210,000	0								210,000
8	0	210,000	1,000								211,000
9	0	190,000	1,000								191,000
10	0	220,000	1,000								221,000
11	0	220,000	1,000								221,000
12	0	265,000	500								265,500
13	0	265,000	500								265,500
14	0	180,000	0								180,000
15	0	250,000	1,000								251,000
16	0	230,000	0								230,000
17	0	230,000	1,000								231,000
18	0	220,000	1,000								221,000
19	0	235,000	1,000								236,000
20	0	235,000	1,000								236,000
21	0	220,000	1,000								221,000
22	0	230,000	2,000								232,000
23	0	200,000	1,000								201,000
24	0	230,000	1,000								231,000
25	0	240,000	0								240,000
26	0	245,000	500								245,500
27	0	245,000	500								245,500
28	0	350,000	1,000								351,000
29	0	230,000	1,000								231,000
30	0	330,000	1,000								331,000
31	0	460,000	0								460,000
Total	0	7,320,000	21,000								7,341,000
AVG	0	236,129	677								236,806
MAX		460,000	2,000								460,000

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: September, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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:	Jean H. Pitzer	C	7605	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.

10-4-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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	Was Plant Staffed or Water Produced (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced*	CT Calculation or UV Dose or Demonstrate Four-Log Virus Inactivation, If Applicable: CT Calculation						UV Dose			Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Disinfectant Contact Time (T)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer in the Peak Hour	Product of "C" and "T" in the Peak Hour	Lowest Temperature of Water During Peak Hour	Log of Virus Inactivation Achieved	Minimum CT Required, per Table	Lowest Operating UV Dose in Operation	Minimum UV Dose Required, per Table	Lowest Residual Disinfectant Concentration in Water Prior to First Customer	
				minutes	mg/L		°C					mg/L	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
Total													
Average													
Maximum													

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

10-4-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Was Plant Started or Shutdown by Operator (Place "X")	Hours Plant in Operation	Well or Intake Pump Flow (gpm)	Peak Hour Flow (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Hour (mg/L)	Disinfectant Contact Time (T) During Peak Hour (Minutes)	Lowest CT Provided Before or at the First Customer During Peak Hour (Calculated)	Log of Virus Inactivation Achieved	Minimum CT Required for 4-Log Virus Inactivation	Lowest Operating UV Dose Recorded by System (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration in Entire 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	230,000		0.5							0.3	
2	X	24.0	297,500		0.5							0.3	
3		24.0	297,500										
4	X	24.0	235,000		0.5							0.3	
5	X	24.0	260,000		0.5							0.3	
6	X	24.0	220,000		0.8							0.4	
7	X	24.0	220,000		0.8							0.4	
8	X	24.0	210,000		0.8							0.4	
9	X	24.0	260,000		0.7							0.4	
10		24.0	260,000										
11	X	24.0	230,000		0.5							0.3	
12	X	24.0	210,000		0.5							0.3	
13	X	24.0	220,000		0.6							0.3	
14	X	24.0	220,000		0.6							0.3	
15	X	24.0	210,000		0.7							0.3	
16	X	24.0	255,000		0.7							0.3	
17		24.0	255,000										
18	X	24.0	230,000		0.7							0.3	
19	X	24.0	230,000		0.7							0.3	
20	X	24.0	230,000		0.7							0.3	
21	X	24.0	240,000		0.6							0.3	
22	X	24.0	310,000		0.6							0.3	
23	X	24.0	225,000		0.7							0.4	
24		24.0	225,000										
25	X	24.0	210,000		0.8							0.4	
26	X	24.0	220,000		0.8							0.4	
27	X	24.0	210,000		0.7							0.3	
28	X	24.0	220,000		0.7							0.3	
29	X	24.0	200,000		0.8							0.3	
30	X	24.0	235,000		0.8							0.3	
31		24.0											
Total			7,075,000										
Average			228,226										
Maximum			310,000										

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida		Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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:	Jean H. Pitzer	C	7605	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.

10-4-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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	Raw Water Source Used (Check One)	Hours Plant Was in Operation	Finished Water Quantity Produced gal	CT (Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable)								Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Hourly Flow gpd	Lowest Residual Disinfectant Concentration (C) in Water Entering First Customer During Peak Hourly Flow mg/L	Disinfection Contact Time (T) for Value in Previous Column Under Peak Hourly Flow min	Lowest Ratio Between Actual Contact Time and Theoretical Detention Time (T/T) Before or at First Customer During Peak Hourly Flow	Temp °C	pH of Water Entering Plant if Applicable	Inactivation Ratio (CTcalc/CTreq)	Lowest Log Inactivation of Virus (0.0 - 4.0)	Minimum UV Dose Required, in mJ/cm²		
1	X	24.0	1,000		0.8								0.4	
2	X	24.0	1,000		0.8								0.4	
3	X	24.0	500		0.8								0.4	
4		24.0	500											
5	X	24.0	2,000		0.7								0.3	
6	X	24.0	1,000		0.7								0.3	
7	X	24.0	1,000		0.7								0.3	
8	X	24.0	1,000		0.6								0.3	
9	X	24.0	1,000		0.6								0.3	
10	X	24.0	1,000		0.7								0.3	
11		24.0	1,000											
12	X	24.0	1,000		0.6								0.3	
13	X	24.0	1,000		0.6								0.3	
14	X	24.0			0.6								0.3	
15	X	24.0	3,000		0.5								0.3	
16	X	24.0	1,500		0.5								0.3	
17		24.0	1,500											
18	X	24.0	1,000		0.6								0.3	
19	X	24.0	1,000		0.6								0.3	
20	X	24.0	1,000		0.5								0.2	
21	X	24.0	1,000		0.6								0.3	
22	X	24.0	1,000		0.6								0.3	
23	X	24.0	1,000		0.7								0.3	
24		24.0	1,000											
25	X	24.0	1,000		0.7								0.4	
26	X	24.0	2,000		0.7								0.4	
27	X	24.0	2,000		0.6								0.3	
28	X	24.0	1,000		0.6								0.3	
29	X	24.0	1,000		0.7								0.3	
30	X	24.0	500		0.6								0.3	
31		24.0												
Total			33,500											
Average			1,081											
Maximum			3,000											

* 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 2006

Community Water System (CWS) Name: Sunny Hills

Public Water System (PWS) Identification Number: 1670647

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 4	Plant 3 Name: Plant 3 Well 5	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
	432,000	504,000	288,000								1,224,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	230,000	1,000								231,000
2	0	297,500	1,000								298,500
3	0	297,500	500								298,000
4	0	235,000	500								235,500
5	0	260,000	2,000								262,000
6	0	220,000	1,000								221,000
7	0	220,000	1,000								221,000
8	0	210,000	1,000								211,000
9	0	260,000	1,000								261,000
10	0	260,000	1,000								261,000
11	0	230,000	1,000								231,000
12	0	210,000	1,000								211,000
13	0	220,000	1,000								221,000
14	0	220,000	0								220,000
15	0	210,000	3,000								213,000
16	0	255,000	1,500								256,500
17	0	255,000	1,500								256,500
18	0	230,000	1,000								231,000
19	0	230,000	1,000								231,000
20	0	230,000	1,000								231,000
21	0	240,000	1,000								241,000
22	0	310,000	1,000								311,000
23	0	225,000	1,000								226,000
24	0	225,000	1,000								226,000
25	0	210,000	1,000								211,000
26	0	220,000	2,000								222,000
27	0	210,000	2,000								212,000
28	0	220,000	1,000								221,000
29	0	200,000	1,000								201,000
30	0	235,000	500								235,500
31	0	0	0								0
Total	0	7,075,000	33,500								7,108,500
Avg	0	228,226	1,081								229,306
Max		310,000	3,000								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: October, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills, Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd. City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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	Jean H. Pitzer	C	7605	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.

11-2-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

Day of the Month	Entry Point Residual Disinfectant Concentration (mg/L)	Hours plant was in Operation	Number of Finished Water Treatment Units	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Sanitation								UV Dose			
				Peak Flow (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Shortest Contact Time (T) of Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg/L-minutes)	Peak Dose (mJ/cm²)	Unit ID Number of Applicable UV Unit	Minimum UV Dose Required (mJ/cm²)	Lowest Operating UV Dose Occurred (mJ/cm²)	Minimum UV Dose Required in Water (mJ/cm²)	Lowest Residual Disinfectant Concentration in Water Prior to Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Total															
Average															
Maximum															

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Operator's Days & Shift(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

11-2-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

Day of the Month	Days Plant Staffed or Water Delivered (X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations								V Doses			
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or At the First Customer During Peak Flow (mg/l)	Contact Time (T) for 4-Log Treatment Virus During Peak Flow (minutes)	Lowest C Measured Before or At the First Customer During Peak Flow (mg/l)	Log of Virus Inactivation Required	Log of Virus Inactivation Achieved	Minimum C Required (mg/l)	Actual Operating CT Value (C x T)	Minimum CT Value Required (CT)	Lowest Residual Disinfectant Concentration (C) in Water Prior to the First Customer in the Distribution System (mg/l)	Emergency or Abnormal Operating Conditions (Explain or Maintenance Work that Involved Taking Water System Components Out of Operation)
1		24.0	235,000											
2	X	24.0	240,000		0.8								0.3	
3	X	24.0	230,000		0.8								0.3	
4	X	24.0	240,000		0.7								0.3	
5	X	24.0	280,000		0.6								0.3	
6	X	24.0	250,000		0.7								0.3	
7	X	24.0	280,000		0.7								0.3	
8		24.0	280,000											
9	X	24.0	250,000		0.7								0.2	
10	X	24.0	180,000		0.7								0.2	
11	X	24.0	310,000		0.7								0.2	
12	X	24.0	260,000		0.8								0.3	
13	X	24.0	270,000		0.8								0.3	
14	X	24.0	249,000		0.7								0.2	
15		24.0	249,000											
16	X	24.0	252,000		0.7								0.3	
17	X	24.0	240,000		0.7								0.3	
18	X	24.0	220,000		0.7								0.3	
19	X	24.0	230,000		0.7								0.3	
20	X	24.0	220,000		0.7								0.3	
21	X	24.0	245,000		0.6								0.3	
22		24.0	245,000											
23	X	24.0	220,000		0.6									
24	X	24.0	210,000		0.6								0.3	
25	X	24.0	216,000		0.6								0.3	
26	X	24.0	194,000		0.8								0.3	
27	X	24.0	240,000		0.9								0.4	
28	X	24.0	195,000		0.8								0.4	
29		24.0	195,000										0.4	
30	X	24.0	190,000		0.8									
31	X	24.0	280,000										0.4	
Total			7,395,000											
Average			238,548											
Maximum			310,000											

* 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: October, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5	Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd. City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator(s)	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-2-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number: 1670647 | Plant Name: Sunny Hills Well # 5

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

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

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

Day of the Month	Does Plant Operate on this Day? (X)	Hours Plant Operated	Net Quantity of Finished Water Produced (gal)	CT Calculations: Peak Flow (gpm)	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	CT Calculations: Contact Time (T) at Lowest Residual Disinfectant Concentration (C) in Previous Column During Peak Flow (min)	CT Calculations: Lowest Measured Residual Disinfectant Concentration (C) in Water Entering Distribution System (mg/L)	CT Calculations: Temperature of Water Sample (°C)	CT Calculations: Is CT ≥ CT* ? (Y/N)	CT Calculations: Minimum Required CT* Value	CT Calculations: Actual CT Value Achieved (CT Calculated)	CT Calculations: Log Virus Inactivation Achieved	Lowest Residual Disinfectant Concentration (C) in Water From the 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	500											
2	X	24.0	2,000		0.7								0.3	
3	X	24.0	7,000		0.7								0.3	
4	X	24.0	2,000		0.7								0.3	
5	X	24.0	1,000		0.8								0.3	
6	X	24.0	1,000		0.8								0.5	
7		24.0	1,500		0.8								0.4	
8	X	24.0	1,500										0.3	
9	X	24.0	2,000		0.6									
10	X	24.0	4,000		0.8								0.2	
11	X	24.0	1,000		0.8								0.3	
12	X	24.0	2,000		0.8								0.3	
13	X	24.0	2,000		0.7								0.3	
14		24.0	1,000		0.7								0.3	
15	X	24.0	1,000		0.9								0.3	
16	X	24.0	2,000		0.8								0.4	
17	X	24.0	1,000		0.8								0.4	
18	X	24.0	2,000		0.7								0.4	
19	X	24.0	4,000		0.7								0.3	
20		24.0	500		0.7								0.3	
21	X	24.0	1,000		0.8								0.3	
22	X	24.0	1,000		0.8								0.4	
23	X	24.0	2,000		0.9								0.4	
24	X	24.0	85,000		0.9								0.4	
25	X	24.0	2,000		0.9								0.4	
26	X	24.0	1,000		0.9								0.4	
27		24.0	1,000										0.4	
28	X	24.0	2,000		0.6									
29	X	24.0	2,000										0.3	
30														
31														
Total			137,500											
Average			4,435											
Maximum			85,000											

* 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 :	October 2006
Community Water System (CWS) Name:	Sunny Hills
Public Water System (PWS) Identification Number:	1670647

Day of Month	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 4	Plant 3 Well 5								
	For Entire Month: Maximum Daily Operating Capacity of Each Plant, gallons per day										
	432,000	504,000	288,000								1,224,000
	Net Quantity of Finished Water Production Each Plant, gallons										Total
1	0	235,000	500								235,500
2	0	240,000	2,000								242,000
3	0	230,000	7,000								237,000
4	0	240,000	2,000								242,000
5	0	280,000	1,000								281,000
6	0	250,000	1,000								251,000
7	0	280,000	1,500								281,500
8	0	280,000	1,500								281,500
9	0	250,000	2,000								252,000
10	0	180,000	4,000								184,000
11	0	310,000	1,000								311,000
12	0	260,000	2,000								262,000
13	0	270,000	2,000								272,000
14	0	249,000	1,000								250,000
15	0	249,000	1,000								250,000
16	0	252,000	1,000								253,000
17	0	240,000	2,000								242,000
18	0	220,000	1,000								221,000
19	0	230,000	2,000								232,000
20	0	220,000	4,000								224,000
21	0	245,000	500								245,500
22	0	245,000	500								245,500
23	0	220,000	1,000								221,000
24	0	210,000	1,000								211,000
25	0	216,000	2,000								218,000
26	0	194,000	85,000								279,000
27	0	240,000	2,000								242,000
28	0	195,000	1,000								196,000
29	0	195,000	1,000								196,000
30	0	190,000	2,000								192,000
31	0	280,000	2,000								282,000
Total	0	7,395,000	137,500								7,532,500
Avg	0	238,548	4,435								242,984
Max		310,000	85,000								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: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida		Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

12-12-06

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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

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

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

Day of Month	24-Hour Clock Shifted to Place Operation Hours in One Day? (X)	Hours plant was in Operation	Finished Water Produced (gallons)	Calculations for CT Demonstration for 4-Log Virus Inactivation (Applicable Only If Using Chlorine)										Lowest Free Chlorine Residual Measured in Distribution System (mg/L)	Lowest Chloramine Residual Measured in Distribution System (mg/L)
				Peak Hourly Flow Rate (gpm)	Free Chlorine Residual Measured at Point of Entry (mg/L)	Free Chlorine Residual Measured in Distribution System (mg/L)	Temperature of Water Sample (°C)	pH of Water Sample	Contact Time (min)	Inactivation Ratio Achieved	Total Inactivation Ratio Achieved	Minimum CT Required for 4-Log Virus Inactivation	Was CT Adequate?		
1	X	24.0	1,000		0.6									0.3	
2	X	24.0	2,000		0.5									0.2	
3	X	24.0	2,000		0.5									0.2	
4	X	24.0	1,000		0.6									0.2	
5		24.0	1,000												
6	X	24.0	2,000		0.6									0.2	
7	X	24.0	1,000		0.7									0.3	
8	X	24.0	2,000		0.7									0.3	
9	X	24.0	2,000		0.7									0.3	
10	X	24.0	2,000		0.6									0.2	
11	X	24.0	1,000		0.6									0.2	
12		24.0	1,000												
13	X	24.0	2,000		0.7									0.2	
14	X	24.0	1,000		0.7									0.2	
15	X	24.0	2,000		0.6									0.2	
16	X	24.0	4,000		0.6									0.2	
17	X	24.0	2,000		0.6									0.2	
18	X	24.0	1,000		0.6									0.2	
19		24.0	1,000												
20	X	24.0	1,000		0.7									0.3	
21	X	24.0	1,000		0.7									0.3	
22	X	24.0	2,000		0.7									0.3	
23	X	24.0	1,000		0.7									0.3	
24	X	24.0	1,000		0.8									0.3	
25	X	24.0	1,000		0.8									0.3	
26		24.0	1,000												
27	X	24.0	2,000		0.7									0.3	
28	X	24.0	2,000		0.7									0.3	
29	X	24.0	3,000		0.7									0.3	
30	X	24.0	1,000		0.7									0.3	
31		24.0													
Monthly Average Flow			1,516												
Maximum Day Flow			4,000												

* 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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4			Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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(s) Worked
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

Signature and Date	Printed or Typed Name	License Number
12-12-06	Jean Pitzer	C7605

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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	Was Plant in Operation Today? Enter "X"	Hours Plant Was in Operation	Total Quantity of Finished Water Produced (gallons)	CT Calculations to Demonstrate Four-Log Virus Inactivation, If Applicable											
				Disinfectant Contact Time (CT) Calculation	Actual Residual Disinfectant Concentration (C) Entering First Customer	Measured Temperature of Water Sample	Calculated Log Inactivation Ratio	Minimum CT Required for Inactivation	Was Adequate CT Maintained?	Minimum Operating Parameter to Maintain Adequate CT	Was Adequate Parameter Maintained?	Lowest Residual Disinfectant Concentration (C) in Water Entering the Distribution System	Explanation of Corrective Action Taken and Preventive Measures Taken to Ensure Adequate Treatment in the Future
1	X	24.0	220,000		0.7							0.3	
2	X	24.0	250,000		0.9							0.3	
3	X	24.0	230,000		0.8							0.3	
4	X	24.0	180,000		0.8							0.3	
5		24.0	180,000										
6	X	24.0	190,000		0.8							0.3	
7	X	24.0	190,000		0.8							0.3	
8	X	24.0	200,000		0.6							0.2	
9	X	24.0	200,000		0.6							0.2	
10	X	24.0	200,000		0.7							0.2	
11	X	24.0	205,000		0.7							0.2	
12		24.0	205,000										
13	X	24.0	200,000		0.8							0.3	
14	X	24.0	290,000		0.8							0.3	
15	X	24.0	130,000		0.8							0.3	
16	X	24.0	180,000		0.7							0.3	
17	X	24.0	260,000		0.7							0.3	
18	X	24.0	195,000		0.8							0.4	
19		24.0	195,000										
20	X	24.0	170,000		0.8							0.4	
21	X	24.0	190,000		0.8							0.4	
22	X	24.0	220,000		0.8							0.4	
23	X	24.0	210,000		0.8							0.4	
24	X	24.0	230,000		0.8							0.4	
25	X	24.0	195,000		0.8							0.4	
26		24.0	195,000										
27	X	24.0	150,000		0.8							0.4	
28	X	24.0	180,000		0.7							0.3	
29	X	24.0	160,000		0.8							0.4	
30	X	24.0	180,000		0.8							0.4	
31		24.0											
Total			5,980,000										
Average			192,903										
Maximum			290,000										

* 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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City:	Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Days(✓) & Shift(s) Worked
Lead/Chief Operator:	Jean H. Pitzer	C	7605	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.

12-12-06
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

Day of Month	Was Plant Staffed and Operated? (Y/N)	Was Plant Operated? (Y/N)	Hours Plant Operated	Lowest Residual Disinfectant Concentration (mg/L)	Time of Lowest Residual Disinfectant Concentration	Highest Residual Disinfectant Concentration (mg/L)	Time of Highest Residual Disinfectant Concentration	Disinfectant Contact Time (min)	pH	Temperature (°C)	Disinfectant Contact Time (min)	pH	Temperature (°C)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Time of Lowest Residual Disinfectant Concentration in Water Entering Distribution System
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
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15															
16															
17															
18															
19															
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21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Minimum															
Average															
Maximum															

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 4	Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
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
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

12-7-2006
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 4

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

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

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

Day of Month	Was Plant Operated Today? (Enter "X" if Yes)	Hours Plant Operated	Finished Water Pumped (gallons)	Free Chlorine Residual Entering Distribution System (mg/L)	Lowest Free Chlorine Residual in Distribution System (mg/L)	Turbidity of Raw Water (NTU)	Highest Turbidity of Treated Water (NTU)	Was Turbidity Interference Experienced Today? (Enter "X" if Yes)	Was Alternative Water Supply Used Today? (Enter "X" if Yes)	Total Chlorine Residual (mg/L)	Fluoride Residual (mg/L)	Color (Units)	Conductivity (µmhos/cm)	Temperature of Water (°F)	Source Water Pumped (Enter Well Numbers)
1	X	24.0	220,000	0.7									0.3		
2	X	24.0	250,000	0.9									0.3		
3	X	24.0	230,000	0.8									0.3		
4	X	24.0	180,000	0.8									0.3		
5		24.0	180,000												
6	X	24.0	190,000	0.8									0.3		
7	X	24.0	190,000	0.8									0.3		
8	X	24.0	200,000	0.6									0.2		
9	X	24.0	200,000	0.6									0.2		
10	X	24.0	200,000	0.7									0.2		
11	X	24.0	205,000	0.7									0.2		
12		24.0	205,000												
13	X	24.0	200,000	0.8									0.3		
14	X	24.0	290,000	0.8									0.3		
15	X	24.0	130,000	0.8									0.3		
16	X	24.0	180,000	0.7									0.3		
17	X	24.0	260,000	0.7									0.3		
18	X	24.0	195,000	0.8									0.4		
19		24.0	195,000												
20	X	24.0	170,000	0.8									0.4		
21	X	24.0	190,000	0.8									0.4		
22	X	24.0	220,000	0.8									0.4		
23	X	24.0	210,000	0.8									0.4		
24	X	24.0	230,000	0.8									0.4		
25	X	24.0	195,000	0.8									0.4		
26		24.0	195,000												
27	X	24.0	150,000	0.8									0.4		
28	X	24.0	180,000	0.7									0.3		
29	X	24.0	160,000	0.8									0.4		
30	X	24.0	180,000	0.8									0.4		
31		24.0													
Total			5,980,000												
Average			192,903												
Maximum			290,000												

* 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, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	City: Sunny Hills	State: Florida		Zip Code: 32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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/Week
Lead/Chief Operator	Jean H. Pitzer	C	7605	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.

12-7-2006
Signature and Date

Jean Pitzer
Printed or Typed Name

C7605
License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 5

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

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

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

Day of Month	Was Plant Operated Today? (Y or N)	Hours Plant Operated	Finished Water Pumped (gallons)	Purchased Water (gallons)	Disinfectant Residual Concentration (mg/L) Entering Distribution System	Disinfectant Residual Concentration (mg/L) Measured in Distribution System	Disinfectant Contact Time (minutes) Provided by Baffling Factor and Storage	Was Four-Log Virus Inactivation Achieved Today? (Y or N)	Lowest Daily Chlorine Residual (mg/L) in Distribution System	Number of Coliform Samples Taken Today	Number of Coliform Samples Positive Today	Highest Daily Turbidity Measurement (NTU)	Lowest Daily Turbidity Measurement (NTU)	Number of Turbidity Samples Taken Today
1	X	24.0	1,000		0.6				0.3					
2	X	24.0	2,000		0.5				0.2					
3	X	24.0	2,000		0.5				0.2					
4	X	24.0	1,000		0.6				0.2					
5		24.0	1,000											
6	X	24.0	2,000		0.6				0.2					
7	X	24.0	1,000		0.7				0.3					
8	X	24.0	2,000		0.7				0.3					
9	X	24.0	2,000		0.7				0.3					
10	X	24.0	2,000		0.6				0.2					
11	X	24.0	1,000		0.6				0.2					
12		24.0	1,000											
13	X	24.0	2,000		0.7				0.2					
14	X	24.0	1,000		0.7				0.2					
15	X	24.0	2,000		0.6				0.2					
16	X	24.0	4,000		0.6				0.2					
17	X	24.0	2,000		0.6				0.2					
18	X	24.0	1,000		0.6				0.2					
19		24.0	1,000											
20	X	24.0	1,000		0.7				0.3					
21	X	24.0	1,000		0.7				0.3					
22	X	24.0	2,000		0.7				0.3					
23	X	24.0	1,000		0.7				0.3					
24	X	24.0	1,000		0.8				0.3					
25	X	24.0	1,000		0.8				0.3					
26		24.0	1,000											
27	X	24.0	2,000		0.7				0.3					
28	X	24.0	2,000		0.7				0.3					
29	X	24.0	3,000		0.7				0.3					
30	X	24.0	1,000		0.7				0.3					
31		24.0												
Total			47,000											
Average			1,516											
Maximum			4,000											

* 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: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522			Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.	City: Sunny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000				
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	Jean H. Pitzer	C	7605	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.

12-7-2006

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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

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

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

Day of Month	Concentration(s) of UV Dose (mJ/cm²) Delivered	Concentration(s) of Disinfectant Used for Virus Inactivation	Concentration(s) of Disinfectant Residual Entering Distribution System	Lowest Concentration of Disinfectant Residual in Distribution System	Number of Positive Coliform Samples	Number of Fecal Coliform or E. coli Positive Samples	Number of Heterotrophic Bacteria Samples Exceeding 500/ml	Number of Chlorine Residual Samples Below Minimum Allowable Level	Number of Turbidity Samples Exceeding Allowable Limit	Number of Other Water Quality Parameter Violations	Number of Required Samples Not Collected	Number of Required Chlorine Residual Samples Not Collected	Number of Required Fecal Coliform or E. coli Samples Not Collected	Number of Required Turbidity Samples Not Collected	Number of Required Other Water Quality Parameter Samples Not Collected
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
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22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Total															
Average															
Maximum															

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

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	PWS Identification Number:	1670647
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	522	Total Population Served at End of Month:	1,827
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sunny Hills Well # 1	Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd City: Sunny Hills State: Florida	Zip Code:	32428
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator(s)	Name	License Class	License Number	Days Worked This Month
Lead/Chief Operator	Jean H. Pitzer	C	7605	Days 1st Shift
Part-time Operator(s)				

II. Certification by Lead/Chief Operator

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

1-4-2007

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

PWS Identification Number:	1670647	Plant Name:	Sunny Hills Well # 1

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 in the Month	Hours Plant was in Operation	Finished Water Produced (gallons)	Highest Daily Maximum Residual Disinfectant Concentration (mg/L) in Water Produced	Lowest Daily Residual Disinfectant Concentration (mg/L) in Water Produced	Disinfectant Concentration (mg/L) Measured 4 Hours During Peak Hourly Flow	Lowest CT Value Determined Acceptable by Department	Temperature of Water (°C)	Minimum Required CT Value	Lowest Operating Free Chlorine Residual (mg/L)	Minimum Free Chlorine Residual (mg/L) in Distribution System	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Turbidity (NTU) of Water Entering Distribution System
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Total												
Average												
Maximum												

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

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
INDIVIDUAL WATER USE PERMIT
(NWFWMD Form No. A2-2)

Permit granted to:	Permit No.: 19842730 Renewal/Modification
Florida Water Services Corporation	Date Permit Granted: June 26, 2003
Post Office Box 609520	Permit Expires On: July 1, 2013
Orlando, Florida 32860-9520 (Legal Name and Address)	Source Classification: Floridan Aquifer
Re: Sunny Hills Community	Use Classification: Public Supply
County: Washington Area: C	Location: Section ____ 1/4 Section ____
Application No.: 106268	Township 2 North Range 13-14 West

Terms and standard conditions of this Permit are as follows:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. 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 conditions set forth herein, then this Permit shall be revoked as provided by Chapter 373.243, Florida Statutes.

2. This Permit is predicated upon the assertion by the Permittee that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(4), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.

3. This Permit is conditioned on the Permittee having obtained or obtaining all other necessary permit(s) to construct, operate and certify withdrawal facilities and the operation of water system.

4. This Permit is issued to the Permittee contingent upon continued ownership, lease or other present control of property rights in underlying, overlying, or adjacent lands. This Permit may be assigned to a subsequent owner as provided by Chapter 40A-2.351, Florida Administrative Code, and the acceptance by the transferee of all terms and conditions of the Permit.

DOCUMENT NUMBER-DATE
04335 MAY 22 05
FPSC-COMMISSION CLERK

19842730/106268

5. This Permit authorizes the Permittee to make a combined average annual withdrawal of 275,000 gallons of water per day, a maximum combined withdrawal of 545,000 gallons during a single day, and a combined monthly withdrawal of 12,000,000 gallons. Withdrawals for the individual facilities are authorized as shown in the table below in paragraph six. However, the total combined amount of water withdrawn by all facilities listed in paragraph six shall not exceed the amounts identified above.

6. Individual Withdrawal Facility Authorization

WITHDRAWAL POINT ID NO.	LOCATION SEC,TWN,RNG	GALLONS/DAY AVERAGE	GALLONS/DAY MAXIMUM
#3 (AAA5155)	Sec. 25, T2N, R14W		432,000
#4 (AAA5156)	Sec. 17, T2N, R13W		504,000
#5 (AAA1095)	Sec. 22, T2N, R13W		288,000

7. The use of the permitted water withdrawal is restricted to the use classification set forth by the Permit. Any change in the use of said water shall require a modification of this Permit.

8. The District's staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this Permit.

9. The District's staff, upon providing prior notice and proper identification, may request permission to collect water samples for analysis, measure static and/or pumping water levels and collect any other information deemed necessary to protect the water resources of the area.

10. The District reserves the right, at a future date, to require the Permittee to submit pumpage records for any or all withdrawal point(s) covered by this Permit.

11. Permittee shall mitigate any significant adverse impact caused by withdrawals permitted herein on the resource and legal water withdrawals and uses, and on adjacent land use, which existed at the time of permit application. The District reserves the right to curtail permitted withdrawal rates if the withdrawal causes significant adverse impact on the resource and legal uses of water, or adjacent land use, which existed at the time of permit application.

12. Permittee shall not cause significant saline water intrusion or increased chloride levels. The District reserves the right to curtail permitted withdrawal rates if withdrawals cause significant saline water intrusion or increased chloride levels.

13. The District, pursuant to Section 373.042, Florida Statutes, at a future date, may establish minimum and/or management water levels in the aquifer, aquifers, or surface water hydrologically associated with the permitted withdrawals; these water levels may require the Permittee to limit withdrawal from these water sources at times when water levels are below established levels.

14. Nothing in this Permit should be construed to limit the authority of the Northwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate and implement a plan during periods of water shortage pursuant to Section 373.246, Florida Statutes, or to declare Water Resource Caution Areas pursuant to Chapters 40A-2.801, and 62-40.41, Florida Administrative Code.

    (a) In the event of a declared water shortage, water withdrawal reductions shall be made as ordered by the District.

    (b) In the event of a declared water shortage or an area as a Water Resource Caution Area, the District may alter, modify or inactivate all or parts of this permit.

15. The Permittee shall properly plug and abandon any well determined unsuitable for its intended use, not properly operated and maintained, or removed from service. The well(s) shall be plugged and abandoned to District Standards in accordance with Section 40A-3.531, Florida Administrative Code.

16. Any Specific Permit Condition(s) enumerated in Attachment A are herein made a part of this Permit.

Authorized Signature
Northwest Florida Water Management District

19842730/I06268

ATTACHMENT A
Florida Water Services Corporation
Sunny Hills Community

Individual Water Use Permit No. 19842730
Individual Water Use Application No. I06268

1. The Permittee shall maintain, in working order, flow meters on all wells.

2. The Permittee shall record the data required on the Water Use Summary Reporting Form NWFWMD A2-I, and submit reports for each year to the District by January 31 of the following year. The Permittee shall ensure that daily meter readings are recorded at all well locations and the reporting form properly completed and submitted to the District in a timely manner. The next report is due by January 31, 2004.

3. The Permittee shall record the total amount of water withdrawn, the total amount of water billed to customers, and the total amount of unaccounted water (difference of water withdrawn and water billed), and submit reports for each year to the District by January 31 of the following year.

4. The Permittee shall submit a copy of the current residential and commercial rate structures by January 31, 2004. The Permittee shall subsequently submit a copy of any rate structure changes within 30 days of their effective date.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT
5806 E. HWY 22
PANAMA CITY, FL 32404
E81105
850-871-1900 Report Number:122807-4

Sub_Contract Lab ID:_____

Analyses Requested: (please check all that apply)

X_Standard Coliform Test

__Other_____

Relinquished by: Jean Pitzer

Lab Receipt Date & Time 12/19/07 1553CST
Analysis Date and Time 12/19/07 1605CST
Sample Acceptance Criteria:
Sample Preservation: X On Ice __Not on ice
Disinfectant check : X Yes __No
The sample does not meet the following NELAC requirements

System Name: SUNNY HILLS UTILITIES PWS I.D. : 1670647
System Address: 680 GABLES BLVD. City: SUNNY HILLS
System or Owner's Phone # 850-773-2802 Fax #
Collector: Jean Pitzer Collector's Phone # 850-773-2802
Type of Supply: (check ony one)

X Community Water System _ Noncommunity Water System _ Nontransient Noncommunity Water System _ Limited Use System
_ Private Well _ Swimming Pool _ Bottled Water _ Other_____

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

Sample Collection Date: 12/19/07

Total Coliform Analytical Method SM9221D
Fecal or E. coli Analytical Method

Sample Number	Sampling Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Rec'd mg/l	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
8	Bricknell Ave.	1210CST	D	0.2	7.6		A			366188

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.2

Defined in Florida Administrative Code Rule 62-100, Table 1
All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: X_DPD Colormetric _Other_____

Person performing analysis is:

X_A certified operator(#7605) _Employed by a certified lab
_Supervised by a cert operator(#) _Employed by DEP or DOH

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:

Lab Signature:
Title: President

SUNNY HILLS UTILITIES
680 GABLES BLVD.
SUNNY HILLS

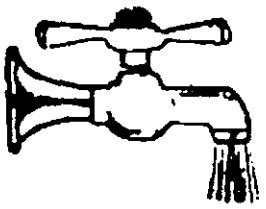
DEP/DOH USE ONLY
_ Satisfactory
_ Incomplete Collection Information
_ Repeat Samples Required
_ Replacement Samples Required
Date Reviewed by DEP/DOH:_____
DEP/DOH Reviewing Official:_____

DOCUMENT NUMBER-DATE
04335 MAY 22 80
FPSC-COMMISSION CLERK

DEP Sample Type Codes: D=Distribution(Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special(clearance,etc)

Analysis Methods: MF=SM9222B & D, MFT=9221B & EC/MUG, MMO/MUG=SM9223B, HPC=SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count



the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 11/02/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 360556 SAMPLE ID- Sunny Hills WS102407-135 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 10/24/07 LOCATION- well #1 TIME SAMPLED- 1331CST
DATE RECEIVED- 10/24/07 SAMPLER- Jean Pitzer RECEIVED BY- DH
TIME RECEIVED- 1422CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	10/24/07	1331CST	JP	0.3	PPM			
TSS	EPA160.2	10/30/07	0935CDT	TAC	1.6	mg/L	1.0	5.0	I
TURBIDITY	EPA180.1	10/25/07	1600CDT	JRH	1.02	NTU	0.01	0.050	
pH, FIELD	150.1	10/24/07	1331CST	JP	7.6	S.U.			
IRON	200.7	10/29/07	1600CST	DB	0.365	mg/L	0.040	0.20	

DATA QUALIFIER LEGEND

SYMBOL	MEANING
J	Estimated value; value may not be accurate. This code shall be used in the following instances: 1. Surrogate recovery limits have been exceeded; 2. No known quality control criteria exist for the component; 3. The reported value failed to meet the established quality control criteria for either precision or accuracy; 4. The sample matrix interfered with the ability to make any accurate determination; or 5. The data are questionable because of improper laboratory or field protocols (e.g. composite sample was collected instead of a grab sample). 6. The reported value failed to meet established method criteria. Note: A "J" value shall not be used if another code applies.
Q	Sample held beyond the accepted holding time. This code shall be used if the value is derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of 1/8 inch within the past 48 hours).
Y	The laboratory analysis was from an improperly preserved sample or an improper container. The data may not be accurate.
O	Sampled, but analysis lost or not performed.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration volume.
IMP	Sample not analyzed due to improper sample preservation.
REJ	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
NAI	Not reported due to interference.
B	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter colony counts. The code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if: 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable.
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit a negative deflection.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank.

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

1137

CHAIN OF CUSTODY RECORD

Company Name / Plant: Aqua Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL 32479
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

# of Containers

Sample Disposal: Lab Dispose / Return to Client / Other
Date / Relinquished / Received

Sample #
Container #
Check If Rush
Date Required
Special Instructions: copy 3810 Gables Blvd SH FL 32428
P.O. #

Analysis Requested: Turbidity, Iron, TSS, pH, Temp, Cl2 RES, Ice (Yes / No), Preservation

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: W. Water	Matrix: Soil	Sample Site (Be Specific)	# of Containers	Turbidity	Iron	TSS	pH	Temp	Cl2 RES	Ice Yes	Ice No	Preservation
10-24-07	1:31		V	X				Well #10707-0149	1	X	X	X	7.6		.3	1		

Sampled By & Title: [signature] Date: 10/24/07 Time: 1:31
Received By:
Received By:
Received By:
Received in Lab By: Daniel Hebert Date: 24 Oct 2007 Time: 1422

Relinquished By: [signature] Date / Time: 10-24-07 2:22
Relinquished By: Date / Time:
Relinquished By: Date / Time:
Shipped VIA: UPS BUS HAND FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 122807-4 Page 1
REPORT DATE: 12/28/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS 2 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
This report may not be reproduced except in full with written approval from the laboratory.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT
5806 E. HWY 22
PANAMA CITY, FL 32404
E81105
850-871-1900 Report Number:122807-3

Sub_Contract Lab ID:_____

Analyses Requested: (please check all that apply)

X_Standard Coliform Test

__Other_____

Relinquished by: Jean Pitzer

Lab Receipt Date & Time 12/19/07 1553CST
Analysis Date and Time 12/19/07 1605CST
Sample Acceptance Criteria:
Sample Preservation: X On Ice __Not on ice
Disinfectant check : X Yes __No
The sample does not meet the following NELAC requirements

System Name: SUNNY HILLS UTILITIES PWS I.D. : 1670647
System Address: 680 GABLES BLVD. City: SUNNY HILLS
System or Owner's Phone # 850-773-2802 Fax #
Collector: Jean Pitzer Collector's Phone # 850-773-2802

Type of Supply: (check ony one)

X Community Water System _ Noncommunity Water System _ Nontransient Noncommunity Water System _ Limited Use System
_ Private Well _ Swimming Pool _ Bottled Water _ Other_____

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

Sample Collection Date: 12/19/07

Total Coliform Analytical Method SM9221D
Fecal or E. coli Analytical Method

Sample Number	Sampling Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Rec'd mg/l	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
1	well #1	1120CST	R		7.7		A			366181
2	well #4	1310CST	R		7.7		A			366182
3	well #5	1324CST	R		7.6		A			366183
4	1710 Quintara	1155CST	D	0.3	7.6		A			366184
5	Walkerton Fire Hyd.	1425CST	D	0.2	7.6		A			366185
6	Chapel Fire Hyd.	1200CST	D	0.3	7.6		A			366186
7	1755 Salem	1205CST	D	0.3	7.6		A			366187

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.3

Defined in Florida Administrative Code Rule 62-100, Table 1
All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: X_DPD Colormetric _Other_____

Person performing analysis is:

X_A certified operator(#7605) _Employed by a certified lab
_Supervised by a cert operator(#) _Employed by DEP or DOH

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:

Lab Signature:
Title: President

SUNNY HILLS UTILITIES
680 GABLES BLVD.
SUNNY HILLS

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

DEP Sample Type Codes: D=Distribution(Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special(clearance,etc)

Analysis Methods: MF=SM9222B & D, MFT=9221B & EC/MUG, MMO/MUG=SM9223B, HPC=SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

CERTIFICATE OF ANALYSIS

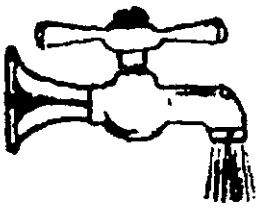
REPORT SERIAL NUMBER: 122807-3 Page 1
REPORT DATE: 12/28/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS 2 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigot@comcast.net

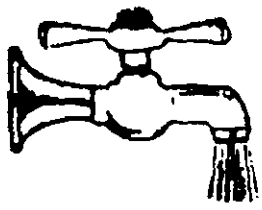
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 01/09/08
CLIENT NUMBER: 24

SAMPLE NUMBER- 364966 SAMPLE ID- Sunny Hills WS121007-99 Well#1 SAMPLE MATRIX- WA
DATE SAMPLED- 12/10/07 LOCATION- well #1 TIME SAMPLED- 1300CST
DATE RECEIVED- 12/10/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1530CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COLOR	SM2120B	12/13/07	1630CDT	JRH	15	CU	5	25	
pH,FIELD	150.1	12/10/07	1300CST	JP	7.6	S.U.			
IRON	200.7	12/21/07	0800CST	DB	0.364	mg/L	0.040	0.20	



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CERTIFICATE OF ANALYSIS

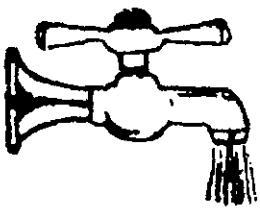
Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 01/09/08
CLIENT NUMBER: 24

SAMPLE NUMBER- 364967 SAMPLE ID- Sunny Hills WS121007-100 EP #1 SAMPLE MATRIX- WA
DATE SAMPLED- 12/10/07 LOCATION- Entry point #1 TIME SAMPLED- 1305CST
DATE RECEIVED- 12/10/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1530CST DELIVERED BY- Jean Pitzer

Page 3 Report # 010908-5

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	12/10/07	1305CST	JP	0.3	PPM			
COLOR	SM2120B	12/13/07	1630CDT	JRH	20	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	12/11/07	1701CST	CEC	0.01	mg/L	0.01	0.050	I
pH,FIELD	150.1	12/10/07	1305CST	JP	7.4	S.U.			
IRON	200.7	12/21/07	0800CST	DB	0.342	mg/L	0.040	0.20	



the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigot@comcast.net

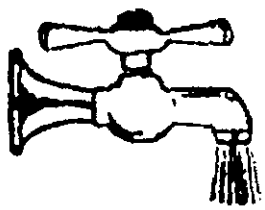
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 01/09/08
CLIENT NUMBER: 24

SAMPLE NUMBER- 364968 SAMPLE ID- Sunny Hills WS121007-101 30K#1 SAMPLE MATRIX- WA
DATE SAMPLED- 12/10/07 LOCATION- 30,000 storage #1 TIME SAMPLED- 1309CST
DATE RECEIVED- 12/10/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1530CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	12/10/07	1309CST	JP	0.3	PPM			
COLOR	SM2120B	12/13/07	1630CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	12/11/07	1701CST	CEC	0.01	mg/L	0.01	0.050	I
pH,FIELD	150.1	12/10/07	1309CST	JP	7.5	S.U.			
IRON	200.7	12/21/07	0800CST	DB	0.341	mg/L	0.040	0.20	



the water spigot, inc.

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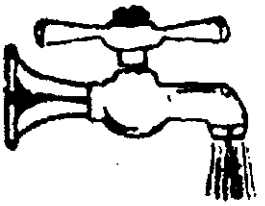
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 01/09/08
CLIENT NUMBER: 24

SAMPLE NUMBER- 364969 SAMPLE ID- Sunny Hills WS121007-102 30K#2 SAMPLE MATRIX- WA
DATE SAMPLED- 12/10/07 LOCATION- 30,000 storage #2 TIME SAMPLED- 1310CST
DATE RECEIVED- 12/10/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1530CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	12/10/07	1310CST	JP	0.3	PPM			
COLOR	SM2120B	12/13/07	1630CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	12/11/07	1701CST	CEC	0.02	mg/L	0.01	0.050	I
pH,FIELD	150.1	12/10/07	1310CST	JP	7.5	S.U.			
IRON	200.7	12/21/07	0800CST	DB	0.342	mg/L	0.040	0.20	



the water spigot, inc.

NELAC Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 01/09/08
CLIENT NUMBER: 24

SAMPLE NUMBER- 364970 SAMPLE ID- Sunny Hills WS121007-103 Badck SAMPLE MATRIX- WA
DATE SAMPLED- 12/10/07 LOCATION- Badcock TIME SAMPLED- 1100CST
DATE RECEIVED- 12/10/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1530CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	12/10/07	1100CST	JP	0.3	PPM			
COLOR	SM2120B	12/13/07	1630CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	12/11/07	1701CST	CEC	0.02	mg/L	0.01	0.050	I
pH,FIELD	150.1	12/10/07	1100CST	JP	7.5	S.U.			
IRON	200.7	12/21/07	0800CST	DB	0.281	mg/L	0.040	0.20	

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

1130

Company Name / Plant: Aqua Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL 34749
Copy To DEP / DOH (circle one) Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Sunny Hills
Lab Dispose / Return to Client / Other
Date / Relinquished / Received

Sample #:
Container #:
Check if Rush:
Date Required:
Special Instructions: Copy to 3810 Galaxy Blvd SH FL 32428
P.O. #:

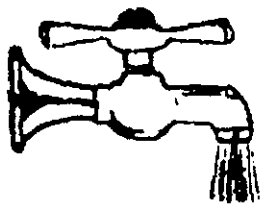
Analysis Requested: Color, PO4, Iron

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: WW Water	Matrix: Soil	Sample Site (Be Specific)	# of Containers	Color	PO4	Iron			pH	Temp	Cl2 RES	Iron Yes	Iron No	Preservation
12-10-07	1:20		X	X				RAW Well #1	1	X		X	1207	0699	7.6		0		X	
12-10-07	1:05		X	X				POE Well #1	1	X	X	X	1207	0701	7.4		.3		X	
12-10-07	1:09		X	X				30,000 Storage #1	1	X	X	X	1207	0700	7.5		.3		X	
12-10-07	1:10		X	X				30,000 Storage #2	1	X	X	X	1207	0703	7.5		.3		X	
12-10-07	11:00		X	X				Badcock	1	X	X	Y	1207	0702	7.5		.3		X	

Sampled By & Title: _____ Date: 12-10-07 Time: _____
Received By: _____
Received By: _____
Received By: _____
Received in Lab By: Sally Martin 12/10 1530

Relinquished By: Jessa Ritzer Date / Time: 12-10-07 1530
Relinquished By: _____ Date / Time: _____
Relinquished By: _____ Date / Time: _____
Shipped VIA: UPS BUS HAND FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT



the water spigot, inc.

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trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 010908-5 Page 1
REPORT DATE: 01/09/08
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	6 Pages
custody sheet	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110207-4 Page 1
REPORT DATE: 11/02/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages

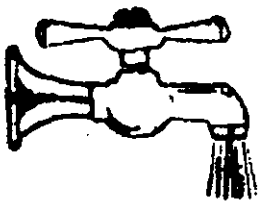
Trish Jackson
PRESIDENT

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Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	360556	Sunny Hills WS1 02407-135 #1	10/29/07	1600CST	DB	0.365	0.3



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CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/21/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 364512 SAMPLE ID- Sunny Hills WS120507-321 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 12/05/07 LOCATION- well #1 TIME SAMPLED- 1030CST
DATE RECEIVED- 12/05/07 SAMPLER- Jean Pitzer RECEIVED BY- TC
TIME RECEIVED- 1550CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	12/05/07	1030CST	JP	0.0	PPM			
COLOR	SM2120B	12/06/07	1400CST	JRH	15	CU	5	25	
pH,FIELD	150.1	12/05/07	1030CST	JP	7.6	S.U.			

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Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

1138

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg, FL 34749
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #: Fax #:

Sample Disposal:
Lab Dispose ☐ Return to Client ☐ Other ☐
Date | Relinquished | Received

Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions: Copy to 3810 Gables Blvd Sunny Hills, FL 32428
P.O. #:

Analysis Requested

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: W. Water	Matrix: Soil	Sample Site (Be Specific)	# of Containers	Color				pH	Temp	Cl2 RES	Tie Yes	Tie No	Preservation
12-5-07	10:30		X	X				BAWwell #1	1	X		0707	0119	7.6		0	+		

Sampled By & Title: 12-5-07 Date: Time: 10:30a
Received By:
Received By:
Received By:
Received By (Lab):

Relinquished By: 12-5-07 Date / Time: 3:45p
Relinquished By: Date / Time:
Relinquished By: Date / Time:
Shipped VIA: UPS BUS HAND FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

CERTIFICATE OF ANALYSIS

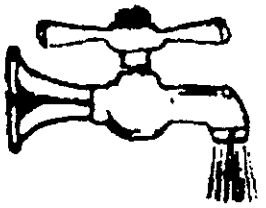
REPORT SERIAL NUMBER: 122007-19 Page 1
REPORT DATE: 12/20/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

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CHAIN OF CUSTODY	1 Pages
DEP SIGNATURE	6 Pages

Trish Jackson
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CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362597 SAMPLE ID- S/H WS111407-151 #1 Raw SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- well #1 TIME SAMPLED- 1015CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

Page 2 Report # 120507-9

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	20	CU	5	25	
pH,FIELD	150.1	11/14/07	1015CST	JP	7.7	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.340	mg/L	0.040	0.20	

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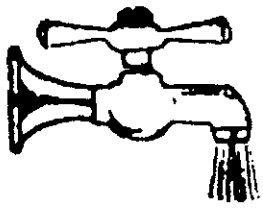
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362598 SAMPLE ID- S/H WS111407-152 #1 30,000 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- Well #1 30,000 tank1 TIME SAMPLED- 1030CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1030CST	JP	0.3	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	11/16/07	1010CST	CEC	0.01	mg/L	0.01	0.050	I
pH,FIELD	150.1	11/14/07	1030CST	JP	7.7	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.341	mg/L	0.040	0.20	



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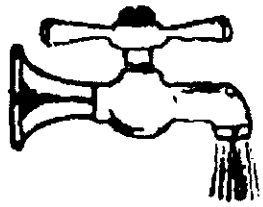
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362599 SAMPLE ID- S/H WS111407-153 #1 30,000 #2 SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- WEll #1 30,000 tank2 TIME SAMPLED- 1031CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1031CST	JP	0.3	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	11/16/07	1010CST	CEC	0.01	mg/L	0.01	0.050	I
pH,FIELD	150.1	11/14/07	1031CST	JP	7.7	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.354	mg/L	0.040	0.20	



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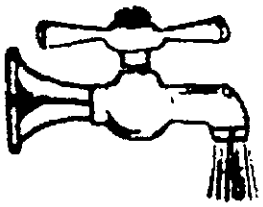
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362600 SAMPLE ID- S/H WS111407-154 #1 POE SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- Entry point #1 TIME SAMPLED- 1020CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1020CST	JP	0.3	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	15	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	11/16/07	1010CST	CEC	0.01	mg/L	0.01	0.050	I
pH,FIELD	150.1	11/14/07	1020CST	JP	7.6	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.339	mg/L	0.040	0.20	



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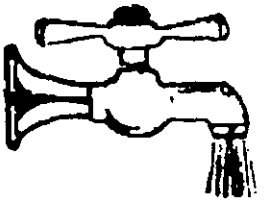
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362601 SAMPLE ID- S/H WS111407-155 #1 Dist Badck SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- Well #1 Dist.Badcock TIME SAMPLED- 1010CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1010CST	JP	0.3	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	20	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	11/16/07	1010CST	CEC	0.04	mg/L	0.01	0.050	I
pH, FIELD	150.1	11/14/07	1010CST	JP	7.6	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.269	mg/L	0.040	0.20	



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trishj-waterspigot@comcast.net

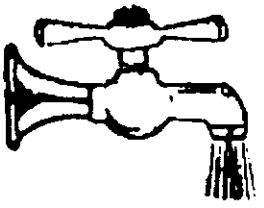
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362602 SAMPLE ID- S/H WS111407-156 #4 Raw SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- well #4 TIME SAMPLED- 1040CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	5	CU	5	25	
pH, FIELD	150.1	11/14/07	1040CST	JP	7.6	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.067	mg/L	0.040	0.20	I



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(850) 871-1900 * Fax (850) 871-9303

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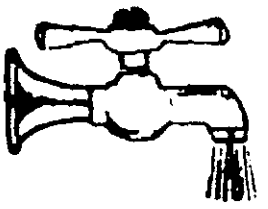
Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362603 SAMPLE ID- S/H WS111407-157 #4 POE SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- Entry point #4 TIME SAMPLED- 1041CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

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ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1041CST	JP	0.8	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	5	CU	5	25	
pH,FIELD	150.1	11/14/07	1041CST	JP	7.6	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.241	mg/L	0.040	0.20	



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trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 12/05/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 362604 SAMPLE ID- S/H WS111407-158 #4 Dist.Rich SAMPLE MATRIX- WA
DATE SAMPLED- 11/14/07 LOCATION- Well #4 Dist.Richard TIME SAMPLED- 1052CST
DATE RECEIVED- 11/14/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1400CST DELIVERED BY- Jean Pitzer

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ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	11/14/07	1052CST	JP	0.4	PPM			
COLOR	EPA 110.2	11/16/07	0930CDT	JRH	5	CU	5	25	
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	11/16/07	1010CST	CEC	0.02	mg/L	0.01	0.050	I
pH,FIELD	150.1	11/14/07	1052CST	JP	7.6	S.U.			
IRON	200.7	11/26/07	0800CST	DB	0.047	mg/L	0.040	0.20	I

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5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 120507-9 Page 1
REPORT DATE: 12/05/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

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Trish Jackson
PRESIDENT

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A statement of estimated uncertainty of test results is available on request.
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Analysis Results Above MCL

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	362597	S/H WS111407-15 1 #1 Raw	11/26/07	0800CST	DB	0.340	0.3
24	FE/PPM	362598	S/H WS111407-15 2 #1 30,000 #1	11/26/07	0800CST	DB	0.341	0.3
24	FE/PPM	362599	S/H WS111407-15 3 #1 30,000 #2	11/26/07	0800CST	DB	0.354	0.3
24	FE/PPM	362600	S/H WS111407-15 4 #1 POE	11/26/07	0800CST	DB	0.339	0.3

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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 Fax #: 850-773-2626

E-Mail Address: bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1007-3022 Location Code (if known): Well #1

Sample Date: 11-12-07 Sample Time: 8:00 (AM) PM (Circle One)

Sample Location (be specific): well #1 POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .2 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☐ Routine Compliance (with 62-550)	☒ Quarterly (Which Quarter?)
☒ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850-773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator (Print Title),

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

Signature: [signature] Date: 11-12-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/12/07
PWSID: 1670647 Sample Number: 362242
Lab Assigned Report Number or Job ID: 122007-19
System Name: SUNNY HILLS UTILITIES Sample Location: Entry point #1
Group(s) Analyzed & 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	X 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:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB* E83079

CERTIFICATION

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

Signature: [signature] Date: 12-20-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:

SYNTHETIC ORGANICS
62-550.310(2)(c)
(PWS029)

Parameter ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	362242	-------		1438EST	EPA 508	11/28/07	------	E83079
2010	LINDANE	0.2	362242	-------		1438EST	EPA 508	11/28/07	------	E83079
2015	METHOXYCHLOR	40	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2020	TOXAPHENE	3	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2031	DALAPON	200	362242	-----		1438EST	EPA 515.1	11/28/07	------	E83079
2032	DIQUAT	20	362242	-----		1438EST	EPA 549.2	11/28/07	------	E83079
2033	ENDOTHALL	100	362242	----		1438EST	EPA 548.1	11/28/07	------	E83079
2034	GLYPHOSATE	700	362242	-----		1438EST	EPA 508	11/28/07	------	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	362242	-----		1438EST	EPA 508	11/28/07	------	E83079
2036	OXAMYL(VYDATE)	200	362242	-----		1438EST	EPA 531.1	11/28/07	------	E83079
2037	SIMAZINE	4	362242	-----		1438EST	EPA 507	11/28/07	------	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	362242	0.50U	U	1438EST	EPA 508	11/28/07	0.50	E83079
2040	PICLORAM	500	362242	------		1438EST	EPA 515.1	11/28/07	------	E83079
2041	DINOSEB	7	362242	-----		1438EST	EPA 515.1	11/28/07	------	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2046	CARBOFURAN	40	362242	-----		1438EST	EPA 531.1	11/28/07	------	E83079
2050	ATRAZINE	3	362242	-----		1438EST	EPA 507	11/28/07	------	E83079
2051	ALACHOR	2	362242	------		1438EST	EPA 507	11/28/07	------	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	362242	------		1438EST	EPA 513	11/28/07	------	E83079
2065	HEPTACHLOR	0.4	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2067	HEPTACHLOR EPOXIDE	0.2	362242	-------		1438EST	EPA 508	11/28/07	------	E83079
2105	2,4-D	70	362242	------		1438EST	EPA 515.1	11/28/07	------	E83079
2110	2,4,5-TP (SILVEX)	50	362242	------		1438EST	EPA 515.1	11/28/07	------	E83079
2274	HEXACHLOROBENZENE	1	362242	-------		1438EST	EPA 508	11/28/07	------	E83079
2306	BENZO(A)PYRENE	0.2	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2326	PENTACHLOROPHENOL	1	362242	-------		1438EST	EPA 515.1	11/28/07	------	E83079
2383	PCB	0.5	362242	------		1438EST	EPA 508	11/28/07	------	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	362242	-------		1438EST	EPA 504.1	11/28/07	------	E83079
2946	ETHYLENE DIBROMIDE	0.02	362242	-------		1438EST	EPA 504.1	11/28/07	------	E83079
2959	CHLORDANE	2	362242	------		1438EST	EPA 508	11/28/07	------	E83079

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

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

Inorganics
- ☐ All 17
- ☐ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos Only

Synthetic Organics
- ☐ All 30
- ☐ All Except Dioxin
- ☒ Partial
- ☐ Dioxin Only

Volatile Organics
- ☐ All 21
- ☐ Partial

Radionuclides
- ☐ Single Sample
- ☐ Qtrly Composite**

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Secondaries
- ☐ All 14
- ☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____ (Print Name), _____ (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 Fax #:

E-Mail Address: bheath@aquaamerica.com or jpitzer@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1007-3026 Location Code (if known): Well #4

Sample Date: 11-12-07 Sample Time: 6:55 (AM) PM (Circle One)

Sample Location (be specific): Well # 4 POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .7 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☐ Routine Compliance (with 62-550)	☒ Quarterly (Which Quarter?)
☒ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☐ Max Residence Time	☐ Other:	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850-773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator (Print Title),

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

Signature: [signature] Date: 11-12-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/12/07
PWSID: 1670647 Sample Number: 362241
Lab Assigned Report Number or Job ID: 122007-19
System Name:SUNNY HILLS UTILITIES Sample Location: Entry point #4
Group(s) Analysed & 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	X 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: E83079
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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

Signature: Trish Jackson Date: 12-20-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:_____

SYNTHETIC ORGANICS
62-550.310(2)(c)
(PWS029)

Parameter ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	362241	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2010	LINDANE	0.2	362241	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2015	METHOXYCHLOR	40	362241	--------		1822EST	EPA 508	11/18/07	0.019	E83079
2020	TOXAPHENE	3	362241	--------		1822EST	EPA 508	11/18/07	0.086	E83079
2031	DALAPON	200	362241	--------		1822EST	EPA 515.1	11/18/07	0.78	E83079
2032	DIQUAT	20	362241	--------		1822EST	EPA 549.2	11/18/07	0.29	E83079
2033	ENDOTHALL	100	362241	--------		1822EST	EPA 548.1	11/18/07	7.6	E83079
2034	GLYPHOSATE	700	362241	--------		1822EST	EPA 508	11/18/07	3.20	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	362241	--------		1822EST	EPA 508	11/18/07	0.22	E83079
2036	OXAMYL(VYDATE)	200	362241	--------		1822EST	EPA 531.1	11/18/07	0.52	E83079
2037	SIMAZINE	4	362241	--------		1822EST	EPA 507	11/18/07	0.12	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	362241	0.50U		1822EST	EPA 508	11/18/07	0.50	E83079
2040	PICLORAM	500	362241	--------		1822EST	EPA 515.1	11/18/07	0.037	E83079
2041	DINOSEB	7	362241	--------		1822EST	EPA 515.1	11/18/07	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	362241	--------		1822EST	EPA 508	11/18/07	0.017	E83079
2046	CARBOFURAN	40	362241	--------		1822EST	EPA 531.1	11/18/07	0.45	E83079
2050	ATRAZINE	3	362241	--------		1822EST	EPA 507	11/18/07	0.13	E83079
2051	ALACHOR	2	362241	--------		1822EST	EPA 507	11/18/07	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	362241	--------		1822EST	EPA 513	11/18/07	-----	E83079
2065	HEPTACHLOR	0.4	362241	--------		1822EST	EPA 508	11/18/07	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	362241	--------		1822EST	EPA 508	11/18/07	0.0058	E83079
2105	2,4-D	70	362241	--------		1822EST	EPA 515.1	11/18/07	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	362241	--------		1822EST	EPA 515.1	11/18/07	0.057	E83079
2274	HEXACHLOROBENZENE	1	362241	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2306	BENZO(A)PYRENE	0.2	362241	--------		1822EST	EPA 508	11/18/07	0.034	E83079
2326	PENTACHLOROPHENOL	1	362241	--------		1822EST	EPA 515.1	11/18/07	0.0080	E83079
2383	PCB	0.5	362241	--------		1822EST	EPA 508	11/18/07	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	362241	--------		1822EST	EPA 504.1	11/18/07	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	362241	--------		1822EST	EPA 504.1	11/18/07	0.0063	E83079
2959	CHLORDANE	2	362241	--------		1822EST	EPA 508	11/18/07	0.056	E83079

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 Fax #: 850-773-2626

E-Mail Address: jpitzer@aquaamerica.com or bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1007 3030 Location Code (if known): Well #5 POE

Sample Date: 11-12-07 Sample Time: 6:40 (AM) PM (Circle One)

Sample Location (be specific): POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .5 mg/L Field pH: 7.7

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 Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☒ Quarterly (Which Quarter? _____)
- ☐ 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 exceedances.

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

Sampler's Name: Jean H. Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850-773-2626

Sampler's E-Mail Address: jpitzer@aquaamerica

CERTIFICATION (to be completed by sampler)

I, Jean H. Pitzer (Print Name), Operator (Print Title),

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

Signature: [signature] Date: 11-12-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/12/07
PWSID: 1670647 Sample Number: 362240
Lab Assigned Report Number or Job ID: 122007-19
System Name:SUNNY HILLS UTILITIES Sample Location: Entry point #5
Group(s) Analyzed & 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	X 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: E83079
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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

Signature: Trish Jackson Date: 12-20-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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: _____

SYNTHETIC ORGANICS
62-550.310(2)(c)
(PWS029)

Parameter ID	Name	MCL ug/l	Sample Number	Analysis Result(ug/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (ug/l)	Lab ID
2005	ENDRIN	2	362240	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2010	LINDANE	0.2	362240	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2015	METHOXYCHLOR	40	362240	--------		1822EST	EPA 508	11/18/07	0.019	E83079
2020	TOXAPHENE	3	362240	--------		1822EST	EPA 508	11/18/07	0.086	E83079
2031	DALAPON	200	362240	--------		1822EST	EPA 515.1	11/18/07	0.78	E83079
2032	DIQUAT	20	362240	--------		1822EST	EPA 549.2	11/18/07	0.29	E83079
2033	ENDOTHALL	100	362240	--------		1822EST	EPA 548.1	11/18/07	7.6	E83079
2034	GLYPHOSATE	700	362240	--------		1822EST	EPA 508	11/18/07	3.20	E83079
2035	DI(2-ETHYLHEXYL)ADIPATE	400	362240	--------		1822EST	EPA 508	11/18/07	0.22	E83079
2036	OXAMYL(VYDATE)	200	362240	--------		1822EST	EPA 531.1	11/18/07	0.52	E83079
2037	SIMAZINE	4	362240	--------		1822EST	EPA 507	11/18/07	0.12	E83079
2039	DI(2-ETHYLHEXYL)PHTHALATE	6	362240	0.50U	U	1822EST	EPA 508	11/18/07	0.50	E83079
2040	PICLORAM	500	362240	--------		1822EST	EPA 515.1	11/18/07	0.037	E83079
2041	DINOSEB	7	362240	--------		1822EST	EPA 515.1	11/18/07	0.16	E83079
2042	HEXACHLOROCYCLOPENTADIENE	50	362240	--------		1822EST	EPA 508	11/18/07	0.017	E83079
2046	CARBOFURAN	40	362240	--------		1822EST	EPA 531.1	11/18/07	0.45	E83079
2050	ATRAZINE	3	362240	--------		1822EST	EPA 507	11/18/07	0.13	E83079
2051	ALACHOR	2	362240	--------		1822EST	EPA 507	11/18/07	0.014	E83079
2063	2,3,7,8-TCDD(DIOXIN)	.00003	362240	--------		1822EST	EPA 513	11/18/07	-----	E83079
2065	HEPTACHLOR	0.4	362240	--------		1822EST	EPA 508	11/18/07	0.025	E83079
2067	HEPTACHLOR EPOXIDE	0.2	362240	--------		1822EST	EPA 508	11/18/07	0.0058	E83079
2105	2,4-D	70	362240	--------		1822EST	EPA 515.1	11/18/07	0.071	E83079
2110	2,4,5-TP (SILVEX)	50	362240	--------		1822EST	EPA 515.1	11/18/07	0.057	E83079
2274	HEXACHLOROBENZENE	1	362240	--------		1822EST	EPA 508	11/18/07	0.0078	E83079
2306	BENZO(A)PYRENE	0.2	362240	--------		1822EST	EPA 508	11/18/07	0.034	E83079
2326	PENTACHLOROPHENOL	1	362240	--------		1822EST	EPA 515.1	11/18/07	0.0080	E83079
2383	PCB	0.5	362240	--------		1822EST	EPA 508	11/18/07	0.097	E83079
2931	DIBROMOCHLOROPROPHANE	0.2	362240	--------		1822EST	EPA 504.1	11/18/07	0.0060	E83079
2946	ETHYLENE DIBROMIDE	0.02	362240	--------		1822EST	EPA 504.1	11/18/07	0.0063	E83079
2959	CHLORDANE	2	362240	--------		1822EST	EPA 508	11/18/07	0.056	E83079

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☐ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____ (Print Name), _____ (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: _____ Date: _____

* 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: _____

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

15608

CHAIN OF CUSTODY RECORD

Company Name / Plant: AQUA Utilities FL
Company Address: 1100 Thomas Ave
Send Report To: Leesburg, FL 34749
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Lab Dispose ☐ Return to Client ☐ Other ☐ — Date / Relinquished / Received
Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions: Copy to 3810 Gables Blvd Sit FL 32
P.O. #:

Analysis Requested: D.C.

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: W.W.	Matrix: Soil	Sample Site (Be Specific)	# of Containers	D.C.	pH	Temp	Cl2 Res	Preservation (Yes)	Preservation (No)
11-12-07	6:40		X	Y				WATER POE	1	X	7.7		.5	Y	
11-12-07	6:55		X	Y				WATER POE	1	X	7.6		.7		
11-12-07	8:00		X	Y				WATER POE	1	X	7.1		.2		

Sampled By & Title: [signature] 11-12-07 Date 8:00 Time
Received By: [signature] Jean Pitre
Received By:
Received By:
Received in Lab By: Sally Martin 11/12 0940

Relinquished By: [signature] Jean Pitre — Date / Time 11-12-07 9:40 AM
Relinquished By: — Date / Time
Relinquished By: — Date / Time

Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

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: Sunny Hills PWS I.D. #: [ ][ ][ ][ ][ ][ ][ ]

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 Fax #: 850-773 2626

E-Mail Address: jpitzer@aquaamerica.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 9-28-07 Sample Time: 1:20 AM (PM) (Circle One)

Sample Location (be specific): Well #5 POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.6

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 Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other: _____
- [ ] Quarterly (Which Quarter? _____)
- [ ] 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 exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-773-2802 Sampler's Fax #: 850-773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean H. Pitzer (Print Name), Operator (Print Title),

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

Signature: _____ Date: 9-28-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/28/07
PWSID: 1670647 Sample Number: 358043
Lab Assigned Report Number or Job ID: 101607-3
System Name: SUNNY HILLS UTILITIES Sample Location: Entry point #5
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 10-15-07

* Failure to provide a valid and current DOH/lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement anainst the public water supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:_____

INORGANIC ANALYSES
62-550.310(1)
(PWS030)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.01	358043	0.003U	U	1000CST	EPA 200.9	10/03/07	0.003	E81105
1010	BARIUM	2	358043	0.014		1400cst	200.7	10/02/07	0.001	E81105
1015	CADMIUM	0.005	358043	0.0001U	U	1600CST	EPA 200.9	10/04/07	0.0001	E81105
1020	CHROMIUM	0.1	358043	0.001U	U	1400cst	EPA 200.7	10/02/07	0.001	E81105
1024	CYANIDE	0.2	358043	0.002U	U	1630CST	335.4	10/02/07	0.002	E81105
1025	FLUORIDE	4	358043	0.1	I	1030CST	SM4500F-C	10/05/07	0.1	E81105
1030	LEAD	0.015	358043	0.001U	U	1000CST	EPA 200.9	10/01/07	0.001	E81105
1035	MERCURY	0.002	358043	0.0002U	U	1500CST	EPA 245.1	10/10/07	0.0002	E81105
1036	NICKEL	0.1	358043	0.001U	U	1400cst	200.7	10/02/07	0.001	E81105
1040	NITRATE	10	358043	0.10U	U	0824CDT	353.2	09/30/07	0.10	E81105
1041	NITRITE	1	358043	0.1U	U	0824CDT	EPA 353.2	09/30/07	0.1	E81105
1045	SELENIUM	0.05	358043	0.005U	U	1200CST	EPA 200.9	10/04/07	0.005	E81105
1052	SODIUM	160	358043	10		1600CST	SM3111B	10/08/07	1	E81105
1074	ANTIMONY	0.006	358043	0.003U	U	0900CST	EPA 200.9	10/04/07	0.003	E81105
1075	BERYLLIUM	0.004	358043	0.0001U	U	1300CST	EPA 200.9	10/02/07	0.0001	E81105
1085	THALLIUM	0.002	358043	0.001U	U	1400CST	EPA 200.9	10/04/07	0.001	E81105
1094	ASBESTOS	7 MFL	358043							

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

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

Inorganics
- ☒ All 17
- ☐ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos Only

Synthetic Organics
- ☐ All 30
- ☐ All Except Dioxin
- ☐ Partial
- ☐ Dioxin Only

Volatile Organics
- ☐ All 21
- ☐ Partial

Radionuclides
- ☐ Single Sample
- ☐ Qtrly Composite**

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Secondaries
- ☐ All 14
- ☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: [ ][ ][ ][ ][ ][ ][ ]

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-723-2802 Fax #: 850-723-2626

E-Mail Address: jpitzer@aquaamerica

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 9-28-07 Sample Time: 1:35 AM (PM) (Circle One)

Sample Location (be specific): Well #4 POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .5 mg/L Field pH: 7.6

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 Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other: _____
- [ ] Quarterly (Which Quarter? _____)
- [ ] 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 exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-723-2802 Sampler's Fax #: 850 773 2626

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

CERTIFICATION (to be completed by sampler)

I, Jean H. Pitzer (Print Name), Operator (Print Title),

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

Signature: _____ Date: 9-28-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/28/07
PWSID: 1670647 Sample Number: 358044
Lab Assigned Report Number or Job ID: 101607-3
System Name: SUNNY HILLS UTILITIES Sample Location: Entry point #4
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 10-15-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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: _____

INORGANIC ANALYSES
62-550.310(1)
(PWS030)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.01	358044	0.003U	U	1000CST	EPA 200.9	10/03/07	0.003	E81105
1010	BARIUM	2	358044	0.020		1400cst	200.7	10/02/07	0.001	E81105
1015	CADMIUM	0.005	358044	0.0001U	U	1600CST	EPA 200.9	10/04/07	0.0001	E81105
1020	CHROMIUM	0.1	358044	0.001U	U	1400cst	EPA 200.7	10/02/07	0.001	E81105
1024	CYANIDE	0.2	358044	0.002U	U	1630CST	335.4	10/02/07	0.002	E81105
1025	FLUORIDE	4	358044	0.1U	U	1030CST	SM4500F-C	10/05/07	0.1	E81105
1030	LEAD	0.015	358044	0.001U	U	1000CST	EPA 200.9	10/01/07	0.001	E81105
1035	MERCURY	0.002	358044	0.0002U	U	1500CST	EPA 245.1	10/10/07	0.0002	E81105
1036	NICKEL	0.1	358044	0.001U	U	1400cst	200.7	10/02/07	0.001	E81105
1040	NITRATE	10	358044	0.10U	U	0824CDT	353.2	09/30/07	0.10	E81105
1041	NITRITE	1	358044	0.1U	U	0824CDT	EPA 353.2	09/30/07	0.1	E81105
1045	SELENIUM	0.05	358044	0.005U	U	1200CST	EPA 200.9	10/04/07	0.005	E81105
1052	SODIUM	160	358044	3	I	1600CST	SM3111B	10/08/07	1	E81105
1074	ANTIMONY	0.006	358044	0.003U	U	0900CST	EPA 200.9	10/04/07	0.003	E81105
1075	BERYLLIUM	0.004	358044	0.0001U	U	1300CST	EPA 200.9	10/02/07	0.0001	E81105
1085	THALLIUM	0.002	358044	0.001U	U	1400CST	EPA 200.9	10/04/07	0.001	E81105
1094	ASBESTOS	7 MFL	358044							

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____ (Print Name), _____ (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: _____ Date: _____

* 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: _____

CERTIFICATE OF ANALYSIS

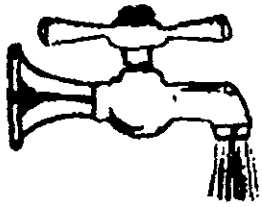
REPORT SERIAL NUMBER: 101607-3 Page 1
REPORT DATE: 10/16/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	6 Pages
Custody sheet # 14373	1 Pages
DEP signature sheets	2 Pages
Data qualifier legend	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

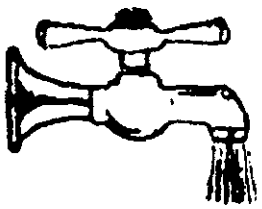
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 10/09/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 358045 SAMPLE ID- Sunny Hills WS092807-46 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 09/28/07 LOCATION- well #1 TIME SAMPLED- 1355CST
DATE RECEIVED- 09/28/07 SAMPLER- Jean Pitzer RECEIVED BY- SM
TIME RECEIVED- 1515CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
TSS	EPA160.2	10/01/07	1400CDT	TAC	9	mg/L	1.0	5.0	
TURBIDITY	EPA180.1	09/29/07	0830CDT	JRH	2.26	NTU	0.01	0.050	
IRON	200.7	10/02/07	1400cst	DB	0.559	mg/L	0.040	0.20	



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CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 100907-61 Page 1
REPORT DATE: 10/09/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages

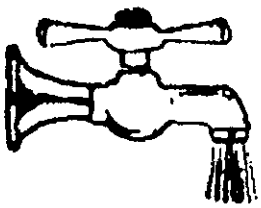
Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	PE/PPM	358045	Sunny Hills WS0 92807-46 #1	10/02/07	1400cst	DB	0.559	0.3



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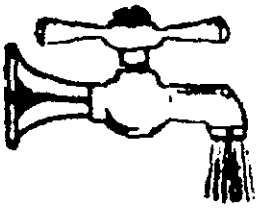
CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 10/02/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 357417 SAMPLE ID- Sunny Hills WS092107-28 R SAMPLE MATRIX- WA
DATE SAMPLED- 09/21/07 LOCATION- well #1 TIME SAMPLED- 1030CST
DATE RECEIVED- 09/21/07 SAMPLER- Jean Pitzer RECEIVED BY- JLP
TIME RECEIVED- 1220CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	09/21/07	1030CST	JP	0.0	PPM			
TSS	EPA160.2	09/24/07	1600CDT	TAC	32	mg/L	1.0	5.0	
pH,FIELD	150.1	09/21/07	1030CST	JP	7.6	S.U.			



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CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 10/02/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 357416 SAMPLE ID- Sunny Hills WS092107-27 R SAMPLE MATRIX- WA
DATE SAMPLED- 09/19/07 LOCATION- well #1 TIME SAMPLED- 1500CST
DATE RECEIVED- 09/21/07 SAMPLER- Jean Pitzer RECEIVED BY- JLP
TIME RECEIVED- 1220CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	09/19/07	1500CST	JP	0.0	PPM			
TSS	EPA160.2	09/24/07	1600CDT	TAC	1.4	mg/L	1.0	5.0	I
pH,FIELD	150.1	09/19/07	1500CST	JP	7.6	S.U.			

DATA QUALIFIER LEGEND

SYMBOL	MEANING
J	Estimated value; value may not be accurate. This code shall be used in the following instances: 1. Surrogate recovery limits have been exceeded; 2. No known quality control criteria exist for the component; 3. The reported value failed to meet the established quality control criteria for either precision or accuracy; 4. The sample matrix interfered with the ability to make any accurate determination; or 5. The data are questionable because of improper laboratory or field protocols (e.g. composite sample was collected instead of a grab sample). 6. The reported value failed to meet established method criteria. Note: A "J" value shall not be used if another code applies.
Q	Sample held beyond the accepted holding time. This code shall be used if the value is derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of 1/8 inch within the past 48 hours).
Y	The laboratory analysis was from an improperly preserved sample or an improper container. The data may not be accurate.
O	Sampled, but analysis lost or not performed.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration volume.
IMP	Sample not analyzed due to improper sample preservation.
REJ	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
NAI	Not reported due to interference.
B	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter colony counts. The code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if: 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable.
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit a negative deflection.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

1137

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL 34749
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

OF CONTAINERS: TSS

Sample Disposal: Lab Dispose / Return to Client / Other — Date / Relinquished / Received
Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions: Copy to 3810 Golfers Blvd Dunnellon Hills FL
P.O. #:
Analysis Requested

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix W.W. Water	Matrix Soil	Sample Site (Be Specific)	# of Containers	pH	Temp	Cl2 Res	Preservation Yes	Preservation No
9-19-07	3:00		Y	Y				RAW 0707 0155	1					X
9-20-07	10:30	X		Y				RAW 0707 0162	1	7.6		0		X
								PLEASE SAVE THE FILTERS		7.6		0		

Sampled By & Title: [signature] Date: 9-19-07 Time: 3:00
Received By:
Received By:
Received By:
Received in Lab By: Jan L Pearce 9/21/07 12:20 hrs

Relinquished By: [signature] Date / Time: 9-20-07 12:20 pm
Relinquished By: Date / Time:
Relinquished By: Date / Time:
Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

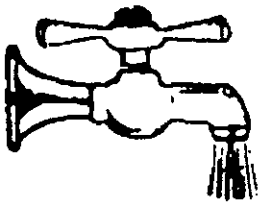
REPORT SERIAL NUMBER: 100207-52 Page 1
REPORT DATE: 10/02/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	3 Pages
CHAIN OF CUSTODY	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 09/21/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 356493 SAMPLE ID- Sunny Hills WS091307-76 Well#1 SAMPLE MATRIX- WA
DATE SAMPLED- 09/13/07 LOCATION- well #1 TIME SAMPLED- 0930CST
DATE RECEIVED- 09/13/07 SAMPLER- Jean Pitzer RECEIVED BY- JH
TIME RECEIVED- 1300CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
ODOR	SM2150B	09/14/07	1100CDT	JRH	0.00	TON	0		
TURBIDITY	EPA180.1	09/14/07	1050CDT	JRH	3.66	NTU	0.01	0.050	
pH,FIELD	150.1	09/13/07	0930CST	JP	7.6	S.U.			

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

1137

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg, FL
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Lab Dispose ☐ Return to Client ☐ Other ☐ | Date | Relinquished | Received

Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions: Copy 3810 Gables Blvd SHEL 32046
P.O. #:

Analysis Requested: Turbidity / ODOR

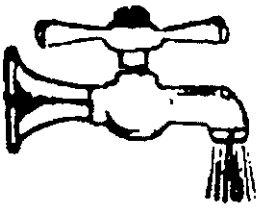
Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix WW water	Matrix Soil	Sample Site (Be Specific)	# of Containers	Turbidity	ODOR	pH	Temp	Cl2 RES	Preservation Yes	Preservation No
9-13-07	9:30		X	X				Well #1 RAW	1	X	X	7.6		0	X	

Sampled By & Title: [signature] Date: 9-13-07 Time: 9:30
Received By: Jean Pitre
Received By: Ken Ledbetter 9-13-07 9:35
Received By:
Received In Lab By: 9/13/07 1300 EDT

Relinquished By: [signature] Date/Time: 9-13-07 9:35
Relinquished By: Ken Ledbetter Date/Time: 9-13-07 9
Relinquished By: Ken Ledbetter Date/Time: 9/13/07 1300 EDT

Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 092107-4 Page 1
REPORT DATE: 09/21/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages
CHAIN OF CUSTODY	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
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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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 527-1529 Fax #: 850-773-2626

E-Mail Address: jpitzer@aquaamerica.com / bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 9-10-07 Sample Time: 12:45 AM (PM) (Circle One)

Sample Location (be specific): Birwood

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐Distribution	☒Routine Compliance (with 62-550)	☐Quarterly (Which Quarter?)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☒Max Residence Time	☐Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Comments:	
☐Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850 527 1529 Sampler's Fax #: 850 773 2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator (Print Title),

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

Signature: Date: 9-10-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/10/07
PWSID: 1670647 Sample Number: 355946
Lab Assigned Report Number or Job ID: 101107-15
System Name:SUNNY HILLS UTILITIES Sample Location: Quintara Ct.
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 10-11-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	355946	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2451	Dichloroacetic Acid	355946	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2452	Trichloroacetic Acid	355946	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2453	Monobromoacetic Acid	355946	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2454	Dibromoacetic Acid	355946	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2456	Total Haloacetic Acids(HAA5)	355946	60	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	355946	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2942	Bromoform	355946	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2943	Bromodichloromethane	355946	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2944	Dibromochloromethane	355946	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2950	Total Trihalomethanes	355946	80	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 527-1529 Fax #: 850-773-2626

E-Mail Address: jpitzer@aquaamerica.com / bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 9-10-07 Sample Time: 12:11 AM (PM) (Circle One)

Sample Location (be specific): Quintana

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .4 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? _____)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☒ Max Residence Time	☐ Other: _____	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850 773 2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator (Print Title),

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

Signature: _____ Date: 9-10-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/10/07
PWSID: 1670647 Sample Number: 355947
Lab Assigned Report Number or Job ID: 101107-15
System Name: SUNNY HILLS UTILITIES Sample Location: Westbrook
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 10-11-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:_____

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	355947	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2451	Dichloroacetic Acid	355947	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2452	Trichloroacetic Acid	355947	N/A	ug/L	0.8	I	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2453	Monobromoacetic Acid	355947	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2454	Dibromoacetic Acid	355947	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2456	Total Haloacetic Acids(HAA5)	355947	60	ug/L	0.8	I	EPA 552.2	0.5	10/02/07	1630CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	355947	N/A	ug/L	7.1		EPA 502.2	1.0	09/21/07	1200CDT	E81105
2942	Bromoform	355947	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2943	Bromodichloromethane	355947	N/A	ug/L	5.3		EPA 502.2	1.0	09/21/07	1200CDT	E81105
2944	Dibromochloromethane	355947	N/A	ug/L	3.1	I	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2950	Total Trihalomethanes	355947	80	ug/L	15.5		EPA 502.2	1.0	09/21/07	1200CDT	E81105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-08
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 09/10/07
PWSID: 1670647 Sample Number: 355948
Lab Assigned Report Number or Job ID: 101107-15
System Name: SUNNY HILLS UTILITIES Sample Location: Birwood Court
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 10-11-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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: _____

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 101107-15 Page 1
REPORT DATE: 10/11/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	8 Pages
Custody sheet # 14810	1 Pages
DEP signature sheets	3 Pages
Data qualifier legend	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
This report may not be reproduced except in full with written approval from the laboratory.

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 - 527-1529 cell Fax #: 850-773-2626

E-Mail Address: jpitzer@aquaamerica.com / bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 9-10-07 Sample Time: 1:00 AM (PM) (Circle One)

Sample Location (be specific): Westbrook & Villa Ct

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .3 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? _____)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of Invalidated Sample)
☒ Max Residence Time	☐ Other: _____	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850-773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator (Print Title),

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

Signature: _____ Date: 9-10-07

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E _____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____ (Print Name), _____ (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: _____ Date: _____

* 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: _____

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	355948	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2451	Dichloroacetic Acid	355948	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2452	Trichloroacetic Acid	355948	N/A	ug/L	0.8	I	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2453	Monobromoacetic Acid	355948	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2454	Dibromoacetic Acid	355948	N/A	ug/L	0.5U	U	EPA 552.2	0.5	10/02/07	1630CDT	E81105
2456	Total Haloacetic Acids(HAA5)	355948	60	ug/L	0.8	I	EPA 552.2	0.5	10/02/07	1630CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	355948	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2942	Bromoform	355948	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2943	Bromodichloromethane	355948	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2944	Dibromochloromethane	355948	N/A	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105
2950	Total Trihalomethanes	355948	80	ug/L	1.0U	U	EPA 502.2	1.0	09/21/07	1200CDT	E81105

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

14810

CHAIN OF CUSTODY RECORD

Company Name / Plant: AQUA Utilities Florida
Company Address: 1102 Thomas Ave
Send Report To: Leesburg FL
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Lab Dispose / Return to Client / Other — Date / Relinquished / Received
Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions:
P.O. #:

Analysis Requested: # OF CONTAINERS — TTHMs; HAA5's

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix W. water	Matrix Soil	Sample Site (Be Specific)	# OF CONTAINERS	TTHMs	HAA5's	pH	Temp	Cl2 RES	Preservation Yes	Preservation No
9-10-07	12:11		X	X				Quintom	4	X	X	0907 1589 / 1577 / 1578 / 1579	7.6		.4		
9-10-07	1:00		X	X				Westbrook & Villa G	4	X	X	0907 1588 / 1568 / 1569 / 1570	7.6		.3		
9-10-07	12:45		X	X				Birkwood Ct	4	X	X	0907 1586 / 1581 / 1572 / 1573	7.6		.4		

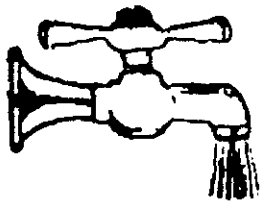
Sampled By & Title: 9-10-07 Date — Time 1200
Received By:
Received By:
Received By:
Received in Lab By: Daniel Hahell 9-10-07 1515

Relinquished By: 9-10-07 Date / Time 9-10-07 3:15
Relinquished By: Date / Time
Relinquished By: Date / Time
Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

DATA QUALIFIER LEGEND

SYMBOL	MEANING
J	Estimated value; value may not be accurate. This code shall be used in the following instances: 1. Surrogate recovery limits have been exceeded; 2. No known quality control criteria exist for the component; 3. The reported value failed to meet the established quality control criteria for either precision or accuracy; 4. The sample matrix interfered with the ability to make any accurate determination; or 5. The data are questionable because of improper laboratory or field protocols (e.g. composite sample was collected instead of a grab sample). 6. The reported value failed to meet established method criteria. Note: A "J" value shall not be used if another code applies.
Q	Sample held beyond the accepted holding time. This code shall be used if the value is derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of 1/8 inch within the past 48 hours).
Y	The laboratory analysis was from an improperly preserved sample or an improper container. The data may not be accurate.
O	Sampled, but analysis lost or not performed.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration volume.
IMP	Sample not analyzed due to improper sample preservation.
REJ	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
NAI	Not reported due to interference.
B	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter colony counts. The code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if: 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable.
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit a negative deflection.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank.



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 091907-37 Page 1
REPORT DATE: 09/19/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS 2 Pages

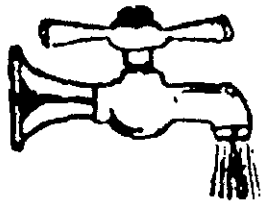
Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
This report may not be reproduced except in full with written approval from the laboratory.

Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	355949	Sunny Hills WS0 91007-108 #1	09/17/07	0830cst	DB	0.462	0.3



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 09/19/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 355949 SAMPLE ID- Sunny Hills WS091007-108 #1 SAMPLE MATRIX- WA
DATE SAMPLED- 09/10/07 LOCATION- well #1 TIME SAMPLED- 1055CST
DATE RECEIVED- 09/10/07 SAMPLER- Jean Pitzer RECEIVED BY- DH
TIME RECEIVED- 1515CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	09/10/07	1055CST	JP	0.0	PPM			
pH,FIELD	150.1	09/10/07	1055CST	JP	7.7	S.U.			
Calcium in Drinking Water	EPA 200.7	09/18/07	1300CST	DB	45	mg/L	0.03	0.15	
Magnesium in Drinking Wat	EPA 200.7	09/18/07	1300CST	DB	9.8	mg/L	0.01	0.050	
IRON	200.7	09/17/07	0830cst	DB	0.462	mg/L	0.040	0.20	

The Water Spigot, Inc.
5806 E. Hwy. 22 • Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

1136

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: Ww Solid	Matrix: Soil	Sample Site (Be Specific)	# of Containers	Tan Color	Calcium	MAC	pH	Temp	Cl2 Res	Preservation Yes	Preservation No
9-10-07	10:35		X	X				WellFI 0207 0167	1	X	X	X	7.7		0	V	

Sample Disposal: Lab Dispose / Return to Client / Other
Date / Relinquished / Received
Sample #
Container #
Check If Rush
Date Required
Special Instructions
Analysis Requested
P.O. #

Sampled By & Title: [signature]
Received By
Received By
Received By
Relogged in Lab By: Daniel Hebell

Date: 9-10-07 Time: 10:35
Date: 9-10-07 Time: 1515

Relinquished By: [signature]
Relinquished By: Jean Fitzpatrick
Relinquished By:

Date / Time: 9-10-07
Date / Time:
Date / Time:

Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

To: Patrick Farris

DAILY FIELD REPORT

CCI Connect Consulting, Inc.
Water Resource Consultants

Client Name	AQUA Utilities	Date	9/28/07	Page	1
Project Name	Sunny Hills	Weather			
Project Location		Report By	David Robertson		
Project Description					
Task	Collect field water quality samples.				
Personnel					
Equipment					

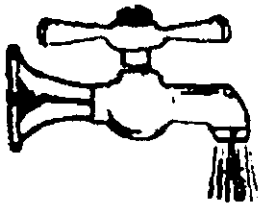
Time	Description
	Field Data
	Turbidity = 1.29 NTU
	Temp = 69.3°F
	Cond = 300uS
	TDS = 150 ppm
	IRON = 0.66 mg/L
	Cl = < 30 mg/L
	Hardness = ~150 ppm

Miscellaneous	
Action Items	

David S. Robertson, P.G.
Hydrogeologist

Connect Consulting, Inc.
Water Resource Consultants

26 N.W. 12th Street, Delray Beach, FL 33444
Office/Fax: 561-330-8081 Bahamas 242-457-0589
Cellular: 561-866-0540
Email: drobertson63@adelphia.net



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 08/14/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 351520 SAMPLE ID- Sunny Hills WS080107-33 Well#1 SAMPLE MATRIX- WA
DATE SAMPLED- 08/01/07 LOCATION- Entry point #1 TIME SAMPLED- 0724CST
DATE RECEIVED- 08/01/07 SAMPLER- Jean Pitzer RECEIVED BY- JB
TIME RECEIVED- 1040CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	08/01/07	0724CST	JP	0.4	PPM			
TOTAL PHOSPHORUS AS P	EPA 365.1	08/03/07	1517CDT	CEC	0.20U	mg/L	0.20	1.00	U
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	08/02/07	1743cdt	CEC	0.01U	mg/L	0.01	0.050	U
pH,FIELD	150.1	08/01/07	0724CST	JP	7.6	S.U.			
IRON	200.7	08/03/07	1320CST	DB	0.715	mg/L	0.040	0.20	

1136

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL 34749
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

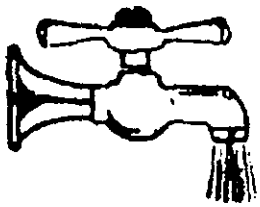
Sample Disposal: Lab Dispose / Return to Client / Other
Date / Relinquished / Received
Sample #:
Container #:
Check If Rush:
Date Required:
Special Instructions: 3810 Gables Blvd Leesburg FL 32748
P.O. #:
Analysis Requested

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix WW	Matrix Soil	Sample Site (Be Specific)	# of Containers	904	Iron			pH	Temp	Cl2 Res	Tie Preservation Yes	Tie Preservation No
8-1-07	7:24		X	X				Well #1	1	X		0707	0740	7.6		.4		
8-1-07	7:24		X	X				Well #1	1		X	0707	0717	7.6		.4		

Sampled by & Title: 8-1-07 Time: 7:21
Received By:
Received By:
Received By:
Received in Lab By: Jewel Beall 8-1-07 1040 EST

Relinquished By: Date / Time: 8-1-07 10:40
Relinquished By: Jean Pitzer Date / Time:
Relinquished By: Date / Time:
Shipped VIA: UPS BUS HAND FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 081407-83 Page 1
REPORT DATE: 08/14/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages
CHAIN OF CUSTODY	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	351520	Sunny Hills WS0 80107-33 Well#1	08/03/07	1320CST	DB	0.715	0.3

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-527-1529 - 773 2802 Fax #: 850 773-2626

E-Mail Address: bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0707-3347-49-50-51 Location Code (if known): _____

Sample Date: 7-26-07 Sample Time: 7:20 (AM) PM (Circle One)

Sample Location (be specific): well #5 [redacted] Fire hydrant Ainsworth

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1 mg/L Field pH: 7.6

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 Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (Which Quarter? _____)
- ☐ 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 exceedances.

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

Sampler's Name: Jean H. Pitzer

Sampler's Phone #: 850 527 1529 Sampler's Fax #: 850 773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean H. Pitzer (Print Name), Operator II (Print Title),

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

Signature: [signature] Date: 7-26-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-07
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/26/07
PWSID: 1670647 Sample Number: 351004
Lab Assigned Report Number or Job ID: 082807-18
System Name: SUNNY HILLS UTILITIES Sample Location: F/H on Ainsworth
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 8-29-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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: _____

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	351004	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2451	Dichloroacetic Acid	351004	N/A	ug/L	8.9		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2452	Trichloroacetic Acid	351004	N/A	ug/L	12.2		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2453	Monobromoacetic Acid	351004	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2454	Dibromoacetic Acid	351004	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2456	Total Haloacetic Acids(HAA5)	351004	60	ug/L	21.1		EPA 552.2	0.5	08/21/07	1300CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	351004	N/A	ug/L	4.0	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2942	Bromoform	351004	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2943	Bromodichloromethane	351004	N/A	ug/L	2.6	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2944	Dibromochloromethane	351004	N/A	ug/L	2.1	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2950	Total Trihalomethanes	351004	80	ug/L	8.7		EPA 502.2	1.0	08/05/07	1700CDT	E81105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32425

Phone #: 850-527-1529 773 2802 Fax #: 773-2626

E-Mail Address: bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0707-3346-55-56-57 Location Code (if known): _____

Sample Date: 7-26-07 Sample Time: 7:55 (AM) PM (Circle One)

Sample Location (be specific): 3606 Pinder (well #4)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .4 mg/L Field pH: 7.6

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 Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (Which Quarter? _____)
- ☐ 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 exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850 527 1529 Sampler's Fax #: 773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator II (Print Title)

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

Signature: _____ Date: 7-26-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-07
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/26/07
PWSID: 1670647 Sample Number: 351003
Lab Assigned Report Number or Job ID: 082807-18
System Name:SUNNY HILLS UTILITIES Sample Location: 3606 Pinder
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 8.29.07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:_____

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	351003	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2451	Dichloroacetic Acid	351003	N/A	ug/L	8.6		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2452	Trichloroacetic Acid	351003	N/A	ug/L	12.1		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2453	Monobromoacetic Acid	351003	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2454	Dibromoacetic Acid	351003	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2456	Total Haloacetic Acids(HAA5)	351003	60	ug/L	20.7		EPA 552.2	0.5	08/21/07	1300CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	351003	N/A	ug/L	5.6		EPA 502.2	1.0	08/05/07	1700CDT	E81105
2942	Bromoform	351003	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2943	Bromodichloromethane	351003	N/A	ug/L	1.5	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2944	Dibromochloromethane	351003	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2950	Total Trihalomethanes	351003	80	ug/L	7.1		EPA 502.2	1.0	08/05/07	1700CDT	E81105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____
(Print Name) (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: _____ Date: _____

* 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: _____

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850 773-2802 527-1529 Fax #: 850 773-2626

E-Mail Address: bheath@aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0707-3345-52-53-54 Location Code (if known): _____

Sample Date: 7-26-07 Sample Time: 8:45 (AM) PM (Circle One)

Sample Location (be specific): 2277 SH Blvd. (well #1)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .4 mg/L Field pH: 7.6

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (Which Quarter? _____)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites**	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated Sample)
☒ Max Residence Time	☐ Other: _____	
☐ Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Jean Pitzer

Sampler's Phone #: 850 527 1529 Sampler's Fax #: 773 2626

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

CERTIFICATION (to be completed by sampler)

I, Jean Pitzer (Print Name), Operator II (Print Title),

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

Signature: _____ Date: 7-26-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-07
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/26/07
PWSID: 1670647 Sample Number: 351002
Lab Assigned Report Number or Job ID: 082807-18
System Name: SUNNY HILLS UTILITIES Sample Location: 2277 S.H. Blvd.
Group(s) Analyzed & 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	X Trihalomethanes
_ Partial	_ All Except Dioxin	_ Partial	X 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, Trish Jackson, President

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

Signature: [signature] Date: 8-29-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

**Please provide radiological sample dates and 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: _____

Disinfection Byproducts
62-550.310(3)

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic Acid	351002	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2451	Dichloroacetic Acid	351002	N/A	ug/L	8.9		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2452	Trichloroacetic Acid	351002	N/A	ug/L	12.1		EPA 552.2	0.5	08/21/07	1300CDT	E81105
2453	Monobromoacetic Acid	351002	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2454	Dibromoacetic Acid	351002	N/A	ug/L	0.5U	U	EPA 552.2	0.5	08/21/07	1300CDT	E81105
2456	Total Haloacetic Acids(HAA5)	351002	60	ug/L	21.0		EPA 552.2	0.5	08/21/07	1300CDT	E81105

Contam ID	Contam Name	Sample Number	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	351002	N/A	ug/L	1.1	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2942	Bromoform	351002	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2943	Bromodichloromethane	351002	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2944	Dibromochloromethane	351002	N/A	ug/L	1.0U	U	EPA 502.2	1.0	08/05/07	1700CDT	E81105
2950	Total Trihalomethanes	351002	80	ug/L	1.1	I	EPA 502.2	1.0	08/05/07	1700CDT	E81105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____ (Print Name), _____ (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: _____ Date: _____

* 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: _____

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

12324

CHAIN OF CUSTODY RECORD

Company Name / Plant: AQUA Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Lab Dispose ☐ Return to Client ☐ Other ☐ — Date / Relinquished / Received
Sample #:
Container #:
Check If Rush:
Date Required: 6 5+1
Special Instructions: Copy 3810 Gables Blvd SH FL 32750
P.O. #:

Sampling Date	Sampling Time	Type: Comp	Type: Grab	Matrix: Water	Matrix: Sludge	Matrix: wwater	Matrix: Soil	Sample Site (Be Specific)	# of Containers	HAA5	TTHM's	Analysis Requested	pH	Temp	Cl2 Res	Preservation Yes	Preservation No
7.26.07	8:45		X	X				Well #1	4	X	X	0707 3348-52-53-54	7.6		.4		
7.26.07	7:55		X	X				Well #4	4	X	X	0707 3346-55-56-57	7.4		.4		
7.26.07	7:20		X	X				Well #5	4	X	X	0707 3347-49-50-51	7.6		.4		

Yes: 1

Sampled By & Title: [signature] Date: 7.26.07 Time:
Received By:
Received By:
Received By:
Received in Lab By: Jan Pearce 7/26/07 11:05 AM

Relinquished By: [signature] Date: 7.26.07
Relinquished By: Jean Pitzer Date / Time: 7.26.07 11:05
Relinquished By: Date / Time:

Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 082807-18 Page 1
REPORT DATE: 08/28/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	8 Pages
CHAIN OF CUSTODY	1 Pages
DEP SIGNATURE FORMS	6 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
This report may not be reproduced except in full with written approval from the laboratory.

the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404

(850) 871-1900 * Fax (850) 871-9303

trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

Sunny Hills
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

REPORT DATE: 08/06/07
CLIENT NUMBER: 24

SAMPLE NUMBER- 349678 SAMPLE ID- Sunny Hills WS071807-112B #1 SAMPLE MATRIX- WA
DATE SAMPLED- 07/18/07 LOCATION- Entry point #1 TIME SAMPLED- 0951CST
DATE RECEIVED- 07/18/07 SAMPLER- Jean Pitzer RECEIVED BY- DB
TIME RECEIVED- 1255CST DELIVERED BY- Jean Pitzer

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
Chlorine residual	EPA 330.3	07/18/07	0951CST	JP	0.3	PPM			
TOTAL PHOSPHORUS AS P	EPA 365.1	07/27/07	0859cdt	CEC	0.20U	mg/L	0.20	1.00	U
TOTAL ORTHOPHOSPHATE AS P	EPA 365.1	07/19/07	0828cdt	CEC	0.06	mg/L	0.01	0.050	I
pH, FIELD	150.1	07/18/07	0951CST	JP	7.6	S.U.			
IRON	200.7	07/23/07	0800CST	DB	0.146	mg/L	0.040	0.20	

The Water Spigot, Inc.
5806 E. Hwy. 22 • Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

12819

CHAIN OF CUSTODY RECORD

Company Name / Plant: AQUA UTILITIES FLORIDA
Company Address: 1100 Thomas Ave
Send Report To: Leesburg FL 34749
Copy To DEP / DOH (circle one) Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix WW Water	Matrix Soil	Sample Site (Be Specific)	# of Containers	Analysis Requested: 1 H PO4	Analysis Requested: Iron Mag	Analysis Requested: Alk	Analysis Requested: pH	Analysis Requested: Temp	Analysis Requested: Cl2 RES	Preservation: Ice Yes	Preservation: Ice No	Preservation: Y
7-25-07			X	X				Well #1 POE	1	X		0707	0139					Y
7-25-07			X	X				Well #1 POE	1		X	0707	0118					X

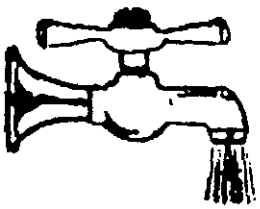
Sampled By & Title: 7-25-07 Time:
Received By:
Received By:
Received By:
Relinquished By: 7-25 Date / Time:
Relinquished By: Jean H. Pitzer Date / Time:
Relinquished By: Date / Time:

Sample Disposal
Lab Dispose ☐ Return to Client ☐ Other ☐
Date | Relinquished | Received

Sample #
Container #
Check If Rush | Date Required
Special Instructions: copy to 3810 Gables Blvd, S.H. FL 32428
P.O. #

Shipped VIA: UPS BUS HAND FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT



the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 * Panama City, Florida 32404
(850) 871-1900 * Fax (850) 871-9303
trishj-wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 080607-19 Page 1
REPORT DATE: 08/06/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages
chain of custody	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
This report may not be reproduced except in full with written approval from the laboratory.

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: Sunny Hills PWS I.D. #: 1 6 7 0 6 4 7

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

Address: 3810 Gables Blvd.

City: Sunny Hills State: FL ZIP Code: 32428

Phone #: 850-773-2802 Fax #: 850-773-2626

E-Mail Address: bheath@aquaamerica.com - 1-352-787-0980

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0707 0126 0707 0137 0707 0123 0707 0110 Location Code (if known): _____

Sample Date: 7-18-07 Sample Time: 9:51 (AM) PM (Circle One)

Sample Location (be specific): POE WELL #1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .3 mg/L Field pH: 7.6

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 Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☒ Other: Secondaires
- ☐ Quarterly (Which Quarter? _____)
- ☐ 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 exceedances.

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

Sampler's Name: Jean H. Pitzer

Sampler's Phone #: 850-527-1529 Sampler's Fax #: 850-773-2626

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

CERTIFICATION (to be completed by sampler)

I, Jean H. Pitzer (Print Name), Operator II (Print Title),

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

Signature: _____ Date: 7-18-07

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

LABORATORY CERTIFICATION INFORMATION
Attach Current DOH Analyte Sheet*

Lab Name: THE WATER SPIGOT, INC Florida Certification #: E81105
Address: 5806 E. HWY 22 Certification Expiration Date: 06-30-07
PANAMA CITY, FL 32404 Phone # 850-871-1900
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/18/07
PWSID: 1670647 Sample Number: 349677
Lab Assigned Report Number or Job ID: 080607-21
System Name:SUNNY HILLS UTILITIES Sample Location: Entry point #1
Group(s) Analyzed & 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
			X 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, Trish Jackson, President
do HEREBY CERTIFY that all attached analytical data are correct and unless otherwise noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Trish Jackson Date: 8-6-07

* Failure to provide a valid and current 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 supply for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
**Please provide radiological sample dates and 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:_____

INORGANIC ANALYSES
62-550.310(1)
(PWS030)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL	Lab ID
1005	ARSENIC	0.01	349677							
1010	BARIUM	2	349677							
1015	CADMIUM	0.005	349677							
1020	CHROMIUM	0.1	349677							
1024	CYANIDE	0.2	349677							
1025	FLUORIDE	4	349677	0.1U	U	1100CST	SM4500F-C	07/23/07	0.1	E81105
1030	LEAD	0.015	349677							
1035	MERCURY	0.002	349677							
1036	NICKEL	0.1	349677							
1040	NITRATE	10	349677							
1041	NITRITE	1	349677							
1045	SELENIUM	0.05	349677							
1052	SODIUM	160	349677							
1074	ANTIMONY	0.006	349677							
1075	BERYLLIUM	0.004	349677							
1085	THALLIUM	0.002	349677							
1094	ASBESTOS	7 MFL	349677							

SECONDARY CHEMICAL ANALYSES
62-550.320
(PWS031)

Parameter ID	Name	MCL(mg/l)	Sample Number	Analysis Result(mg/l)	Data Qual	Analysis Time	Analysis Method	Analysis Date	MDL (mg/l)	Lab ID
1002	ALUMINUM	0.2	349677	0.05U	U	0800CST	EPA 200.7	07/23/07	0.05	EB1105
1017	CHLORIDE	250	349677	3.4		0800CDT	EPA 325.2	07/25/07	1.0	EB1105
1022	COPPER	1	349677	0.01U	U	1100CST	SM 3111 B	07/19/07	0.01	EB1105
1025	FLUORIDE	2.0	349677	0.1U	U	1100CST	SM4500F-C	07/23/07	0.1	EB1105
1028	IRON	0.3	349677	0.122		0800CST	200.7	07/23/07	0.040	EB1105
1032	MANGANESE	0.05	349677	0.012		0800CST	200.7	07/23/07	0.001	EB1105
1050	SILVER	0.1	349677	0.0001U	U	1000CST	272.2	07/25/07	0.0001	EB1105
1055	SULFATE	250	349677	4	I	0830CDT	EPA375.4	07/23/07	3	EB1105
1095	ZINC	5	349677	0.004U	U	0800CST	200.7	07/23/07	0.004	EB1105
1905	COLOR	15 CU	349677	5U	U	0830CDT	SM2120B	07/20/07	5	EB1105
1920	ODOR	3 TON	349677	NONE DET		0900CDT	SM2150B	07/20/07	0	EB1105
1925	pH	6.5-8.5	349677	8.05		0800CDT	EPA150.1	07/20/07		EB1105
1930	TOTAL DISSOLVED SOLIDS	500	349677	115		1230CDT	SM2540C	07/20/07	1	EB1105
2905	FOAMING AGENTS	0.5	349677	0.05U	U	1245CST	SM5540C	07/19/07	0.05	EB1105

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 CURRENT DOH ANALYTE SHEET*

Lab Name: _____ Florida Certification #: E_____

Address: _____ Certification Expiration Date: _____

_____ Phone #: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____

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

Lab Assigned Report Number or Job ID: _____

Group(s) Analyzed & 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 ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, _____, _____,
(Print Name) (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: _____ Date: _____

* 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: _____

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: trishj-waterspigot@comcast.net

CHAIN OF CUSTODY RECORD

12800

Company Name / Plant: Aqua Utilities Florida
Company Address: 1100 Thomas Ave
Send Report To: Leesburg, FL 34749
Copy To DEP / DOH (circle one) Yes ☐ No ☐
Matrix
Phone #
Fax #

Sample Disposal: Lab Dispose / Return to Client / Other — Date / Relinquished / Received
Sample #
Container #
Check If Rush
Date Required
Special Instructions
P.O. #

Analysis Requested

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix WW Liq.	Matrix Soil	Sample Site (Be Specific)	# of Containers	SEC.
7-18-07	9:50		Y	X				Well #1 POE	1	
7-18-07	9:50		Y	X				[illegible]	1	
7-18-07	9:50		Y	X				[illegible]	1	
7-18-07	9:54		X	X				[illegible]	1	

Aluminum, Chloride, Copper, Fluoride, Iron, Magnesium, Silver, Sulfate, Zinc, Color, Odor, pH, TDS, Foam, pH, Temp, Cl2 RES

Ice: Yes / No
Preservation: A, A, ✓, ✓ 4oC, -

0300 +1050 W
1054 NT
0137 POL1
0110 FE-NT

Sampled By & Title: [signature] Date: 7-18-07 Time:
Received By: [signature] Date: 7-18-07 Time: 12:55
Received By:
Received By:
Received By:

Relinquished By: [signature] Date / Time: 7-18-07
Relinquished By: Date / Time:
Relinquished By: Date / Time:
Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

CERTIFICATE OF ANALYSIS

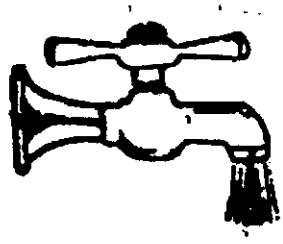
REPORT SERIAL NUMBER: 080607-21 Page 1
REPORT DATE: 08/06/07
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	5 Pages
chain of custody	1 Pages
dep signature form	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
A statement of estimated uncertainty of test results is available on request.
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the water spigot, inc.

NELAP Laboratory Certification #E81105
5806 East Hwy. 22 • Panama City, Florida 32404
(850) 871-1900 • Fax (850) 871-9303
wspigot@comcast.net

CERTIFICATE OF ANALYSIS

nny Hills
ua Utilities Florida
O. Box 4690310
esburg, FL 34749-
tn: Brian Heath

REPORT DATE: 12/05/06
CLIENT NUMBER: 24

MPLE NUMBER- 325084 SAMPLE ID- Sunny Hills WS111406-83 Raw#1 SAMPLE MATRIX- WA
TE SAMPLED- 11/14/06 LOCATION- well #1 TIME SAMPLED- 1115CST
TE RECEIVED- 11/14/06 SAMPLER- Jean Pitzer RECEIVED BY- CC
ME RECEIVED- 1320CST DELIVERED BY- Jean Pitzer

ge 2 Report # 120506-58

ALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS	MDL	PQL	DATA QUAL
lorine residual	EPA 330.3	11/14/06	1115CST	JP	0.0	PPM			
LORIDE	325.2	11/28/06	0845CST	SAM	2.6	mg/l	1.0	5.0	I
LOR	SM2120B	11/14/06	1500CST	JPK	5U	CU	5	25	U
UORIDE	SM4500F-C	11/16/06	1300CST	JLP	0.1U	mg/l	0.1	0.50	U
AMING AGENTS-SURFACTANT	SM5540C	11/15/06	1530CST	JLP	0.05U	mg/L	0.05	0.25	U
OR	SM2150B	11/14/06	1600CST	JP	NONE DET	TON	0		
	EPA150.1	11/14/06	1500CST	CMH	7.8	S.U.	1.0	5.0	
TAL DISS. SOLIDS	SM2540C	11/15/06	1700CST	LW	149	mg/L	1	5.0	
LFATE	EPA375.4	11/27/06	0800CST	HC	3U	mg/L	3	15	U
, FIELD	150.1	11/14/06	1115CST	JP	7.8	S.U.			
PPER	EPA 200.7	11/21/06	1600CST	DB	0.005	mg/l	0.0008	0.0040	
ON	200.7	11/21/06	1600CST	DB	0.329	mg/L	0.007	0.035	
UMINUM	EPA 200.7	11/21/06	1600CST	DB	0.05U	mg/L	0.05	0.25	U
NC	200.7	11/21/06	1600CST	DB	0.0013	mg/L	0.0007	0.0035	I
NGANESE	200.7	11/21/06	1600CST	DB	0.0100	mg/L	0.0002	.00100	
LVER	272.2	11/23/06	0900CST	DLB	0.0001U	mg/L	0.0001	.00050	U

The Water Spigot, Inc.
5806 E. Hwy. 22• Panama City, FL 32404
(850) 871-1900 • Fax (850) 871-9303
Email: wspigot@comcast.net

6304

CHAIN OF CUSTODY RECORD

Company Name / Plant: Aqua Utilities Florida
Company Address: 1102 Thomas Ave
Send Report To: Leesburg FL
Copy To DEP / DOH (circle one): Yes ☐ No ☐
Matrix:
Phone #:
Fax #:

Sample Disposal: Lab Dispose ☐ Return to Client ☐ Other ☐ | Date | Relinquished | Received
Sample #:
Container #:
Check If Rush | Date Required
Special Instructions
P.O. #:
Analysis Requested: Secondary Drinking Water

Sampling Date	Sampling Time	Type Comp	Type Grab	Matrix Water	Matrix Sludge	Matrix W.W. Water	Matrix Soil	Sample Site (Be Specific)	# of Containers	pH	Temp	Chlorine	Preservation Yes	Preservation No
11-14-06	11:15		X	X				Raw Well	1	7.8		Q		X
11-14-06	11:16		X	X				Raw Well	1	7.8		Q	X	

Sampled By & Title: [signature] Date: 11-14-06 Time: 11:16
Relinquished By: [signature] Date / Time: 11-14-06 1:20 pm
Received By:
Relinquished By: Date / Time:
Received By:
Relinquished By: Date / Time:
Relinquished to Lab By: Debby Caldwell 11/14/06 1320
Shipped VIA: UPS BUS (HAND) FED EX OTHER
Remarks:

Distribution: Original - LAB Yellow - CLIENT Pink - PLANT

the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 • Panama City, Florida 32404

(850) 871-1900 • Fax (850) 871-9303

wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 120506-58 Page 1
REPORT DATE: 12/05/06
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages
CHAIN OF CUSTODY 6384	1 Pages
DATA QUALIFIER	1 Pages
MCL	1 Pages

Trish Jackson
PRESIDENT

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Analysis Results Above MCL

age 1

lient umber	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	325084	Sunny Hills WS1 11406-83 Raw#1	11/21/06	1600CST	DB	0.329	0.3

the water spigot, inc.

NELAP Laboratory Certification #E81105

5806 East Hwy. 22 • Panama City, Florida 32404

(850) 871-1900 • Fax (850) 871-9303

wspigot@comcast.net

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 120506-57 Page 1
REPORT DATE: 12/05/06
REPORT TYPE: Original
Sunny Hills
CLIENT NO. 24
Aqua Utilities Florida
P.O. Box 4690310
Leesburg, FL 34749-
Attn: Brian Heath

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS	2 Pages
CHAIN OF CUSTODY 0188	1 Pages
DATA QUALIFIER	1 Pages
MCL	1 Pages

Trish Jackson
PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.
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Analysis Results Above MCL

Page 1

Client Number	Analysis	Sample Number	Sample ID	Analysis Date	Time	BY	Result	MCL
24	FE/PPM	324860	Sunny Hills WS1 11006-45 #1	11/21/06	1600CST	DB	0.486	0.3

NC 69

received
1/17/05

Department of Environmental Protection

Panama City Branch Office
2353 Jenks Ave
Panama City, FL 32405-4389
(850) 872-4375

Jeb Bush
Governor

Colleen M. Castille
Secretary

January 5, 2006

Mr. Brian Heath,
Supervisor, Sunny Hills Utilities
Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

Dear Mr. Heath,

A Sanitary Survey of the Sunny Hills Utilities public water system (PWS ID #1670647) was conducted on December 5th, 2005 by David Hines and Jerry Sheehan, Environmental Specialists of this office. The assistance kindly provided during the inspection by your operator, Ms. Jean Pitzer, was most helpful.

The purpose of this survey was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

Two deficiencies were identified during the survey, as described in the enclosed *Schedule of Deficiencies*. **We would appreciate a written response within 15 days of receipt of this letter advising us of the actions and time frames planned for correcting these deficiencies.** In addition, four other recommendations listed do not require a written response, but, of these, two do advise that studies be performed this year on your system's water loss and storage capacity. Please address your response to David Hines, Department of Environmental Protection, 2353 Jenks Avenue, Panama City, FL 32405.

If you have any questions, please contact Mr. Hines at (850) 872-4375 extension 106 or by e-mail at david.hines@dep.state.fl.us.

Sincerely,

Josie Penton
Environmental Manager

JP:dh

cc: Ms. Jean Pitzer – Sunny Hills Utilities
John Pope - DEP Pensacola
Tom Pratt - NWFWMD

DOCUMENT NUMBER-DATE
04335 MAY 22 80
FPSC-COMMISSION CLERK

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SANITARY SURVEY REPORT

COMMUNITY SYSTEMS

SYSTEM AND OWNER INFORMATION

System: Sunny Hills Utilities | County: Washington | PWS ID #: 1670647

Address: 3810 Gables Blvd., | City: Sunny Hills, FL 32428

Phone: 850-773-2802 | Fax: 850-773-2626 | E-mail: Jpitzer@aquaamerica.com

Owner: Aqua Utilities Florida (Brian Heath, Supervisor) (Candice, ext-4020) | Phone: 352-787-0980 Fax 352-787-6333

Address: P.O. Box 490310 Leesburg, FL 34749 | E-mail: bheath@aquaamerica.com

INSPECTION AND CONTACT INFORMATION

Date of this survey: December 5, 2005 | Date of last survey: April 29, 2004

DEP Representative(s): David Hines & Jerry Sheehan

Person(s) Contacted: Jean Pitzer (Operator), Ken Ledbetter (Maintenance)

Emergency Number: 258-8155 (Ken Ledbetter, Maint. Tech.) | Cell: 850-527-1529 | Pager: | Other:

CERTIFIED OPERATORS AND CERTIFICATION NUMBER

Jean Pitzer #C 7605

DIRECTIONS TO PLANT OR OFFICE

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and burn right on Sunny Hills Blvd. About 1 mile in, turn left on Gables Blvd. Water system is ¼ mile in on the left.

SERVICE AREA

Service Area Characteristics: Sunny Hills is a residential community developed by Deltona Corporation. There are approximately 500 home sites built, with 3000 more platted.

Population Served: 1747 | Basis: Meter records

Service Connections: 499 | % Metered: 100

Design Capacity (DC) (gallons): 1,872,000

DC without best well: 1,008,000

Storage Capacity: 87,500 | Avg. Day: 172,984

Max. Day (GPD): 1,211,000 | % Design Capacity: 65%

25% Max. Day: 302,750 | % Storage Capacity: 346%

WMBB Ch 13 WJHG Ch 7	763-6000 233-1977
Styles Media	230-5855 (258-6381)
Styles Media	230-5855 (258-6381)
P.C. News Herald	747-5000

PERMANENT SOURCES OF RAW WATER

☒ Ground* | How Many Wells: 3 (one offline)

☐ Surface** | Source: Floridan Aquifer

☐ Purchased*** | PWS No.: 1670647

STANDBY POWER REQUIREMENTS

Emergency Preparedness Plan On file: ☒ Yes ☐ No ☐ Not Required

Does plan include the following:

☒ Communication Chart ☐ Written Agreements ☒ Disaster Plan

☒ Standby Power Info ☐ Inventories ☐ Other

Avg. Day Percentage of Auxiliary Supply:

Standby Equipment Operated at Least Monthly? ☒ Yes ☐ No

Any Interconnects ☐ Yes ☒ No

If yes, which systems:

Comments:

EMERGENCY MEDIA CONTACT NUMBERS

TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)

Number of Plants: 3

☐ Aeration	☐ E.D.	☒ Iron Removal (Well #1)	☐ pH Adjustment	☒ Chlorination
☒ Filtration (Well #1)	☐ Lime Softening	☐ T&O Control	☐ Chlorination-Pre	☐ Filt. Hi-Rate
☐ Recarbonation	☒ Settling (Well #1)	☐ Chlorination-Post	☐ Fluoridation	☐ Reverse Osmosis
☐ Zeolite Softener	☐ Coagulation	☐ Orthophosphate	☐ Aqua Mag	☐ Other-Specify

Any additional treatment is needed? For control of what deficiencies?

Number of Licensed Operators: 1 | Plant Cat/Class: 5C | Staffing compliant? ☒ Yes ☐ No | Actual visits per week: 6

WELL AND PUMP INFORMATION

	Street location of well (street name)	3810 Gables Blvd. (@ System Office)	Cash Circle	Elkcam Blvd.
	Year Drilled	1971	1973	1977
W	Depth Drilled (feet)	433'	436'	400'
E	Drilling Method	Rotary	Rotary	Rotary
L	Length, Outside Casing (feet)	433'	204'	199'
L	Diameter, Outside Casing (inches)	18"	12"	6"
	Material, Outside Casing	Steel	Steel	Steel
D	Type of Strainer	None	None	None
A	Depth to Top of Strainer	N/A	N/A	N/A
T	Type of Grout	Cement	Cement	Cement
A	Depth to Static Water Level (feet)	86'	198'	156'
	Normal Suction Lift (working level-ft)	94'	205'	158'
P	Pump Type	Turbine (now water lubed)	Turbine	Turbine
U	Horse Power	30	60	20
M	Normal Yield, GPM / Test Yield (GPM)	500	600	200
P	Capacity(GPM)	510	517	200
R	Protection From Surface Water	Yes	Yes	Yes
O	Is Inundation of Well Possible?	No	No	No
U	Well Ever Been Contaminated?	No	No	No
T	Check Valve Present in Line?	Yes	Yes	Yes
I	Proper Venting?	Yes	Yes	Yes
N	Meter Accuracy and Year of Test	See comments**	3/15/05 (FRWA)	3/15/05 (FRWA)
E	Date of Last Servicing?	2005	2000	2000
A	Auxiliary Capability (if yes, list type)	Yes (LP gas generator)	Yes (Kohler Diesel)	Yes (LP gas generator)
U	Manual or Automatic?	Manual	Automatic	Manual
X	Capacity (GPM)	500	600	200
G	Florida Unique ID# (GPS well tag)	AAA5155	AAA5156	AAA1095
P	GPS latitude N (accuracy≈1m)	30:32:39.3230	30:32:09.0000	30:33:33.058
S	GPS longitude W (accuracy≈1m)	85:35:51.7800	85:35:55.0000	85:31:46.963

Comments: Well #1 offline since 4/4/05 for repairs. Recased to 433' in attempt to reduce iron problem there. Pump bearings just replaced; Plan to start 20 bacti-s on 1/3/06 to restart pump and reassess iron situation.
**Meter accuracy test at Well #1 required larger gauge equipment than FRWA had on hand; test abandoned.

TREATMENT

- CHLORINATOR

	Type of chlorination (if hypo list strength)	Hypo (12.5%)	Hypo (12.5%)	Hypo (12.5%)	
	Condition of Chlorination Equipment	Good	Good	Good	
	Capacity (PPD, GPD)	30 gpd	30 gpd	30 gpd	
	Chlorine Feed Rate (PPD, GPD)	N/A (usually 2 gpd)	1 gpd	0.17 gpd	
	Adequate Housing and Security?	Yes	Yes	Yes - pumphouse door needs replacement (already ordered)	
	Associated Well(s) (if any)	None	None	None	
	Auxiliary Power Capability?	Yes	Yes	Yes	
	O & M Log/Manual Onsite?	Yes	Yes	Yes	
	Chlorine Residual (mg/L) / pH	Out of service	0.71 mg/L @ pH = 7.8	1.66 mg/L @ pH = 7.6	
	Chlorine Alarms Functional?	N/A	N/A	N/A	
G	Auto Switchover	N/A	N/A	N/A	
	Dual System	N/A	N/A	N/A	
	Evidence of Leaks	N/A	N/A	N/A	
A	Air-Pack Respirator Adequate?	N/A	N/A	N/A	
	Ammonia Smells Fresh	N/A	N/A	N/A	
	Chained Cylinders	N/A	N/A	N/A	
S	Fitted Wrench	N/A	N/A	N/A	
	Proper Ventilation	N/A	N/A	N/A	
	Scale Condition	N/A	N/A	N/A	

Spare Parts/Backups Operative? ☒Yes ☐No ☐Spare Parts Not Retained More capacity needed? ☐Yes ☒No

Comments: Hypochlorite solution is pumped full-strength directly from shipping drums. No daytanks are used at any of this facility's treatment plants.

Sunny Hills Utilities – Sanitary Survey of December 5, 2005

PWS I.D. No. 1670647

AERATOR

Type of Aerator: N/A

Tray Area or Weir Length:

Condition of Screens:

Bloodworms: ____ Condition of aerator: ____

Adequate for Fe, H2S control:

COAGULATION

Chemical used: N/A

Purpose:

Blanket visible: ____ Flocculation good or poor: ____

Settling good: ____ Carryover: ____

LIME SOFTENING

Quicklime or hydrated: N/A

Name of unit:

Size and type:

Any auxiliary chemicals used:

Points of application (in unit):

Nature and abundance of flux:

Appearance of sludge blanket:

Is settling good? ____ Excessive carryover: ____

Any filter cementation:

Effluent stability:

Turbidity in clearwell: ____ Secondary precipitation: ____

Recarbonation type:

Sludge recirculation Used:

FLUORIDATION

Chemical Used In Dilution: N/A

Strength if Acid: ____ Used(acid): ____

Corrosion Noted Feeder:

Gelling or Plugging:

Make and Model:

Split Sample Agreement:

Sufficient Analysis:

Feeder Condition:

Is pH control Practiced? N/A

Is a index computed? ☐Yes ☐No (if so, check below below)
☐Langelier ☐Ryznar ☐Puckorius ☐Larson
☐Stiff ☐Oddo ☐Other

Results of index:

Chemical(s) used:

FILTERS & FILTRATION

Type of filters: Well #1 only - Rapid sand filters (out of service)

Size and number: (2) 25.45 sq. ft.

Length of filter runs: 15 minutes

Can you see filter media? N/A Clean after backwash? N/A

Are mudballs visible? N/A Binding? N/A

What is the normal filter rate: 200 gpm/filter

What is the usual backwash rate? 1500 gpm

Capacity of filters: 200 gpm Filters overloaded? N/A

Loss in head gauge present? No

At what head loss is BW done? Unknown

Cracks and channeling? N/A Cementation ever occurred? Unk

Where in relation to filtration is stabilization done? N/A

If high rate, what is turbidity at interface Range of turbidity in effluent:

Can you observe algae in filters? N/A

Distance from top of media to trough overflow: Unknown

REVERSE OSMOSIS

Make and type of units: N/A

Pressure required:

Auxiliary chemicals:

Proportion of waste used to product streams:

Quality of effluent: ____ Stabilization:

Type of Pre-treatment: ____ Booster pump:

Type of membranes:

ZEOLITE SOFTENING

Unit mfg. & model: N/A

Resin capacity: ____ Disinfection of beds:

Grade of salt for regen.:

Stability of effluent: ____ Resin prevented from escaping?

PUMP CATEGORY:	High-Service @ Well #1 (all out of service)							
PUMP NUMBER→	1	2	3					
PUMP TYPE	Peerless	Peerless	Peerless					
MOTOR HP	10 HP	25 HP	25 HP					
DATE INSTALLED	06/72	06/72	06/83					
CAPACITY (GPM)	100	200	200					
AUXILIARY CAPACITY?								
PROPER SECURITY?	Yes	Yes	Yes					
CONDITION OF PUMP	Good	Good	Good					
MAINT. SCHEDULE	Out of service	Out of service	Out of service					
DATE LAST SERVICED	Routine	Routine	Routine					

STORAGE FACILITIES:			
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	Hydro
YEAR OF CONSTRUCTION			
CAPACITY (GALLONS)	30,000	30,000	10,000
MATERIAL	Steel	Steel	Steel
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	6"
OVERFLOW STRUCTURES PROPER?	N/A	N/A	N/A
BYPASS CAPACITY	Yes	Yes	Yes
COVERED/SCREENED OPENINGS	N/A	N/A	N/A
PRESSURE GAUGE	Yes	Yes	Yes
ON/OFF PRESSURE (PSI)	Out of service	Out of service	Out of service
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	N/A
HGT. TO MAX. WTR. LEVEL (FT)	N/A	N/A	N/A
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	Ongoing
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	2002
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	Uncertain (2002?)

Sunny Hills Utilities – Sanitary Survey of December 5, 2005

STORAGE FACILITIES

PWS I.D. No. 1670647

TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	
YEAR OF CONSTRUCTION	1993	1977	
CAPACITY (GALLONS)	10,000	7,500	
MATERIAL	Steel	Steel	
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	
OVERFLOW STRUCTURES PROPER?	N/A	N/A	
BYPASS CAPACITY	Yes	Yes	
COVERED/SCREENED OPENINGS	N/A	N/A	
PRESSURE GAUGE	Yes	Yes	
ON/OFF PRESSURE (PSI)	50/60	42/52	
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A	
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	

Does system provide fire protection? ☒Yes ☐No Security Adequate? ☒Yes ☐No Low Level Alarm? ☐Yes ☒No
Does current storage capacity comply with requirements in FAC 62-555? ☒Yes ☐No

COMMENTS: Sight glasses on Tanks 4 and 5 have been removed for the winter to prevent freezing.

Sunny Hills Utilities – Sanitary Survey of December 5, 2005 PWS I.D. No. 1670847

DISTRIBUTION SYSTEM

Material of mains? Cast iron and PVC System looped? No How many hydrants? 92 new/25 old

Any fire hydrants < 6" lines? ☐Yes ☒No ☐Unknown Max. pipe diameter 16" Min. pipe diameter 4"

General operation pressure 50/60# Lowest pressures 50 Location of low pressure Home on Zinnia Dr.

Number of dead ends 60 How many without flush hydrants? None Flushing program? Monthly

# of line valves Unknown How often exercised Monthly Properly Mapped? Yes Properly Marked? See comments

System Maps Adequate? Yes Any uncleared permits? 2 Any uncleared and in use? No

Percent water loss

Jan-05	47.8%	Apr-05	34.5%	Aug-05	14.0%
Feb-05	51.7%	May-05	38.0%	Sep-05	45.5%
Mar-05	44.4%	Jun-05	35.9%	Oct-05	8.0%
		Jul-05	33.3%	Nov-05	17.0%

Does the system have reuse? No

Comments: All valves were marked until recent paving was done in some areas. These are currently being re-marked.

CROSS CONNECTION CONTROL (Cs)

Cross Connection Control (Cs) Program Meet Requirements? ☐Yes ☒No (See comments below and deficiencies)

Comment:

Annual Testing - Annual testing on existing RPZ devices is not being performed by the water system, nor are they currently requiring either commercial or residential customers to submit their own test reports. For the coming year, a plumbing company has been contracted to resume testing.

Auxiliary Water Systems - New homes with irrigation systems are being built w/ RPZ's. Existing homes have been prohibited by ordinance from connecting wells to their homes, but it is known that approximately 90 of the system's customers have private wells, some of which are connected to the PWS. Until a connection is discovered, the issue is apparently not addressed. Upon discovery of an actual connection to the PWS, the system tells the owner to install a backflow device. If they refuse to install, however, no consistent action is currently being taken. Since 1996, both the current and former operators have tracked known and suspected wells through water-use records, visual observations, etc. They have addressed the situation with letters to Southern States Utilities (the system's former owner), verbal communications with the Health Department and county officials (notifying them as instances arose), and written and verbal communications with individual homeowners themselves. Despite their efforts, the problem continues. While up to fifteen homes may have been disconnected in the past for non-compliance, for the most part the Utility has stopped short of this in order to preserve their customer base. Two existing homes have installed RPZ's at the request of the current operator and she has gotten authorization from the Utility to mail letters to all homeowners with private wells, informing them of the requirement for RPZ's whether or not wells are connected. The Utility's C3 program manual contains several sample letters to be used for communicating with customers on this issue (attached), but the actual policy to be followed here in the event of non-compliance remains to be determined.

Testing Frequency ? N/A Tracking: ☒Hard Copy ☐CPU # of BFDs: 47 (plus 5 at a closed business) Hydrant Meters☐ Lift Stations☐ WWTP☐

Date of Last Audit (commercial or residential): N/A Name of Certified BFD Tester: Corbitt Moseley's Plumbing Co.; (Possibly also former operator, Harold Register)

Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.24 mg/L			
pH	7.6			
Location	Hydrant @ Ainsworth Dr. & Florence Ct.			

COMPLIANCE MONITORING

Compliance Schedule: The following parameters are due during the year shown.

Inorganics	2006	SOCs	2006**	TTHMs/HAA5	2006	Asbestos	2012
VOCs	2006	Radiologicals	2009	Secondaries	2006	Pb & Cu	2008

Comment: **SOC's - May apply for waiver for 2006. Regardless of the waiver, sampling for di(2-ethlyhexyl)phthalate at Wells 1, 4 and 5 still required annually (due 2006).

System out of compliance with any of the above parameters?

Testing Equipment & Reagents ☒Adequate ☐Inadequate Comment:

Bacteriological Sampling Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/30/05; contains map.

Disinfection Byproducts Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/20/05; contains map.

Sunny Hills Utilities – Sanitary Survey of December 5, 2005 PWS I.D. No. 1670647

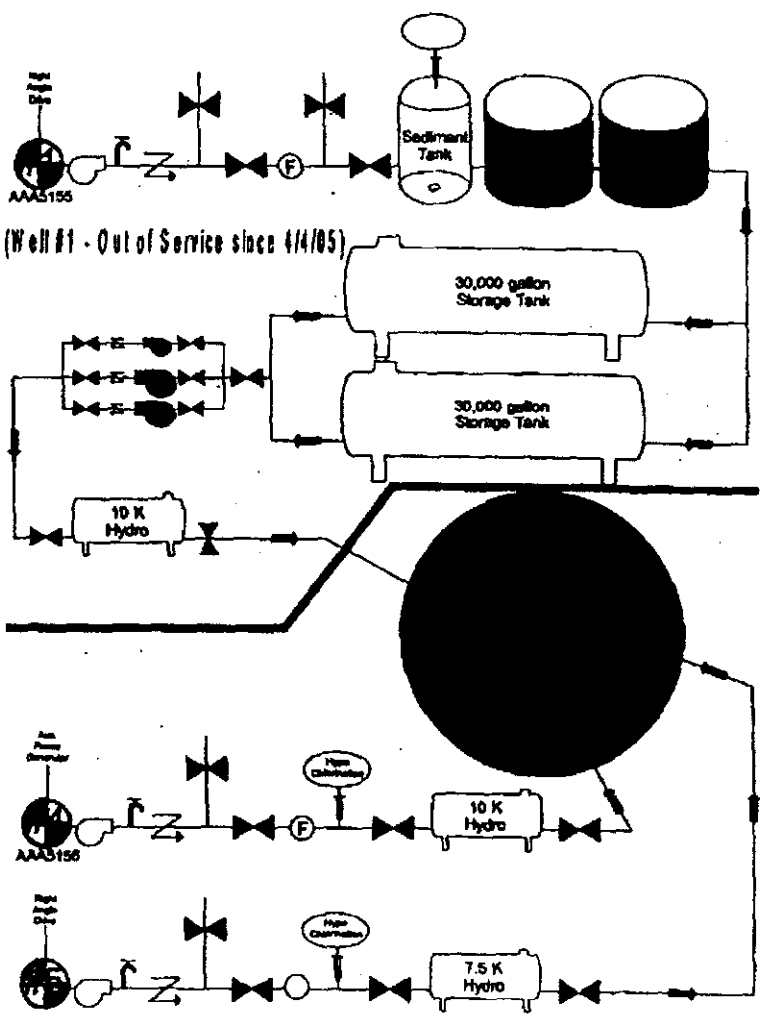
How is the system structured? ☒ Investor ☐ Municipal ☐ Private ☐ Cooperative ☒ Other Does the system follow a budget? ☒ Yes ☐ No
Preventative Maintenance Program in place? ☒ Yes ☐ No Is adequate training provided to water system personnel? ☒ Yes ☐ No
Comment: Budget: Aqua Florida plans a $20M budget for 2006 for system expansion and the hiring of one or two additional employees. At least 90 additional service connections are planned for this year.
Training: Ms. Pitzer has recently (Dec. 2005) attended FRWA training on "Pumps" and is scheduled to take their "Focus on Change" seminar at Gulf Coast Community College in Feb 2006.

System Diagram

SUNNY HILLS WATER SYSTEM

PWS ID# 1670647

SANITARY SURVEY OF DECEMBER 5, 2005



Schedule of Deficiencies

SUNNY HILLS WATER SYSTEM
PWS ID# 1670647
SANITARY SURVEY OF DECEMBER 5, 2005

DEFICIENCY #1: CROSS CONNECTION CONTROL (C3) PROGRAM.

It was noted during the survey that the Utility's existing C3 program, outlined in their *Backflow Prevention Policy Manual*, is not being consistently implemented. Approximately ninety private wells are known to exist within the franchise area. Customers with these auxiliary water systems are not being required to install backflow prevention devices however, until it is known that they have connected to the PWS. In most cases, despite the Utility's efforts, these customers are not complying, but the Utility has stopped short of disconnection in an effort to preserve their customer base. As a result, in the event of a drop in system pressure, from Point A to Point B, it may not be certain whose water is actually in the distribution system.

It was also noted that existing backflow devices were lacking timely annual testing. AWWA Manual 14 states, in part, that it shall be the duty of the water system to insure, at any premises where backflow-prevention assemblies are installed, that certified inspections and operational tests are made at least once per year.

REGULATION REFERENCE: FAC Rule 62-555.360
Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in Recommended Practice for Backflow Prevention and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. **AWWA recommends that C3 programs should require the installation and annual testing of a backflow prevention device of the reduced-pressure zone (RPZ) type at each service connection where the existence of an auxiliary water system on the property is either known or discovered. This should be done regardless of whether the auxiliary system is actually connected to the PWS, due to the potential high hazard posed by an unproven source of water on the premises and the ease of connection to the PWS.**

RECOMMENDED ACTION:
1) Please develop your policies to be followed in the event of customer non-compliance on this issue (installation and/or testing) and implement your cross-connection control program as soon as possible within 90 days.

2) Arrange to have existing backflow preventers (RPZ, double-check valve) tested on an annual basis by a certified backflow prevention device tester. The testing should be completed no later than December 31, 2006.

3) Retain for at least 10 years accurate records of all backflow installation and testing and have them available for review during routine inspections and sanitary surveys.

4) It is also recommended that adequate training be provided to staff and education to the public in order to support and promote the program.

DEFICIENCY #2: WASHOUT FOR STORAGE FACILITIES REQUIRED EVERY 5 YEARS.

It was noted during the survey that documentation of washouts of your storage tanks in the last five years could not be found.

REGULATION REFERENCE: FAC Rules 62-555.350(2)
Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; **shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks;** and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

RECOMMENDED ACTION:
Please review your records further to ensure that your storage tanks have been washed-out in the last five years. If so, please forward that documentation to this office. If not, please perform the required actions referenced above, document, and forward a copy to this office within 90 days.

Recommendations and Remarks

Recordkeeping on the Premises

While it was noted that only one required record from the last year was missing from your files, (the MOR for April 2005, which had been submitted properly but a file copy had not been made due to a computer malfunction), improved recordkeeping procedures would ease review at your next inspection. The requirements for record retention for all documents relating to your water system are listed below.

REGULATION REFERENCE: FAC RULE 62-550.720

RECOMMENDED ACTION:
Retain on the premises of the public water system treatment plant or at a convenient location near the premises, the following records:

(1) Records of bacteriological analyses shall be kept for not less than 5 years. Records of chemical analyses made shall be kept for not less than 10 years.

(2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.

(3) Copies of any written reports, summaries, or communications relating to cross connection control programs or sanitary surveys of the system conducted by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.

(4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.

(5) Water plant operation reports shall be kept for a period of not less than 5 years.

Preventative Maintenance (PM) Program

Improper maintenance can lead to system failures and sanitary deficiencies. A written PM should be established and followed for each piece of equipment in the pumping facility. The programs should be based on manufacturers' recommended maintenance tasks, and records should be kept of maintenance as it is performed. In general, smaller water systems need much less sophisticated PM programs, however, all water system should have a program in place, even if it is very basic. Critical components of a PM program include:

- Equipment Inventory
- Manufacturers' Technical Literature
- Written PM Tasks and Schedule
- Records of Maintenance Performed
- List of Technical Resources
- Tools
- Spare Parts Inventory

The Department recommends that a PM program be established and implemented to prevent system failures and sanitary deficiencies. The Department is pleased that the hiring of additional personnel is planned for this year to assist with this effort.

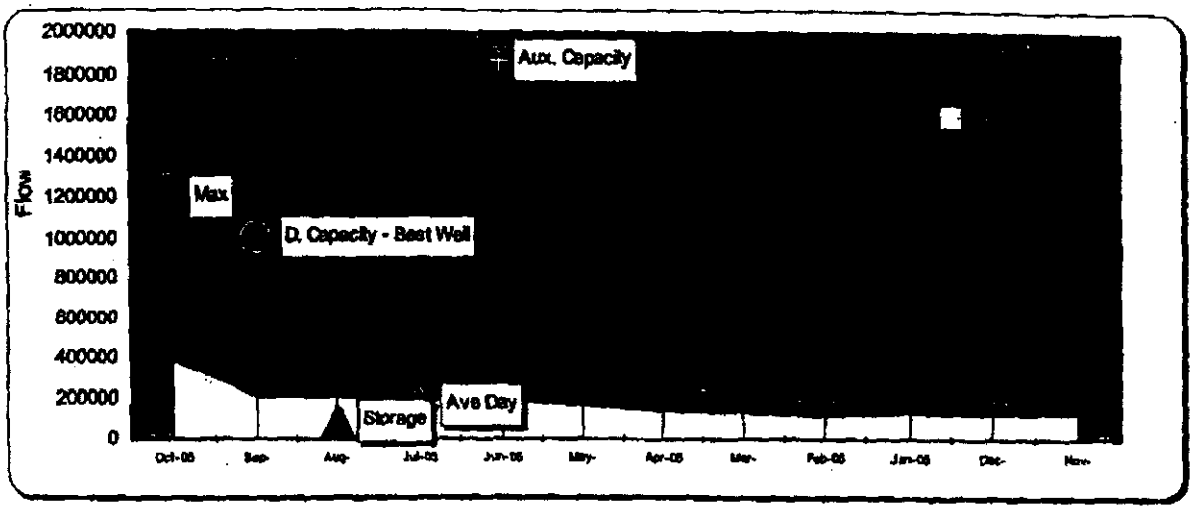
Water Loss

A review of the pumping vs. sold statistics during the inspection indicated that the system's annual water loss for 2005 (year to date) was approximately 33.6%. As a rule, a water system with 20% or more of unaccounted for water should consider conducting a leak survey. The Department is aware of some flushing done by your system, which can contribute to water loss. However, a leak survey should be strongly considered if the percentage remains constant during periods when water loss maintenance (flushing) is light. If you are interested in conducting a leak survey, please contact the Florida Rural Water Association at (850) 668-2746.

Storage Capacity

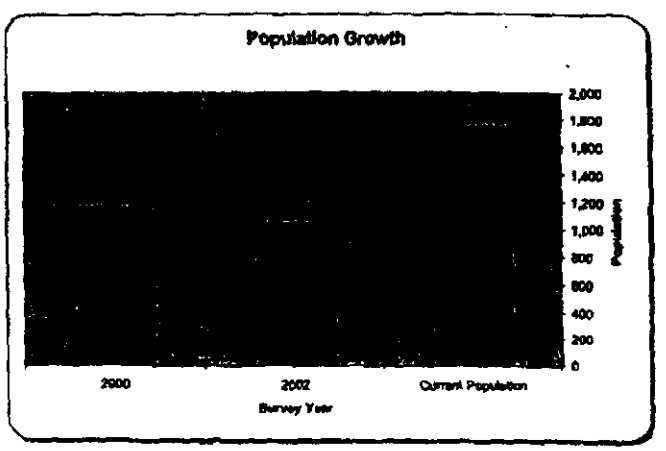
According to the Flow and Capacity calculations below (page 11), while source capacity appears adequate, storage capacity may be falling short of requirements. A storage capacity study is strongly recommended this year to further assess the situation.

Flow & Capacity and Population Graphs



COMMENTS

This system is expanding due to a new round of home building within the development. The graph above shows that the system has experienced a gradual growth in demand through the past twelve months. Analysis of the system's capacity is complicated by the fact that Well #1 and its 70,000 gallons of storage are currently offline for upgrades, but are due to be back online soon. The production spike of 1.2M gallons seen in October 2005 may have been due to the flushing of Well #1 (as an attempt was being made to bring it back online), so this max day figure should likely be disregarded. If the 400,500 gallon demand seen in June 2005 is used instead, and the 70,000 gallon storage at Well #1 (currently offline) is included, the total storage capacity of 87,500 gal is still less than ¼ of max day, at 21.85% of max day (about 13% under the storage needed to achieve the recommended 25% of max day level). Comparing total storage to an average day (again with Well #1's tanks included and without the extraordinary October 2005 demand), storage still falls short at only 57% of demand. As such, additional storage should be considered. Source capacity without Well #1 (max day as % of design capacity) is at 34%; with Well #1 it is 21%, both of which are in compliance. Figures for auxiliary capacity are similar, since all three wells have auxiliary power and are capable of full output even in emergency conditions.



After a slight drop in population between years 2000 and 2002, growth has begun anew, with 700 more served by the franchise, and 56 service connections having been added since the last survey in 2004. At least 90 more connections are planned for this year.

Geographical Information



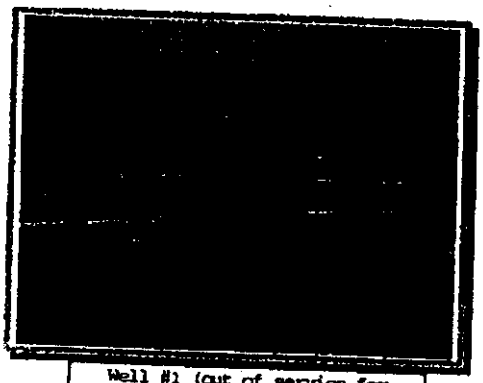
DIRECTIONS: (see maps 1 and 2 above)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. Approximately 1 mile in, turn left on Gables Blvd. The water system office and Well #1 are approximately ¼ mile in on the left.

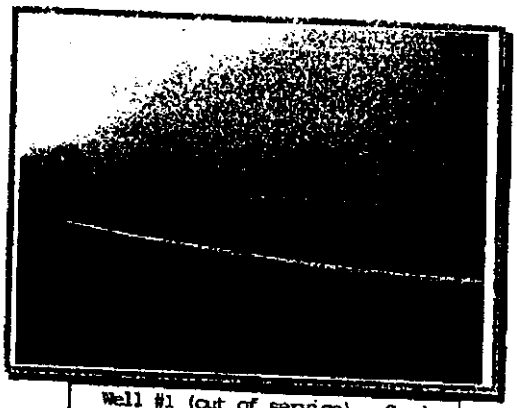
COMMENTS:

The Sunny Hills community (see map 3, above) is a Deltona Corporation development with a planned build-out to approximately 3500 homesites. Of these, about 500 have been built to date. Sunny Hills is located in an area of limestone (or Karst) topography, with abundant sinkhole lakes. The water system, operated by Aqua Utilities Florida, Inc., draws from the Floridan Aquifer.

Digital Images

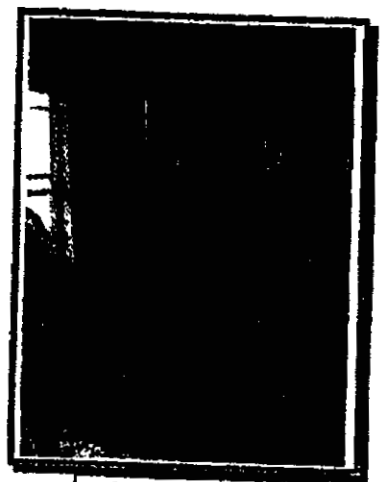


Well #1 (out of service for improvements)
- Pumphouse -

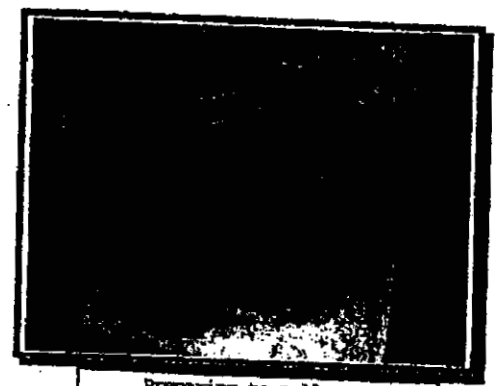


Well #1 (out of service) - Sand filtration system and twin hydro storage tanks (30,000 gal each)

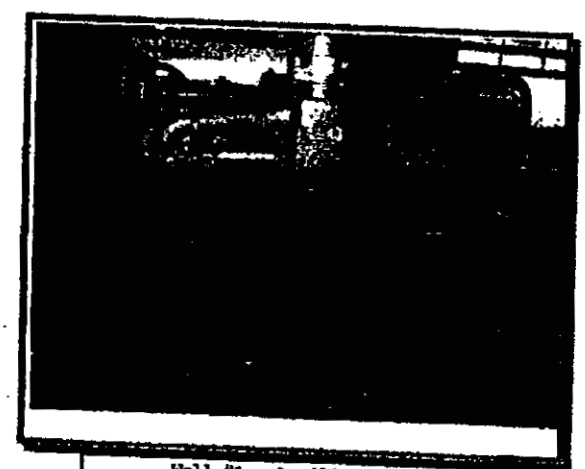
Digital Images (cont'd)



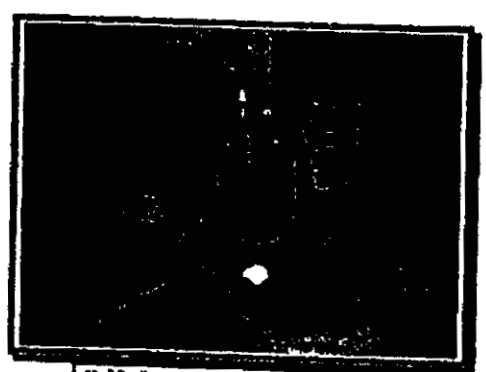
Pump at Well #1 – pulled for refurbishing shortly after this visit; now resuming operations.



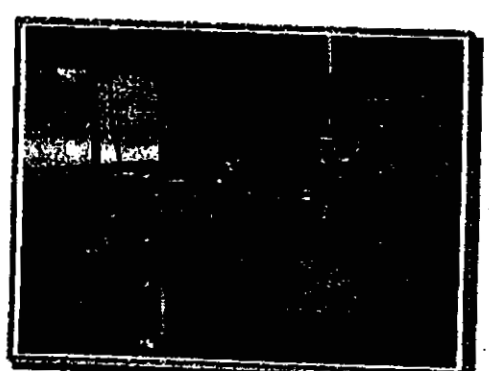
Preparing to pull pump



Well #1 - Auxiliary drive



Well #1 - Unusual vent placement



Well #1 - High service pump

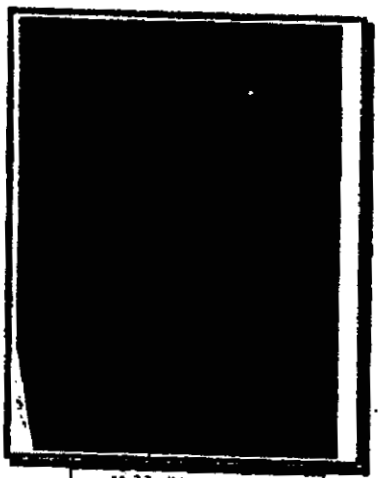


Well #1 – 10,000 gal hydro tank in excellent condition

Digital Images (cont'd)



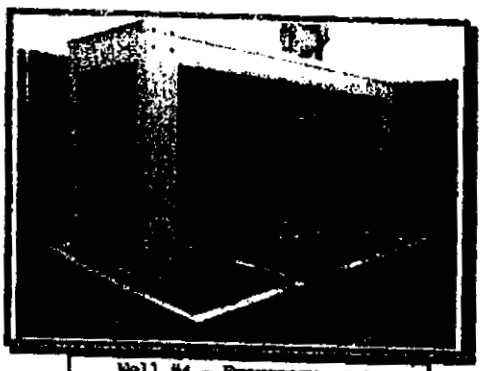
Well #4 - 10,000 gal hydro tank



Well #4 - Safety equipment (installed at all three plants)



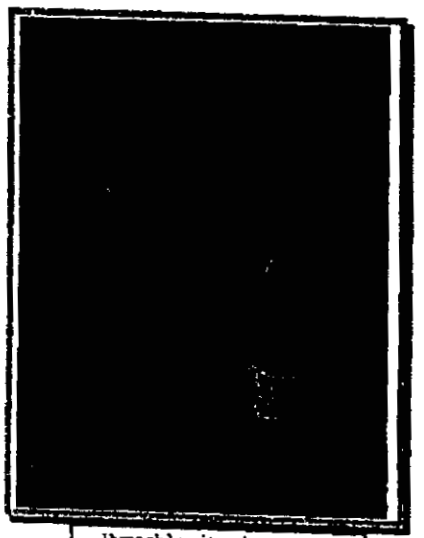
Well #4 - Tank pressure 60#



Well #4 - Emergency power

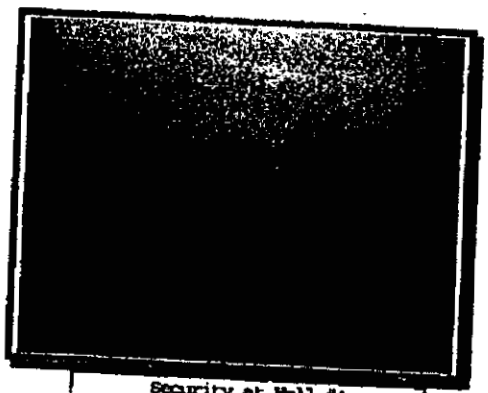


Well #4 - Vertical turbine pump



Hypochlorite is pumped directly from shipping drum at all plants; no dilution is performed.

Digital Images (cont'd)



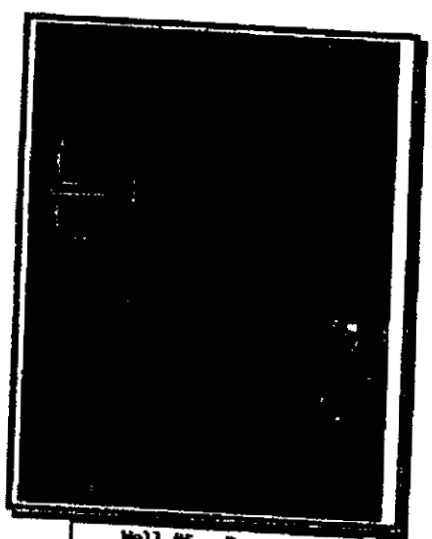
Security at Well #4



Security at Well #5



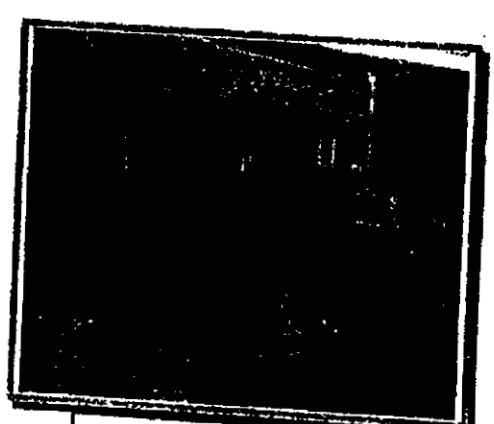
Well #5 - 10,000 gal hydro tank in excellent condition; sight glass removed for winter.



Well #5 - Pump and auxiliary drive



Door at Well #5 corroded - replacement already ordered.



Well #5 - Controls

OUTSTANDING PERMITS

As of 1/3/2006

1) Deadening Road (clearance granted 1/3/06)
(Permit # 0080182-008-DSGP/01)

2) Davenport Blvd (clearance package due to be mailed Jan. '06)
(Permit # 0255874-001-DSGP/01

INSPECTOR'S SIGNATURE David Hwy TITLE ESI DATE: January 5, 2006

INSPECTOR'S SIGNATURE Gerald Sheets TITLE ESI DATE: January 5, 2006

APPROVED BY Jesse Pinton TITLE EM DATE: 1/6/06

END OF REPORT

AQUA.
Utilities Florida

Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

February 7, 2006

Ms. Josie Penton
Environmental Manager
Department of Environmental Protection
2353 Jenks Ave
Panama City, FL 32405

Re: Sunny Hills, PWS ID# 1670647

Dear Ms. Penton,

This letter is to provide a written response to your sanitary survey report of January 5, 2006 on the above referenced facility. For your convenience I have listed your deficiencies noted in the letter individually followed by the utilities response to each in **bold** print.

Deficiency #1 Cross Connection Control (C3) Program

1. Please develop your policies to be followed in the event of customer non-compliance on this issue (installation and/or testing) and implement your cross-connection control program as soon as possible within 90 days.

   Aqua Utilities Florida (Aqua) currently has a C3 program in place. A copy is enclosed. Under this program, if backflow or back pressure conditions are found at any service connection, the connection is shut off immediately and will not be restored until the customer abandons or severs any connection to a non-potable supply or installs the appropriate backflow prevention device and allows for inspection of that device by Aqua.

   As a private utility, Aqua does not have authority to inspect plumbing systems on private property without the property owner's consent. In the past, the utility has terminated water service based on a suspicion that cross connection conditions may exist at a premise. Customers have complained to the Florida Public Service Commission (FPSC), maintained that no such condition exists, and stating that their account is current. In the absence of proof by the utility in the form of observed backflow or backpressure, the FPSC has required that service be restored immediately.

To our knowledge we have no direct cross connection with any auxiliary source of supply in the Sunny Hills System.

2. Arrange to have existing backflow preventers (RPZ, double-check valve) tested on an annual basis by a certified backflow prevention device tester. The testing should be completed no later than December 31, 2006.

   Aqua will notify all customers in Sunny Hills, both commercial and residential, currently utilizing a backflow prevention device of the annual testing requirement. We intend to allow a 60 day period for each customer to comply. Thereafter, those customers will have to provide the utility with a new test report within 30 days after the anniversary of the last test date (13 months).

3. Retain for at least 10 years accurate records of all backflow installation and testing and have them available for review during routine inspections and sanitary surveys.

   Accurate records will be maintained for 10 years.

4. It is also recommended that adequate training be provided to staff and education to the public in order to support and promote the program.

   Training will be provided to the staff as needed, and public education materials will be distributed to support and promote the C3 Program.

Deficiency #2 Washout For Storage Facilities Required every 5-Years

1. **The storage tanks were last cleaned and inspected on November 21, 2002. They are scheduled to be cleaned and inspected again in 2007.**

We trust this response is sufficient to address your concerns. If you need additional information, please do not hesitate to contact me at (352) 787-0980.

Sincerely,

Brian Heath
Area Manager

cc: Michael O'Reilly, Aqua America

AQUA UTILITIES FLORIDA
CONTROL OF
BACKFLOW AND CROSS CONNECTIONS

SECTION 1: CROSS-CONNECTION CONTROL-GENERAL POLICY

1.1 Purpose

The purpose of this plan is:

To protect the public potable water supply from the possibility of contamination or pollution by isolating within the customer's internal distribution system(s) or the customer's private water system(s) such contaminants or pollutants that could backflow into the public water system; and,

To promote the elimination or control of existing cross connections, actual or potential, between the customer's in-plant potable water system(s) and non potable water systems, plumbing fixtures, and industrial piping systems; and,

To provide for the maintenance of a continuing program of cross-connection control that will systematically and effectively prevent the contamination or pollution of all potable water systems.

1.2 Responsibility

The Project Manager and Aqua Utilities Florida employee's shall be responsible for the protection of the public potable water distribution system from contamination or pollution due to the backflow of contaminants or pollutants through the water service connection. If, in the judgement of said Project Manager an approved backflow-prevention assembly is required (at the customer's water service connection or, within the customer's private water system) for the safety of the water system, the Project Manager or his/her designated agent shall give notice in writing to said customer to install such an approved back-flow prevention assembly(s) at specific location(s) at his/her own expense; and failure, refusal, or inability on the part of the customer to install, have tested, and maintain said assembly(s) shall continue grounds for discontinuing water service to the premises until such requirements have been satisfactorily met.

SECTION 2: DEFINITIONS

2.1 Project Manager

The Project Manager in charge of the water system of the company is invested with the authority and responsibility for the implementation of an effective cross-connection control program and for the enforcement of provisions of this plan.

2.2 Approved

Accepted by the authority responsible as meeting an applicable specification stated or cited in this ordinance or as suitable for the proposed use.

2.3 Auxiliary Water Supply

Any water supply on or available to the premises other than the purveyor's approved public water supply. These auxiliary water may include water from another purveyor's public potable water supply or any natural source(s), such as a well, spring, river, stream, harbor, and so forth; used waters; or industrial fluids. These waters may be contaminated or polluted, or they may be objectionable and constitute an unacceptable water source over which the water purveyor does not have sanitary control.

2.4 Backflow

The undesirable reversal of flow in a potable water distribution system as a result of a cross connection.

2.5 Backpressure

A pressure, higher than the supply pressure, caused by a pump, elevated tank, boiler, or any other means that may cause backflow.

2.6 Backsiphonage

Backflow caused by negative or reduced pressure in the supply piping.

2.7 BackFlow Preventer

An assembly or means designed to prevent backflow.

2.7.1 Air gap - The unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet conveying water or waste to a tank, plumbing fixture, receptor, or other assembly and the flood level rim of the receptacle. These vertical, physical separations must be at least twice the diameter of the water supply outlet, never less than 1 in. (25mm).

2.7.2 Reduced-pressure backflow-prevention assembly - The approved reduced pressure principle backflow-prevention assembly consists of two independently acting approved check values together with a hydraulically operating, mechanically independent pressure differential relief valve located between the

check valves and below the first check valve. These units are located between two tightly closing resilient-seated shutoff valves as an assembly and equipped with properly located resilient-seated test cocks.

2.7.3 Double check valve assembly - The approved double check assembly consists of two internally loaded check valves either spring loaded or internally weighed, installed as a unit between to tightly closing resilient-seated shutoff valves and fittings with properly located resilient-seated test cocks. This assembly shall only be used to protect against a non-health hazard (that is, a pollutant).

2.8 Contamination

An impairment of a potable water supply by the introduction or admission of any foreign substance that degrades the quality and creates a health hazard.

2.9 Cross Connection

A connection or potential connection between any part of a potable water system and any other environmental containing other substances in a manner that, under any circumstances would allow such substances to enter the potable water system. Other substances maybe gases, liquids, or solids, such as chemicals, waste products, steam water from other sources (potable or non-potable), or any matter that may change color or add to the water.

2.10 Cross Connections-Controlled

A connection between a potable water system and a non-potable water system with an approved backflow-prevention assembly properly installed and maintained so that it will continuously afford the protection commensurate with the degree of hazard.

2.11 Cross-Connection Control by Containment

The installation of an approved backflow-prevention assembly at the water service connection to any customer's premises, where it is physically and economically unfeasible to find and permanently eliminate or control all actual or potential cross connections within the customer's water system; or it shall mean the installation of an approved backflow-prevention assembly on the service line leading to and supplying a portion of a customer's water system where there are actual or potential cross connections that cannot be effectively eliminated or controlled at the – point of the cross connection.

2.12 Hazard, Degree of

The term is derived from an evaluation of the potential risk to public health and the adverse effect of the hazard upon the potable water system.

2.12.1 Hazard-health - A cross connection or potential cross connection involving any substance that could, if introduced in the potable water supply, cause death illness, spread disease, or have a high probability of causing such effect.

2.12.2 Hazard-plumbing - A plumbing-type cross connection in a consumer's potable water system that has not been properly protected by an approved air gap or an approved backflow-prevention assembly.

2.12.3 Hazard – non-health - A cross connection or potential cross connection involving any substance that generally would not be a health hazard but would constitute a nuisance to be aesthetically objectionable, if introduced into the potable water supply.

2.12.4 Hazard – system - An actual or potential threat of severe damage to the physical properties of the public potable water system or the consumers potable water system or of a pollution or contamination that would have protracted effect o the quality of the potable water in the system.

2.13 Industrial Fluids System

Any system containing a fluid or solution that may be chemically, biologically, or otherwise contaminated or polluted in a form or concentration, such as would constitute a health, system, pollution, or plumbing hazard, if introduced into an approved water supply. This may include, but not be limited to: polluted or contaminated waters all types of process waters and used waters originating from the public potable water system that may have deteriorated in sanitary quality; chemicals in fluid form; plating acids and alkalis; circulating cooling waters connected to an open cooling tower; and/or cooling towers that are chemically or biologically treated or stabilized with toxic substances; contaminated natural waters, such as wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, and so forth; oil, gases, glycerin, paraffins, caustic and acid solutions, and other liquid and gaseous fluids used in industrial or oilier purposes for fire-fighting purposes.

2.14 Pollution

The presence of any foreign substance in water that tends to degrade its quality so as to constitute a non-health hazard or impair the usefulness of the water.

2.15 Water-Potable

Water that is safe for human consumption by the public health authority having jurisdiction.

2.16 Water – Non-potable

Water that is not safe for human consumption or that is of questionable quality.

2.17 Service Connection

The terminal end of a service connection from die public potable water system, that is, where the water purveyor's loses jurisdiction and sanitary control over the water at its point of delivery to the customer's water system. If a meter is installed at the end of the service connection, then the service connection shall mean the downstream end of the meter. There should be no unprotected takeoffs from the service line ahead of any meter or backflow-prevention assembly located at the point of delivery to the customer's water system. Service connection shall also include water service connection from a fire hydrant and all other temporary or emergency or other service connections from the public potable water system.

2.18 Water – Used

Any water supplied by a water purveyor from a public potable water system to a consumer's water system after it has passed through the point of delivery and is no longer under the sanitary control of the water purveyor.

SECTION 3: REQUIREMENTS

3.1 Water System

3.1.1 The water system shall be considered as made up of two parts: the utility system and the customer system.

3.1.2 Utility system shall consist of water source facilities and the distribution system, and shall include all those facilities of the water system under the complete control of the utility, up to the point where the customer's system begins.

3.1.3 The source shall include a component of the facilities utilized in the production, treatment, storage, and delivery of water to the distribution system.

3.1.4 The distribution system shall include the network of conduits used for the delivery of water from the source to the customer's system.

3.1.5 The customer's system shall include those of the facilities beyond the termination of the utility distribution system that are utilized in conveying utility-delivered domestic water to points of use.

3.2 Policy

3.2.1 No water service connection to any premises shall be installed or maintained by the water purveyor unless the water supply is protected as required by state laws and regulations and this plan. Service of water to any premises shall be discontinued by the water purveyor if a backflow-prevention assembly required by this plan is not installed, tested and maintained, or if it is found that a

backflow-prevention assembly has been removed, bypassed, or if an unprotected cross connection exists on the premises. Service will not be restored until such conditions or defects are corrected.

3.2.2 The customer's system should be open for inspection at all reasonable times to authorized representatives of the company to determine whether cross connections or other structural or sanitary hazards, including violations of these regulations, exist. When such a condition becomes known, the Project Manager shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the customer has corrected the condition(s) in conformance with state/provincial and city statutes relating to plumbing and water supplies and the regulations adopted pursuant thereto.

3.2.3 An approved backflow-prevention assembly shall be installed on each service line to a customer's water system at or near the property line or immediately inside the building being served; but in all cases, before the first branch line leading off the service line wherever the following conditions exist:

3.2.3a In the case of premises having an auxiliary water supply that is not or may not be of safe bacteriological or chemical quality and that is not acceptable as an additional source by the Project Manager, the public water system shall be protected against backflow from the premises by installing an approved backflow-prevention assembly in the service line, appropriate to the degree of hazard

3.2.3b In the case of premises on which any industrial fluids or any other objectionable substances are handled in such a fashion as to create an actual or potential hazard to the public water system, the public system shall be protected against backflow from the premises by installing an approved backflow-prevention assembly in the service line, appropriate to the degree of hazard This shall include the handling of process waters and waters originating from the utility system that have been subject to deterioration in quality.

3.2.3c In the case of premises having (1) internal cross connections that cannot be permanently corrected and controlled, or (2) intricate plumbing and piping arrangements or where entry to all portions of the premises is not readily accessible for inspection purposes, making it impracticable or impossible to ascertain whether or not dangerous cross connections exist, the public water system shall be protected against backflow from the premises by installing an approved backflow-prevention assembly in the service line.

3.2.4 The type of protective assembly required under subsections 3.2.3a, 3.2.3b, and 3.2.3c shall depend upon the degree of hazard that exists as follows:

3.2.4a In the case of any premises where there is an auxiliary water supply as stated in subsection 3.2.3a of this section and it is not subject to any of the following rules, the public water system shall be protected by any approved air -gap separation or an approved reduced-pressure principle backflow-prevention assembly.

3.2.4b In the case of any premises where there is water or substance that would be objectionable but not hazardous to health, if introduced into the public water the public water system shall be protected by any approved double check valve assembly.

3.2.4c In the case of any premises where there is any material dangerous to heath that is handled in such a fashion as to create an actual or potential hazard to the public water system, the public water system shall be protected by an approved air-gap separation or an approved reduced-pressure principle backflow-prevention assembly. Examples of premises where these conditions will exist include sewage treatment plants, sewage pumping stations, chemical manufacturing plants, hospitals, mortuaries, and plating plants.

3.2.4d In the case of any premises where there are "uncontrolled" cross connections, either actual or potential, the public water system shall be protected by an approved air -gap separation or an approved reduced-pressure principle backflow-prevention assembly at the service connection.

3.2.4e In the case of any premises where, because of security requirements or other prohibitions or restrictions, it is impossible or impractical to make a complete in-plant cross connection survey, the public water system shall be protected against backflow from the premises by either an approved air-gap separation or an approved reduced-pressure principle backflow-prevention assembly on each service to the premises.

3.2.4f In the case of any premises where, in the opinion of the Project Manager, an undue health threat is posed because of the presence of extremely toxic substances, the Project Manager may require an air gap at the service connection to protect the public water system. This requirement will be at the discretion of the Project Manager and is dependent on the degree of hazard.

3.2.5 Any backflow-prevention assembly required herein shall be a model and size approved by the Project Manager. The term approved backflow-prevention assembly shall mean an assembly that has been manufactured in full conformance with the standards established by the American Water Works Association titled:

AWWA C510-89-Standard for Double Check Valve Backflow-Prevention Assembly, and
AWWA C511-89-Standard for Reduced-Pressure Principle Backflow-Prevention Assembly, and
have met completely the laboratory and field performance specification of the foundation for Cross-Connection Control and Hydraulic Research of the University of Southern California established by "Specification of Backflow-Prevention Assemblies"- Sec. 10 of the most current issue of the Manual of Cross-Connection Control.
Said AWWA and FCCHR standards and specifications have been adopted by the Project Manager. Final approval shall be evidenced by a "Certificate of Approval" issued by an approved testing laboratory certifying full compliance with said AWWA standards and FCCHR specifications.

The following testing laboratory bas been qualified by the Project Manager to test and certify backflow preventers:

Foundation for Cross-Connection Control and Hydraulic Research
University of Southern California
University Park
Los Angeles, CA 90089

Testing laboratories, other than the laboratory listed above, will be added to an approved list as they are qualified by the Project Manager.

Backflow preventers that may be subjected to backpressure or backsiphonage that have been fully tested and have been granted a certificate of approval by said qualified laboratory and are listed on the laboratory's current list of approved backflow-prevention assemblies may be used without further testing or qualification.

3.2.6 It shall be the duty of the customer-user at any premises where backflow-prevention assemblies are installed to have certified inspections and operational tests made at least once per year. In those instances where the Project Manager deems the hazard to be great enough, certified inspections may be required at more frequent intervals. These inspections and tests shall be at the expense of the water user and shall be performed by the assembly manufacturer's representative, water utility personnel, or by a certified tester approved by the Project Manager. It shall be the duty of the Project Manager to see that these tests are made in a timely manner. The customer-user shall notify the Project Manager in advance when the tests are to be undertaken so that the customer-user may witness the tests if so desired. These assemblies shall be repaired, overhauled, or replaced at the expense of the customer -user whenever said assemblies are found to be defective. Records of such tests, repairs, and overhaul shall be kept and made available to the Project Manager.

3.2.7 All presently installed backflow-prevention assemblies that do not meet the requirements of this section but were approved assemblies for the purpose described herein at the time of installation and that have been properly maintained, shall, except for the inspection and maintenance requirements under subsection 3.2.6, be excluded from the requirements of these rules so long as the Project Manager is assured that they will satisfactorily protect the utility system. Whenever the existing assembly is moved from the present location, requires more than minimum maintenance, or when the Project Manager finds that the maintenance constitutes a hazard to health the unit shall be replaced by an approved backflow-prevention assembly meeting the requirements of this section.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
REPORT: Monthly
GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 01/01/2007 To: 01/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.08 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.023	0.020	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (5-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.6			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.5	8.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.8			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				6.0	10.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/02/22

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

DOCUMENT NUMBER-DATE
04335 MAY 22 08
FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				55			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				39.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				335	500		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1255	2421		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 1/1/07 To: 1/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.019			7.0		0.60				
2	0.013			7.0		0.60				
3	0.015	3.0 I	21	7.0	1.8 U	0.50		170	89	
4	0.032			7.0		0.80				
5	0.025			7.1		0.50				
6	0.028			7.1		0.60				
7	0.028									
8	0.028			7.0		0.60				
9	0.027			7.0		0.60				
10	0.028			6.9		0.50				
11	0.029			6.9		0.50				
12	0.028			6.9		0.60				
13	0.041			7.0		0.60				
14	0.041									
15	0.019			7.0		0.60				
16	0.025			7.0		0.60				
17	0.025	8	10	7.0	1.8 U	0.50		500	2,421	
18	0.024			7.1		0.80				
19	0.024			7.0		0.80				
20	0.025			7.0		0.50				
21	0.025									
22	0.017			6.8		0.60				
23	0.020			6.8		0.70				
24	0.010			6.9		0.80				
25	0.015			7.0		0.60				
26	0.020			7.0		0.60				
27	0.014			7.0		0.60				
28	0.014									
29	0.014			7.0		0.50				
30	0.014			7.0		0.50				
31	0.013			7.1		0.60				
Total	0.699									
Mo. Avg.	0.023	5.5	6.0	6.1	2	0.53		335	314	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 02/01/2007 To: 02/28/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.017	0.020	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.7			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.5	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.8			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.0	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/03/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8	7.0	S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement			55		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement			200 (An.Avg.)		#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			2	2	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement			Report (MoGeoMean)	800 (Max)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5		MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min)		MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement			40.0%		PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement			Report (Mo.Total)		PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			171	228	MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement			Report (Mo.Avg.)	Report (Max)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			129	158	MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement			Report (Mo.Avg.)	Report (Max)	MG/L		Every Two Weeks	Grab
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 2/1/07 To: 2/28/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.013			7.0		0.50				
2	0.026	5	5	6.9	1.8 U	0.50		228	100	
3	0.017			6.9		0.70				
4	0.017									
5	0.013			6.9		0.50				
6	0.016			6.9		0.60				
7	0.016			7.0		0.60				
8	0.019			6.9		0.60				
9	0.018			6.8		0.60				
10	0.013			6.9		0.50				
11	0.013									
12	0.007			7.0		0.50				
13	0.017			6.9		0.50				
14	0.017			6.9		0.50				
15	0.015	4.0 I	3.0 I	6.9	1.8 U	0.50		114	158	
16	0.015			6.9		0.50				
17	0.016			6.8		1.00				
18	0.016									
19	0.022			6.9		0.60				
20	0.026			6.9		0.70				
21	0.020			6.9		0.70				
22	0.017			6.9		0.60				
23	0.040			6.9		0.60				
24	0.019			6.9		0.60				
25	0.019									
26	0.019			7.0		0.50				
27	0.026			6.8		1.50				
28	0.024			6.8		1.60				
29	0.000									
30	0.000									
31	0.000									
Total	0.513									
Mo. Avg.	0.018	4.5	4.0	5.3	2	0.52		171	37	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 03/01/2007 To: 03/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.020	0.020	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.8			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.7	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.2			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.7	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/04/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				55			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	4		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				40.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				245	354		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1222	2300		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 3/1/07 To: 3/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.018	4.0 I	3.0 I	6.9	1.8 U	0.60		98	342	
2	0.018			7.0		0.60				
3	0.022			7.0		0.50				
4	0.022									
5	0.022			6.8		0.60				
6	0.012			6.8		0.60				
7	0.015			6.8		0.60				
8	0.019			6.9		0.60				
9	0.031			7.0		0.60				
10	0.018			7.0		0.60				
11	0.019									
12	0.017			7.1		0.70				
13	0.018			7.0		0.60				
14	0.027			7.0		0.70				
15	0.033	2.0 I	5 I	7.0	4	0.80		189	1,023	
16	0.022			7.0		0.70				
17	0.016			6.9		0.60				
18	0.018									
19	0.015			6.9		0.60				
20	0.014			6.9		0.60				
21	0.011			7.0		0.50				
22	0.018			7.0		0.70				
23	0.018			7.0		0.60				
24	0.018			7.0		0.60				
25	0.018									
26	0.014	5 I	3.0 I	7.0	1.8 U	1.50		354	2,300	
27	0.021			6.8		1.00				
28	0.014			6.9		0.90				
29	0.017			6.9		0.60				
30	0.018			6.9		0.70				
31	0.040			6.9		0.60				
Total	0.607									
Mo. Avg.	0.020	3.7	3.7	6.0	3	0.59		214	458	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 04/01/2007 To: 04/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.018	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.9			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.0	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.1			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/05/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				55			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				36.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				121	143		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				596	1004		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 4/1/07 To: 4/30/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.040									
2	0.016			7.0		0.70				
3	0.018			6.9		0.90				
4	0.014			6.9		0.60				
5	0.016			6.9		0.70				
6	0.016			7.0		0.80				
7	0.016									
8	0.008			6.9		0.50				
9	0.014			6.9		0.60				
10	0.021	2.0 I	4.0 I	6.9	1.8 U	0.60		99	188	
11	0.026			6.9		0.70				
12	0.013			7.0		0.90				
13	0.020			7.0		0.90				
14	0.017			7.1		0.90				
15	0.017									
16	0.019			7.1		0.90				
17	0.017			7.0		0.80				
18	0.021			6.9		0.60				
19	0.013			6.9		0.60				
20	0.012			6.9		0.70				
21	0.020			6.9		0.60				
22	0.021									
23	0.030	4.0 I	4.0 I	7.0	1.8 U	0.50		143	1,004	
24	0.022			7.0		0.70				
25	0.017			7.0		0.50				
26	0.020			7.0		0.70				
27	0.020			7.0		0.80				
28	0.019			6.9		0.70				
29	0.020									
30	0.020			6.9		0.80				
31	0.000									
Total	0.559									
Mo. Avg.	0.019	3.0	4.0	5.6	2	0.57		121	149	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 05/01/2007 To: 05/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.024	0.021	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.8			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1.8	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.2			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/06/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				55			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				41.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				152	166		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				677	1103		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258

Facility Name: Sunny Hills WWTP

Monitoring Period From: 5/1/07 To: 5/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.018			7.0		0.70				
2	0.015			6.9		0.90				
3	0.017			6.9		0.90				
4	0.022			6.9		0.90				
5	0.025			6.9		0.90				
6	0.025									
7	0.016			6.9		0.90				
8	0.040	1.5 J-5	3.0 I	7.0	1.8 U	0.80		166	1,103	
9	0.005			7.0		0.60				
10	0.026			6.9		0.80				
11	0.032			6.9		0.90				
12	0.032			6.9		0.60				
13	0.032									
14	0.033			6.8		0.70				
15	0.016			6.9		0.70				
16	0.019			7.0		0.60				
17	0.019			7.0		0.70				
18	0.024			6.9		0.50				
19	0.014			7.0		0.90				
20	0.014									
21	0.027	2.0 I	3.0 I	7.0	1.8 U	0.60		138	251	
22	0.042			7.0		0.70				
23	0.022			7.0		0.80				
24	0.014			7.0		0.90				
25	0.028			7.1		0.90				
26	0.032			7.1		0.90				
27	0.032									
28	0.019			7.0		0.70				
29	0.040			7.1		0.70				
30	0.024			7.0		0.90				
31	0.019									
Total	0.742									
Mo. Avg.	0.024	1.8	3.0	5.8	2	0.65		152	169	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 06/01/2007 To: 06/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.017	0.020	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.1			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.5	6.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.1			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.0	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/07/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				43			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				5	>1600		#/100ML	1	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				39.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				136	168		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				271	398		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258

Facility Name: Sunny Hills WWTP

Monitoring Period From: 6/1/07 To: 6/30/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.019			7.0		0.90				
2	0.038			7.0		0.50				
3	0.039									
4	0.017	5	2.0 I	7.0	<1.8	0.60		158	143	
5	0.018			7.0		0.80				
6	0.013			7.1		0.80				
7	0.014			7.1		0.50				
8	0.018			7.0		0.50				
9	0.014			7.0		0.60				
10	0.015									
11	0.014			7.0		0.70				
12	0.017			7.0		0.60				
13	0.013			6.8		0.60				
14	0.011			6.8		0.90				
15	0.020			6.8		0.60				
16	0.013			6.9		0.80				
17	0.014									
18	0.022			7.0		0.70				
19	0.015	6	4.0 I	7.0	>1600	0.60		114	398	
20	0.017			6.9		0.60				
21	0.007			6.9		0.90				
22	0.024			6.9		0.60				
23	0.015			6.9		0.80				
24	0.015									
25	0.017			6.9	<1.8	1.00				
26	0.017			6.9	<1.8	1.20				
27	0.015			6.8	<1.8	1.50				
28	0.015			6.8	<1.8	1.60				
29	0.016			6.8	<1.8	1.20				
30	0.018			6.9		1.10				
31	0.000									
Total	0.516									
Mo. Avg.	0.017	5.5	3.0	5.8	230	0.68		136	68	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 07/01/2007 To: 07/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.020	0.020	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.1			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.5	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.1			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2.5	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				43			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.8	<1.8		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				40.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				80	81		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				306	380		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 7/1/07 To: 7/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.018									
2	0.016	3.0 I	2.0 I	7.0	<1.8	1.60		81	231	
3	0.019			7.0		1.10				
4	0.008			7.0		1.30				
5	0.015			7.0		1.20				
6	0.019			6.9		1.50				
7	0.012			6.9		1.20				
8	0.012									
9	0.014			6.9		1.30				
10	0.018			6.9		1.50				
11	0.012			6.9		1.60				
12	0.013			6.8		1.80				
13	0.028			6.8		1.90				
14	0.014			6.9		1.10				
15	0.015									
16	0.008			6.9		1.50				
17	0.034			6.8		1.80				
18	0.016	2.0 I	3.0 I	6.9	<1.8	1.50		78	380	
19	0.018			6.9		1.00				
20	0.034			6.9		1.50				
21	0.015			6.9		1.60				
22	0.016									
23	0.023			6.8		1.90				
24	0.024			6.8		1.60				
25	0.034			6.9		1.10				
26	0.027			6.8		1.90				
27	0.054			6.9		1.40				
28	0.013			6.9		1.50				
29	0.013									
30	0.039			6.9		1.00				
31	0.020			6.9		1.80				
Total	0.619									
Mo. Avg.	0.020	2.5	2.5	5.8	2	1.23		80	87	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: 08/01/2007 To: 08/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.020		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.029	0.022	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.3	7.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				7.7	15.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/09/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				40			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				44.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				85	114		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				51	62		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 8/1/07 To: 8/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.075	7	6	6.8	<1.8	7.50		86	62	
2	0.026			6.9		7.00				
3	0.105			6.8		7.90				
4	0.015			6.8		1.50				
5	0.015									
6	0.022			6.8		1.60				
7	0.015			6.8		1.90				
8	0.013			6.9		1.10				
9	0.073			6.8		1.60				
10	0.011			6.9		1.10				
11	0.021			6.9		1.10				
12	0.021									
13	0.015			6.9		1.10				
14	0.043	4	15	6.8	<1.8	1.90		114	47	
15	0.013			6.8		1.50				
16	0.031			6.9		1.20				
17	0.026			6.9		1.10				
18	0.035			6.9		1.10				
19	0.035									
20	0.037			6.8		1.80				
21	0.014			6.9		1.50				
22	0.013			6.9		1.20				
23	0.022			6.9		1.10				
24	0.087			6.9		1.00				
25	0.017			7.0		1.00				
26	0.017									
27	0.017	5	3	7.0	<1.8	1.90		90	43	
28	0.018			7.0		1.50				
29	0.014			6.9		1.30				
30	0.012			6.9		1.30				
31	0.023			6.9		1.30				
Total	0.900									
Mo. Avg.	0.029	5.3	7.7	6.0	2	1.78		97	19	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 09/01/2007 To: 09/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.021		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.035	0.028	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.5			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.9	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.4	1.4		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/10/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				40			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				3	5		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				56.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				58	65		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				47	53		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 9/1/07 To: 9/30/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.054			6.9		1.30				
2	0.054									
3	0.029			7.0		1.00				
4	0.033			7.0		1.50				
5	0.015			6.9		1.60				
6	0.017			6.9		1.40				
7	0.020			7.0		1.10				
8	0.018			7.0		1.20				
9	0.018									
10	0.013	4.0	1.4	7.0	1.8	1.60		65.00	40.00	
11	0.020			7.0		1.60				
12	0.022			7.0		1.50				
13	0.013			7.0		1.50				
14	0.023			7.0		1.60				
15	0.020			7.0		1.60				
16	0.021									
17	0.095			7.0		1.50				
18	0.072			7.0		1.60				
19	0.012			7.0		1.50				
20	0.019			6.9		1.30				
21	0.084			7.0		1.10				
22	0.060			6.9		1.60				
23	0.060									
24	0.048	1.8	1.4	7.0	4.5	1.70		51.00	53.00	
25	0.054			7.0		1.10				
26	0.041			6.9		1.90				
27	0.040			7.0		1.80				
28	0.040			7.0		1.70				
29	0.032			7.0		1.50				
30	0.032			7.0						
31	0.000									
Total	1.078									
Mo. Avg.	0.036	2.9	1.4	6.0	3	1.19		5.27	3.88	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 10/01/2007 To: 10/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.021		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.031	0.027	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.5	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.7	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	08/03/27

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

Revised 3/7/08 JNL

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				40			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				53.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				63	71		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				25	27		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 10/1/07 To: 10/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.032			6.9		1.70				
2	0.030			6.9		1.10				
3	0.092			6.9		1.00				
4	0.015			6.9		1.10				
5	0.025			6.9		1.50				
6	0.021			6.9		1.40				
7	0.021									
8	0.014	4	1	6.9	2	1.60		93	22	
9	0.015			6.9		1.50				
10	0.025			6.9		1.60				
11	0.036			6.9		1.60				
12	0.016			6.9		1.70				
13	0.046			6.9		1.70				
14	0.045									
15	0.015			6.9		1.60				
16	0.022			6.9		1.60				
17	0.034			6.9		1.50				
18	0.028			7.0		1.90				
19	0.021			7.0		1.80				
20	0.018			7.0		1.70				
21	0.019									
22	0.029	3	2	6.9	2	1.90		96	27	
23	0.013			6.9		1.60				
24	0.010			7.0		1.50				
25	0.062			6.9		1.50				
26	0.139			7.0		1.50				
27	0.027			7.0		1.40				
28	0.027									
29	0.041			6.9		1.50				
30	0.014			6.9		1.40				
31	0.014			6.9		1.40				
Total	0.968									
Mo. Avg.	0.031	3.5	1.7	6.0	2	1.33		63	2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 11/01/2007 To: 11/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.024		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.025	0.034	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.8			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.5	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.6	1.6		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading			Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement					6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement					21			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement					200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement					2	<1.8		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement					Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement					0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement					67.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement					Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement					115	149		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement					Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement					33	34		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement					Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement											
	Permit Measurement											

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 11/1/07 To: 11/30/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.025			7.0		1.40				
2	0.042			7.0		1.00				
3	0.017			6.9		1.10				
4	0.017									
5	0.094	4.0 I	1.6 I	7.0	1.8 U	1.50		81	31	
6	0.013			7.0		1.10				
7	0.011			7.0		1.20				
8	0.011			7.0		1.40				
9	0.015			7.0		1.30				
10	0.013			7.1		1.40				
11	0.013									
12	0.014			7.1		1.40				
13	0.029			7.0		1.50				
14	0.021			7.0		1.50				
15	0.104			6.9		1.50				
16	0.024			6.9		1.60				
17	0.029			6.9		1.80				
18	0.029									
19	0.016	3.0 I	1.6 I	6.9	1.8 U	1.70		149	34	
20	0.014			6.9		1.70				
21	0.044			6.9		1.70				
22	0.032			6.9		1.50				
23	0.018			6.9		1.50				
24	0.017			7.0		1.50				
25	0.017									
26	0.023			6.9		1.40				
27	0.013			6.9		1.40				
28	0.019			6.8		1.40				
29	0.013			6.9		1.30				
30	0.021			7.0		1.30				
31	0.000									
Total	0.768									
Mo. Avg.	0.026	3.5	1.6	5.8	2	1.20		115	8	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department. of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: 12/01/2007 To: 12/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.024		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.022	0.029	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.8			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.5	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.4			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.7	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	08/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				21			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				58.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				99	111		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				50	50		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 12/1/07 To: 12/31/07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.021			7.0		1.40				
2	0.021									
3	0.015			7.0		1.40				
4	0.014			6.9		1.00				
5	0.038	4.0 I	2.0 I	6.9	1.8 U	1.90		87	50	
6	0.015			6.9		1.80				
7	0.026			6.9		1.30				
8	0.026			6.9		1.30				
9	0.028									
10	0.025			6.9		1.30				
11	0.030			6.9		1.00				
12	0.029			7.0		1.20				
13	0.028			7.0		1.10				
14	0.031			7.0		1.00				
15	0.031			7.1		1.10				
16	0.031									
17	0.022			7.0		1.00				
18	0.026			7.1		1.10				
19	0.019	3.0 I	1.4 I	7.1	1.8 U	1.80		111	50	
20	0.032			7.0		1.80				
21	0.016			7.0		1.50				
22	0.014			7.0		1.40				
23	0.014									
24	0.020			7.0		1.50				
25	0.011			6.9		1.30				
26	0.013			6.9		1.30				
27	0.017			6.9		1.60				
28	0.023			6.9		1.50				
29	0.017			6.9		1.30				
30	0.017									
31	0.017			6.9		1.40				
Total	0.689									
Mo. Avg.	0.022	3.5	1.7	5.8	2	1.14		99	13	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 01/01/2006 To: 01/31/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.017	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.3			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.0	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5.9			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				30.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				9.2	17.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/02/21

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

DOCUMENT NUMBER-DATE

04335 MAY 22 08

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010268 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7	7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				29			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				7	1600		#/100ML	1	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				34.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1335	1560		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5762	6867		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 1/1/06 To: 1/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.024									
2	0.016			6.9		0.70				
3	0.016			6.9		0.70				
4	0.016			7.0		0.70				
5	0.017			7.0		0.60				
6	0.017			7.0		0.60				
7	0.013			6.8		0.80				
8	0.014									
9	0.015	4 I	17	6.9	>1600	0.60		1,110	6,867	
10	0.010			6.9		0.70				
11	0.009			6.9		0.60				
12	0.019			6.8		0.50				
13	0.018			6.8	1.8U	0.50				
14	0.028			6.8		0.60				
15	0.028									
16	0.023			6.9		0.70				
17	0.014			6.9	1.8U	0.70				
18	0.013			6.9	1.8U	0.60				
19	0.013			6.9		0.60				
20	0.014			6.8		0.60				
21	0.019			6.8		0.60				
22	0.019									
23	0.025	2.0 I	1.0 I	6.8	1.8U	0.70		1,560	4,656	
24	0.026			6.7		0.70				
25	0.015			6.8		0.70				
26	0.014			6.8		0.60				
27	0.023			6.8		0.60				
28	0.024			6.9		0.60				
29	0.024									
30	0.022			6.8		0.70				
31	0.023			6.8		0.80				
Total	0.569									
Mo. Avg.	0.018		2.4	5.8		0.54		1,335	1,440	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE:

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 02/01/2006 To: 02/28/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.015	0.016	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.1			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.0	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5.7			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.6	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/03/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7	7.0		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				28			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Collform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				32.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1210	1710		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4338	5375		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

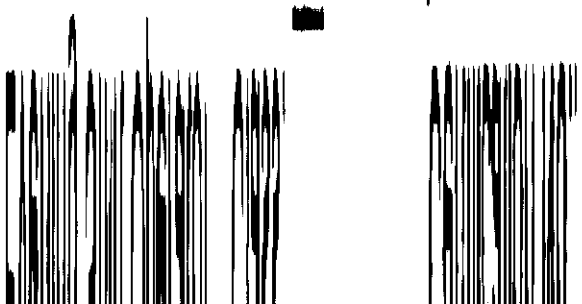
Monitoring Period From: 2/1/06 To: 2/28/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.013			6.8		0.50				
2	0.022			6.8		0.60				
3	0.021			6.7		0.60				
4	0.018			6.7		0.70				
5	0.019									
6	0.018			6.8		0.50				
7	0.018	4I	4I	6.8	1.8U	0.60		1,710	3,300	
8	0.014			6.8		0.60				
9	0.014			6.7		0.70				
10	0.015			6.7		0.70				
11	0.016			6.8		0.70				
12	0.017									
13	0.014			6.8		0.70				
14	0.020			6.8		0.60				
15	0.008			6.8		0.60				
16	0.015			6.9		0.70				
17	0.015			6.8		0.80				
18	0.019			6.9		0.90				
19	0.020									
20	0.012			6.9		0.80				
21	0.012			7.0		0.80				
22	0.015	2	3I	7.0	1.8U	0.70		710	5,375	
23	0.014			7.0		0.70				
24	0.017			7.0		0.70				
25	0.019			6.9		0.80				
26	0.020									
27	0.019			6.9		0.70				
28	0.021			6.9		0.70				
29	0.000									
30	0.000									
31	0.000									
Total	0.466									
Mo. Avg.	0.017	0.3		5.3		0.53		1,210	1,084	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: Certification No.:



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010258**

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**
MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: **03/01/2006** To: **03/31/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.017	0.017	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.8			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.5	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				6.3			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				11.0	12.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/04/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				28			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				33.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				613	825		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2433	3089		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 3/1/06 To: 3/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.011			6.9		0.60				
2	0.018			6.9		0.70				
3	0.018			6.9		0.60				
4	0.018			7.0		0.60				
5	0.018									
6	0.012			7.0		0.50				
7	0.016	2 I	12	6.9	1.8 U	0.60		825	3,089	
8	0.016			7.0		0.60				
9	0.024			6.9		0.60				
10	0.018			6.9		0.60				
11	0.025			6.9		0.70				
12	0.025									
13	0.004			6.9		0.50				
14	0.018			7.0		0.50				
15	0.018			7.1		0.60				
16	0.015			7.1		0.60				
17	0.015			7.1		0.70				
18	0.015			7.0		0.50				
19	0.015									
20	0.018	3 I	10	7.0	1.8 U	0.50		400	1,776	
21	0.017			7.0		0.50				
22	0.015			6.9		0.60				
23	0.015			6.9		0.50				
24	0.025			7.0		0.60				
25	0.012			7.0		0.70				
26	0.012									
27	0.015			7.0		0.60				
28	0.018			7.0		0.60				
29	0.017			6.9		0.60				
30	0.015			6.9		0.70				
31	0.015			6.9		0.60				
Total	0.513									
Mo. Avg.	0.017		2.8	6.1		0.52		613	608	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010258**

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**
MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: **04/01/2006** To: **04/30/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.017	0.016	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.6			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.5	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5.8			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5.5	6.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				28			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				32.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				264	308		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1265	1337		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 4/1/06 To: 4/30/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.021			7.0		0.60				
2	0.021									
3	0.017	3.0 I	5	7.0	1.8 U	0.70		199	1,193	
4	0.018			7.0		0.70				
5	0.019			6.9		0.60				
6	0.018			6.9		0.60				
7	0.017			7.1		0.70				
8	0.021			7.1		0.60				
9	0.021									
10	0.012			6.9		0.60				
11	0.012			6.9		0.60				
12	0.014			7.0		0.50				
13	0.020			7.0		0.50				
14	0.020			7.0		0.50				
15	0.013			7.0		0.60				
16	0.013									
17	0.018	2.0 I	6	6.9	1.8 U	0.70		308	1,337	
18	0.019			6.9		0.70				
19	0.015			7.0		0.60				
20	0.020			7.1		0.60				
21	0.018			7.0		0.70				
22	0.017			7.0		0.70				
23	0.017									
24	0.013			6.9		0.60				
25	0.016			7.0		0.60				
26	0.022			7.0		0.60				
27	0.021			7.0		0.50				
28	0.019			7.0		0.50				
29	0.015			6.9		0.50				
30	0.015									
31	0.000									
Total	0.521									
Mo. Avg.	0.017		1.4	5.6		0.49		254	316	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010258**

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **05/01/2006** To: **05/31/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.85 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.017	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (5-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.0	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				6.7			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2.4	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/06/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.2		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				28			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				33.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				167	175		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				510	672		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 5/1/06 To: 5/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.021	2	1.8	6.9	1.8 U	0.50		99	348	
2	0.018			6.9		0.50				
3	0.018			7.0		0.60				
4	0.010			7.0		0.60				
5	0.013			7.1		0.50				
6	0.023			7.1		0.60				
7	0.023									
8	0.016			7.2		0.70				
9	0.020			7.1		0.70				
10	0.019			7.1		0.60				
11	0.015			6.9		0.60				
12	0.016			6.9		0.70				
13	0.018			6.9		0.60				
14	0.019									
15	0.009			7.0		0.50				
16	0.020			7.0		0.60				
17	0.014	2.0 I	3.0 I	6.9	1.8 U	0.70		159	672	
18	0.018			7.0		0.60				
19	0.018			6.9		0.60				
20	0.012			6.9		0.60				
21	0.013									
22	0.010			7.0		0.50				
23	0.009			7.0		0.50				
24	0.009			7.1		0.50				
25	0.016			7.1		0.60				
26	0.016			7.1		0.70				
27	0.018			7.0		0.70				
28	0.018									
29	0.014			6.9		0.60				
30	0.017			6.9		0.60				
31	0.016			6.9		0.70				
Total	0.497									
Mo. Avg.	0.016	0.3	0.3	6.1		0.52		129	146	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**
MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **06/01/2006** To: **06/30/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.016	0.016	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.7	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				5.4			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.0	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/07/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				60			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				35	1600		#/100ML	1	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				32.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				625	990		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2464	3557		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 6/1/06 To: 6/30/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.013	2u	5	6.9	280	0.70		990	3,200	
2	0.014			7.0		0.70				
3	0.016			6.9		0.60				
4	0.016									
5	0.016			6.9		0.80				
6	0.016			6.8	1.8U	1.20				
7	0.015			6.9		0.90				
8	0.014			6.9		0.90				
9	0.014			6.9		0.80				
10	0.016			6.9		0.60				
11	0.016									
12	0.021			6.8		0.90				
13	0.017			6.9		1.00				
14	0.024			6.9		1.00				
15	0.020			6.9		1.00				
16	0.019	3	2	6.9	1.8U	0.90		485	3,557	
17	0.019			7.0		0.90				
18	0.019									
19	0.014			7.0		0.70				
20	0.016			7.0		0.70				
21	0.014			6.9		0.60				
22	0.018			6.9		0.50				
23	0.019			6.9		0.70				
24	0.018			7.0		0.90				
25	0.018									
26	0.019	3	5	7.1	>1600	0.70		401	636	
27	0.020			7.1		0.60				
28	0.014			7.0		0.50				
29	0.017			7.0		0.80				
30	0.017			7.1	1.8U	0.70				
31	0.000									
Total	0.508									
Mo. Avg.	0.017	2.3	4.0	5.8	377	0.65		625	2,464	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				48			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				33.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				122	123		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				115	136		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010258**

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **07/01/2006** To: **07/31/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd				0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd					6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.017	mgd				0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.8		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1.9	2.0	MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.6		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.7	2.0	MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)	MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/08/15

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 7/1/06 To: 7/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.022			7.1		0.70				
2	0.022									
3	0.013			7.0		0.60				
4	0.012			7.0		0.50				
5	0.018			6.9		0.50				
6	0.015			6.9		0.50				
7	0.017			6.8		0.50				
8	0.020			6.9		0.60				
9	0.020									
10	0.017	2.0 I	1.4 I	7.0	1.8U	0.70		120	94	
11	0.017			7.0		0.80				
12	0.022			7.0		0.80				
13	0.020			6.9		0.50				
14	0.019			6.9		0.50				
15	0.025			6.9		0.60				
16	0.025									
17	0.019			6.9		0.50				
18	0.019			6.9		6.00				
19	0.019			6.9		0.70				
20	0.024			6.8		0.50				
21	0.014			6.9		0.50				
22	0.025			6.9		0.60				
23	0.018			6.9		0.50				
24	0.018									
25	0.015	1.8 I	2.0 I	6.9	1.8U	0.60		123	136	
26	0.018			7.0		0.60				
27	0.016			7.0		0.50				
28	0.021			7.1		0.70				
29	0.010			7.1		0.60				
30	0.011									
31	0.021			7.0		0.60				
Total	0.571									
Mo. Avg	0.018	1.9	1.7	5.8	2	0.67		122	115	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: 08/01/2006 To: 08/31/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.019	0.018	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.5			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1.6	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.5			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.8	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pelzer, Lead Operator		850-773-2802	06/09/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				60			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				35.3%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				122	135		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				146	151		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 8/1/06 To: 8/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.019			7.0		0.60				
2	0.017			7.1		0.70				
3	0.019			7.0		0.70				
4	0.026			7.0		0.80				
5	0.017			7.0		0.70				
6	0.018									
7	0.015			6.9		0.60				
8	0.022			6.9		0.60				
9	0.019			6.9		0.50				
10	0.019			6.9		0.50				
11	0.020	1.1	2.0 I	6.9	1.8 U	0.50		108	151	
12	0.024			7.0		0.50				
13	0.024									
14	0.022			7.0		0.50				
15	0.016			7.0		0.60				
16	0.022			7.0		0.50				
17	0.017			7.0		0.50				
18	0.015			6.9		0.60				
19	0.018			6.9		0.60				
20	0.019									
21	0.019	1.0 I	1.0 I	6.9	1.8 U	0.60		135	140	
22	0.017			6.9		0.50				
23	0.016			6.9		0.50				
24	0.021			7.0		0.60				
25	0.023			7.0		0.60				
26	0.018			7.0		0.70				
27	0.019									
28	0.024			7.1		0.70				
29	0.017			7.1		0.60				
30	0.018			7.1		0.50				
31	0.018			7.1		0.50				
Total	0.596									
Mo. Avg.	0.019	1.6	1.8	6.1	2	0.51		122	36	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING PERIOD From: 09/01/2006 To: 09/30/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.021	0.019	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.6			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.0	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.5			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2.3	3.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/10/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.2		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				60			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				38.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				163	192		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1316	2500		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 9/1/06 To: 9/30/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.018			7.0		0.50				
2	0.016			7.0		0.50				
3	0.016									
4	0.016			6.9		0.50				
5	0.023	2.0 I	1.6 I	6.9	1.8 U	0.50		134	131	
6	0.042			6.9		0.60				
7	0.024			6.9		0.60				
8	0.024			6.9		0.70				
9	0.037			6.9		0.60				
10	0.037									
11	0.025			7.0		0.60				
12	0.028			7.0		0.50				
13	0.023			6.9		0.50				
14	0.017			6.9		0.60				
15	0.017			6.9		0.50				
16	0.024			6.9		0.60				
17	0.024									
18	0.018	2	3.0 I	7.0	1.8 U	0.70		193	2,500	
19	0.025			6.9		0.60				
20	0.017			7.0		0.60				
21	0.016			7.0		0.60				
22	0.025			7.1		0.80				
23	0.018			7.1		0.80				
24	0.018									
25	0.013			7.2		0.70				
26	0.019			7.1		0.70				
27	0.020			7.1		0.80				
28	0.020			7.0		0.60				
29	0.028			7.0		0.60				
30	0.009			7.1		0.70				
31	0.009									
Total	0.664									
Mo. Avg.	0.021	2.0	2.3	5.9	2	0.51		164	329	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: 10/01/2006 To: 10/31/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.019	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				1.7	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.4			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.6	1.6		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/11/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.2		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				60			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				38.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				128	156		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				104	114		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 10/1/06 To: 10/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.009									
2	0.020	2.0 I	1.6 I	7.1	1.8U	0.80		98	93	
3	0.016			7.1		0.70				
4	0.016			7.0		0.70				
5	0.019			6.9		0.70				
6	0.016			6.9		0.60				
7	0.016			6.9		0.60				
8	0.016									
9	0.017			7.0		0.70				
10	0.011			7.0		0.60				
11	0.018			6.9		0.50				
12	0.014			6.9		0.60				
13	0.014			7.0		0.70				
14	0.018			7.0		0.90				
15	0.018									
16	0.015	1.4 I	1.6 I	7.0	1.8U	0.70		156	114	
17	0.028			7.0		0.70				
18	0.017			7.1		0.60				
19	0.017			7.1		0.50				
20	0.020			7.1		0.50				
21	0.022			7.2		0.50				
22	0.022									
23	0.016			7.2		0.60				
24	0.018			7.1		0.70				
25	0.013			7.1		0.70				
26	0.024			7.1		0.60				
27	0.032			7.1		0.50				
28	0.018			7.0		0.50				
29	0.018									
30	0.012			7.0		0.50				
31	0.018			7.1		0.90				
Total	0.548									
Mo. Avg.	0.018	1.7	1.6	5.9	2	0.54		127	30	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA010258

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

LIMIT: Final
CLASS SIZE: Minor
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, Including Influent
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: 11/01/2006 To: 11/30/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.05 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.018	0.018	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.4	4.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.4			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				2.1	2.6		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.1		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				82			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				6	1600		#/100ML	1	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				36.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				133	149		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				128	173		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility Name: Sunny Hills WWTP

Monitoring Period From: 11/1/06 To: 11/30/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.022	1.7 I	2.6 I	7.1	>1600	0.90		149	124	
2	0.023			7.1		0.50				
3	0.018			7.1		0.50				
4	0.016			7.1		0.60				
5	0.016									
6	0.026			7.1	1.8 U	0.70				
7	0.013			7.0	1.8 U	0.70				
8	0.010			7.0		0.60				
9	0.021			7.0		0.60				
10	0.019			7.1		0.50				
11	0.015			7.0		0.50				
12	0.015									
13	0.013			7.0		0.50				
14	0.017	4 I	1.4 I	7.0	1.8 U	0.60		143	173	
15	0.023			7.1		0.60				
16	0.015			7.0	1.8 U	0.60				
17	0.015			7.0		0.60				
18	0.012			6.9		0.50				
19	0.013									
20	0.015			6.9		0.50				
21	0.014			6.9		0.50				
22	0.016			6.9		0.60				
23	0.015			7.0		0.70				
24	0.015			6.9		0.70				
25	0.016			6.9		0.70				
26	0.016									
27	0.017	1.5 I	2.2 I	6.9	1.8 U	0.60		108	87	
28	0.015			6.9		0.60				
29	0.026			6.9		0.50				
30	0.013			6.9		0.50				
31	0.000									
Total	0.498									
Mo. Avg.	0.017	2.4	2.1	5.9	268	0.50		133	48	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6659 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____

Night Shift Operator Class: ___ Certification No.: _____

Lead Operator Class: ___ Certification No.: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: **FLA010258**

LIMIT: **Final** REPORT: **Monthly**
CLASS SIZE: **Minor** GROUP: **Domestic**

FACILITY: **Sunny Hills WWTP**
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428
COUNTY: Washington

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **R-001 Dual-Cell Perc Ponds, Including Influent**
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **12/01/2006** To: **12/31/2006**

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		mgd					0	6 Days/Week	Meter & Totalizer
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.65 (An.Avg.)		mgd						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement	0.020	0.018	mgd					0	6 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.4			MG/L	0	Every Two Weeks	Grab
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.4	5.0		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.1			MG/L	0	Every Two Weeks	Grab
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.7	6.0		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Jean Pitzer, Lead Operator		850-773-2802	07/01/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Sunny Hills WWTP Permit Number: FLA010258 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.2		S.U.	0	6 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement				82			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				2	2		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFF-01	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	6 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				36.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				501	840		MG/L	0	Every Two Weeks	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				589	1077		MG/L	0	Every Two Weeks	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)	Report (Max)		MG/L		Every Two Weeks	Grab
	Sample Measurement										
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258

Facility Name: Sunny Hills WWTP

Monitoring Period From: 12/1/06 To: 12/31/06

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060		80082	00530	
Mon.Site	FLW-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01	
1	0.013			6.9		0.60				
2	0.014			6.9		0.60				
3	0.014									
4	0.021			7.0		0.50				
5	0.014	1.8 I	1.4 I	7.0	1.8 U	0.50		162	101	
6	0.018			7.0		0.60				
7	0.017			6.9		0.50				
8	0.026			6.9		0.50				
9	0.026			7.0		0.50				
10	0.026									
11	0.026			7.1		0.50				
12	0.022			7.1		0.60				
13	0.036			7.2		0.80				
14	0.022			7.1		0.60				
15	0.026			7.1		0.70				
16	0.026			7.1		0.60				
17	0.026									
18	0.023	5	6	7.0	1.8 U	0.50		840	1,077	
19	0.019			7.0		0.70				
20	0.021			7.1		0.50				
21	0.026			7.1		0.50				
22	0.026			7.1		0.50				
23	0.017			7.1		0.60				
24	0.017									
25	0.008			7.0		0.50				
26	0.020			7.0		0.50				
27	0.014			7.1		0.50				
28	0.017			7.1		0.60				
29	0.016			7.0		0.60				
30	0.016			7.0		0.60				
31	0.016									
Total	0.629									
Mo. Avg.	0.020	3.4	3.7	5.9	2	0.47		501	147	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 6559 Jean Pitzer

Evening Shift Operator Class: ___ Certification No.: _____ _____

Night Shift Operator Class: ___ Certification No.: _____ _____

Lead Operator Class: ___ Certification No.: _____

Department of
Environmental Protection

Jeb Bush
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32502-5794

Colleen M. Castille
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Florida Water Services Corporation

RESPONSIBLE AUTHORITY:

Mr. Craig J. Anderson
Vice President, Environmental Services
1000 Color Place
Apopka, FL 32703
(407) 598-4199

PERMIT NUMBER: FLA010258 (Minor)
PA FILE NUMBER: FLA010258-001-DW3P
ISSUANCE DATE: April 12, 2004
EXPIRATION DATE: April 11, 2009

FACILITY:

Sunny Hills WWTP
3808 Gables Boulevard
Sunny Hills, FL 32428
Washington County
Latitude: 30° 32' 46" N Longitude: 85° 35' 58" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

A 0.05 MGD annual average daily flow activated sludge wastewater treatment system. The system is operated in the contact stabilization mode. The treatment system includes aeration (contact stabilization), clarification, and disinfection by Chlorine. Residuals are digested, dried on beds and transported to the Springhill Regional Landfill for disposal. Residuals may also be taken to a permitted Residuals Management Facility for disposal.

REUSE:

Land Application: An existing 0.05 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of Dual-Cell Percolation Ponds located approximately at latitude 30° 32' 46" N, longitude 85° 35' 58" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 14 of this permit.

DOCUMENT NUMBER-DATE
04335 MAY 22 80
FPSC-COMMISSION CLERK

FACILITY: Sunny Hills WWTP
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA010258
EXPIRATION DATE: April 11, 2009

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.05	-	-	-	6 Days/Week	Meter & Totalizer	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	Grab	EFF-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	Grab	EFF-01	
pH	SU	Range	-	-	-	6.0 to 8.5	6 Days/Week	Grab	EFF-01	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.4.				Every Two Weeks	Grab	EFF-01	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	6 Days/Week	Grab	EFA-01	See Cond.I.A.5

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	8" Effluent Line at Percolation Pond in Use*
EFF-01	8" Effluent Line at Percolation Pond in Use*
FLW-01	Meter & Totalizer at Clarifier Weir Box

* Line from chlorine contact chamber splits into two lines, each going to one of the two perc ponds. The sample is drawn from the end of the effluent line at the pond that is in use at the time of sampling.

3. A recording meter and totalizer shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and 62-601.500(6)]*

4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.510 and 62-600.440(4)(c)]*

5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510 and 62-600.440(4)(b)]*

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	OTH-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	Report	Every Two Weeks	Grab	INF-01	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	-	Report	Every Two Weeks	Grab	INF-01	See Cond.I.B.3

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-01	Tap at Influent Line to Contact Tank
OTH-01	Calculated Value

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *[62-601.500(4)]*

4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

5. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *[62-601.500(5)]*

6. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation. *[62-620.610(18)] [62-601.300(1), (2), and (3)]*

7. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Northwest District Office at the address specified below:

   Northwest District Office
   Florida Dept. of Environmental Protection
   160 Governmental Center
   Pensacola, Florida 32502-5794

   Phone Number - (850) 595-8300
   FAX Number - (850) 595-8393
   All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a permitted residuals management facility or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

   Source Facility
   1. Date and Time Shipped
   2. Amount of Residuals Shipped
   3. Degree of Treatment (if applicable)
   4. Name and ID Number of Residuals Management Facility or Treatment Facility
   5. Signature of Responsible Party at Source Facility
   6. Signature of Hauler and Name of Hauling Firm

   Residuals Management Facility or Treatment Facility
   1. Date and Time Received
   2. Amount of Residuals Received
   3. Name and ID Number of Source Facility
   4. Signature of Hauler
   5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

   These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility. Facility was originally permitted in the early 1970's.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*

2. The annual average hydraulic loading rate to the Dual-Cell Percolation Ponds shall be limited to a maximum of 2 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*

3. The Dual-Cell Percolation Ponds normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*

4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*

5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*

6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Northwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

   A Class C or higher operator 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

   [62-620.630(3)] [62-699.310] [62-610.462]

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*

3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

   d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

   e. A copy of the current permit;

   f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

   g. A copy of the facility record drawings;

   h. Copies of the licenses of the current certified operators; and

   i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

   [62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of

residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in treatment plant discharges having temperatures above 40°C.

   [62-604.130(4)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*

8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*

9. The permittee shall provide adequate notice to the Department of the following:

   a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

   b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

   Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

   [62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida

Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).

b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.

e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Pensacola, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

William A. Evans FOR

David P. Morres, P.E.
Program Administrator Water Facilities

DATE: April 12, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Water Services Corporation
MAILING ADDRESS: 1000 Color Place
Apopka, FL 32703

FACILITY: Sunny Hills WWTP
LOCATION: 3808 Gables Boulevard
Sunny Hills, FL 32428

COUNTY: Washington

PERMIT NUMBER FLA010258

LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: R-001 Dual-Cell Perc Ponds, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.05 (An.Avg.)		MGD						6 Days/Week	Meter & Totalizer
Flow	Sample Measurement										
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						6 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 1 Mon.Site No. EFF-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sunny Hills WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: _____ To _____

PERMIT NUMBER: FLA010258

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 I Mon.Site No. EFF-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		6 Days/Week	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon.Site No. EFF-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		6 Days/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Total)			PER. CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)	Report (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)	Report (Max.)		MG/L		Every Two Weeks	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010258 Facility: Sunny Hills WWTP
Monitoring Period From: _____ To: _____

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)		CBOD5 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	00400	74055	50060		80082	00530
Mon. Site	FLW-01	OTH-01	EFF-01	EFF-01	EFF-01	EFF-01	EFA-01		INF-01	INF-01
1										
2										
3										
4										
5										
6										
7										
8										
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22										
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24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.
When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.
Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.
No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.
Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.
Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.
Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.
Detection Limits: Record the detection limits of the analytical methods used.
Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
$CBOD_5$: Enter the average $CBOD_5$ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

Florida Department of
Environmental Protection
Northwest District - Panama City Branch Office
2353 Jenks Avenue
Panama City, Florida 32405

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 14, 2007

SENT VIA E-MAIL
bheath@aquaamerica.com

Mr. Brian Heath, Area Supervisor
Aqua Utilities Florida
Post Office Box 490310
Leesburg, Florida 34749

Dear Mr. Heath:

On February 27, 2007, a Department representative conducted a Compliance Evaluation Inspection (CEI) of the Sunny Hills Wastewater Treatment Plant in Washington County. The Department would like to thank Ms. Jean Pitzer for her assistance during the inspection.

Please notify the Department within 15 days of receipt of this letter of the actions taken to address the *"Out of Compliance"* and *"Significant out of Compliance"* Inspection comments in the attached inspection report. If you have any questions, please contact C. Mark Sumner at (850) 872-4375 extension 107 or by e-mail at *mark.c.sumner@dep.state.fl.us.*

Sincerely,

Josie Penton
Environmental Manager

Attachment [2/27/2007 CEI Report]

cc: Jean Pitzer, WWTP Operator (jpitzer@aquaamerica.com)
Greg Smith, FDEP Pensacola (greg.smith@dep.state.fl.us)

DOCUMENT NUMBER-DATE
04335 MAY 22 80
FPSC-COMMISSION CLERK

FIESTA ENTRY DATE
3/13/07

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Sunny Hills WWTP	FLA010258	Washington (67)	11/30/07 8:18 AM
3808 Gables Drive		Phone	@ Exit Date/Time
Sunny Hills. Florida32428		(850) 773-2802	11/30/07 12:09 PM

Name(s) of Field Representative(s)	Title	Phone
Jean Pitzer	Operator	Office (850) 773-2802
		Cell (850) 527-1529

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Aqua Utilities of Florida.			B-0006659
Pos: Office Box 490310			
Leesburg, Florida 34749			
Attn. Mr. Brian Heath	Area Supervisor		

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N

☒ Domestic ☐ Industrial Were Photos Taken(Y/N): N @ Log book Volume : 1 @ Page 64 - 70

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

IC	1.♦Permit	NC	3. Laboratory	IC	6. Facility Site Review	NC	9. ♦Effluent Quality
NA	2.♦Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC	10.♦Effluent Disposal
		IC	5.♦Records & Reports	IC	8.♦Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other					NA	12. Groundwater

Facility and/or Order Compliance Status: ☒ In-Compliance ☐ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions:

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
C. Mark Sumner	(850) 872-4375 ext 107	3/13/2007
@ Signature of Reviewer	District Office/Phone Number	Date
Josie Penton	(850) 872-4375 ext 105	3/14/2007

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N			1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, :ASI, =:ANI
Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
Facility Type (Field 3): 1: Municipal (Publicly Owned), 2. Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
Every other field is self explanatory

Revised: October 19, 2006

INSPECTION COMMENTS

PERMITS/ORDERS

1. *PERMIT: In Compliance*

   - The Department issued Permit #FLA010258 on April 12, 2004 to operate a 0.05 MDG annual average daily flow activated sludge wastewater treatment plant. The permit expires on April 11, 2009.

   - A copy of the permit was available during the inspection.

REMINDER: As stated in Section VIII .1 of the facility's permit, the permittee shall submit an application to renew this permit at least 180 days before the expiration date of this permit.

2. *COMPLIANCE SCHEDULE: Not Applicable*

SELF MONITORING PROGRAM

3. *LABORATORY:* **Out of *Compliance***

   - The facility's contract laboratory, Water Spigot, performs all influent/effluent analysis except for pH and Total Residual Chlorine, which are performed by facility personnel.

   - Daily calibration checks are being performed on the pH meter. A pH calibration log is kept on site. Buffer expirations are: 4-4/2008, 7-6/2008, and 10-6/2007.

   - Calibration records of the facility's chlorine meter are being kept. The facility uses Gel Standards to calibrate the chlorine meter, however quarterly calibrations using a chlorine or potassium permanganate solution are not being performed.

   REGULATORY REQUIREMENT: According to the Department's Standard Operating Procedures (DEP-SOPs) FT 2011. Specific Requirements For Wastewater Facilities Using Secondary Standards, if a plant must meet basic level disinfection requirements and must maintain a residual chlorine level of at least 0.5 mg/L, gel standards may be used for daily calibration checks if the procedures discussed in the DEP-SOP FT 2011 are followed. At least once a quarter, the spectrophotometer/colorimeter must be sent to a laboratory that has Department of Health (DOH) Environmental certification for residual chlorine.

   - The thermometer should be checked periodically against a precision thermometer certified by the National Institute of Standards and Technologies.

   REGULATORY REQUIREMENT: According to Standard Methods 2550B, thermometers are to be checked periodically against a precision thermometer certified by the National Institute of Standards and Technologies (NIST) that is used with its certificate and correction charts.

4. *SAMPLING: In Compliance*

   - Influent and effluent samples appear to be collected at the locations and timeframes specified in the permit.

   - The influent sample is collected so that it does not contain any plant process recycled waters.

5. *RECORDS AND REPORTS: In Compliance*

   - Daily calibration/verification logs are maintained for the chlorine and pH meters.

- The operator log book is maintained; including the time in, time out, operator signature current activities, and the operator's certification number. Plant staffing requirements of 1/2 hour/day five days a week and one weekend visit are being met.

- A chain-of-custody review was conducted for the November 2006 DMR. The sample holding times were in compliance and sample lab sheets matched the values reported on the DMR.

- Residual hauling records are maintained at the facility. The residuals were last hauled to Spring Hill Regional Landfill on 5/28/2004.

FACILITY OPERATIONS

6. ***FACILITY SITE REVIEW: In Compliance***

- At the time of this inspection the facility appeared well maintained, and all aspects of the treatment process appeared to function as designed.

- The chlorine contact chamber appeared to have excessive solids build up on its bottom. This situation was discussed with the operator, and method of vacuuming the residuals to the drying beds was demonstrated. Be sure to keep the chlorine contact chamber free of solids as the engineered volume is necessary for adequate contact time.

- The facility's rapid infiltration basins (RIBs) have been well maintained. The bottoms and sidewalls were recently scarified, and no ponding was observed.

7. ***FLOW MEASUREMENT: In Compliance***

- Florida Rural Water Association last calibrated the facility's effluent flow meter on June 21, 2006.

8. ***OPERATION AND MAINTENANCE: In Compliance***

- At the time of this inspection all the treatment units appeared to be well maintained and operate as designed. No missing or inoperable equipment was observed.

- As noted above cleaning of the chlorine contact chamber was recommended.

- The plant is kept clean, and the access appears safe and well maintained.

EFFLUENT/DISPOSAL

9. ***EFFLUENT: Out of Compliance***

- A review of the DMRs from 1/2006 to 1/2007 revealed the following exceedences:
  6/2006 Fecal 1600 (800 Max)
  11/2006 Fecal 1600 (800 Max)

10. ***DISPOSAL: In Compliance***

- The Effluent is disposed of in the existing rapid infiltration basins. The basins appeared well maintained; the bottoms recently scarified and no ponding of water.

11. ***RESIDUALS MANAGEMENT: In Compliance***

- Residuals are dried on the drying beds, and hauled to a Class I or II solid waste landfill.
- Residuals were last hauled to Spring Hill Regional Landfill on 5/28/2004.
-

12. ***GROUNDWATER: Not Applicable***

- Groundwater monitoring is not currently a requirement for this facility.

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

April 30, 2007

Josie Penton
Environmental Manager
FDEP Northwest District
Panama City Branch Office

RE: Reply to Compliance Evaluation Inspection
Sunny Hills WWTF
Facility ID No. FLA010258
Washington County

Dear Ms. Penton:

The purpose of the correspondence is to provide a written response as requested in your March 14, 2007 letter regarding the compliance evaluation inspection conducted at the referenced facility.

1. The colorimeter and gels were checked by The Water Spigot laboratory after the inspection. This will be done on a quarterly basis from now on.

2. The Water Spigot Laboratory checked the thermometer against a NIST thermometer. This will be done on an annual basis from now on.

3. We have investigated these sampling events by reviewing the lab documents, the operator's logbook, as well as the operator's sampling technique. There were no unusual events occurring around the dates of the failed samples.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

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

cc: Jean Pitzer, via e-mail
Paul Thompson, via e-mail
Brain Heath, via e-mail

Michael O'Reilly, via e-mail
Greg Smith, FDEP Pensacola, via e-mail
Mark Sumner, FDEP Panama City Branch Office, via e-mail

Department of Environmental Protection

Panama City Branch Office
2353 Jenks Ave
Panama City, FL 32405-4389
(850) 872-4375

Jeb Bush
Governor

Colleen M. Castille
Secretary

NW
recieved on
1/17/06

January 5, 2006

Mr. Brian Heath,
Supervisor, Sunny Hills Utilities
Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

Dear Mr. Heath,

A Sanitary Survey of the Sunny Hills Utilities public water system (PWS ID #1670647) was conducted on December 5th, 2005 by David Hines and Jerry Sheehan, Environmental Specialists of this office. The assistance kindly provided during the inspection by your operator, Ms. Jean Pitzer, was most helpful.

The purpose of this survey was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

Two deficiencies were identified during the survey, as described in the enclosed *Schedule of Deficiencies*. **We would appreciate a written response within 15 days of receipt of this letter advising us of the actions and time frames planned for correcting these deficiencies.** In addition, four other **recommendations** listed do not require a written response, but, of these, two do advise that studies be performed this year on your system's water loss and storage capacity. Please address your response to David Hines, Department of Environmental Protection, 2353 Jenks Avenue, Panama City, FL 32405.

If you have any questions, please contact Mr. Hines at (850) 872-4375 extension 106 or by e-mail at david.hines@dep.state.fl.us.

Sincerely,

Josie Penton
Environmental Manager

JP:dh

cc: Ms. Jean Pitzer – Sunny Hills Utilities
John Pope - DEP Pensacola
Tom Pratt - NWFWMD

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SANITARY SURVEY REPORT

COMMUNITY SYSTEMS

SYSTEM AND OWNER INFORMATION

System: Sunny Hills Utilities | County: Washington | PWS ID #: 1670647

Address: 3810 Gables Blvd., | City: Sunny Hills, FL 32428

Phone: 850-773-2802 | Fax: 850-773-2626 | E--mail: Jpitzer@aquaamerica.com

Owner: Aqua Utilities Florida (Brian Heath, Supervisor) (Candice, ext-4020) | Phone: 352-787-0980 Fax 352-787-6333

Address: P.O. Box 490310 Leesburg, FL 34749 | E-mail: bheath@aquaamerica.com

INSPECTION AND CONTACT INFORMATION

Date of this survey: December 5, 2005 | Date of last survey: April 29, 2004

DEP Representative(s): David Hines & Jerry Sheehan

Person(s) Contacted: Jean Pitzer (Operator), Ken Ledbetter (Maintenance)

Emergency Number: 258-8155 (Ken Ledbetter, Maint. Tech.) | Cell: 850-527-1529 | Pager: | Other:

CERTIFIED OPERATORS AND CERTIFICATION NUMBER

Jean Pitzer #C 7605

DIRECTIONS TO PLANT OR OFFICE (see maps on page 12)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. About 1 mile in, turn left on Gables Blvd. Water system is ¼ mile in on the left.

SERVICE AREA

Service Area Characteristics: Sunny Hills is a residential community developed by Deltona Corporation. There are approximately 500 home sites built, with 3000 more platted.

Population Served: 1747 | Basis: Meter records

Service Connections: 499 | % Metered: 100

Design Capacity (DC) (gallons): 1,872,000

DC without best well: 1,008,000

Storage Capacity: 87,500 | Avg. Day: 172,984

Max. Day (GPD): 1,211,000 | % Design Capacity: 65%

25% Max. Day: 302,750 | % Storage Capacity: 346%

	NAME	PHONE NUMBER
Television	WMBB Ch 13 WJHG Ch 7	763-6000 233-1977
Radio FM	Styles Media	230-5855 (258-6381)
Radio FM	Styles Media	230-5855 (258-6381)
Newspaper	P.C. News Herald	747-5000

PERMANENT SOURCES OF RAW WATER:

☒ Ground* | How Many Wells: 3 (one offline)

☐ Surface** | Source: Floridan Aquifer

☐ Purchased*** | PWS No.: 1670647

STANDBY POWER REQUIREMENTS

Emergency Preparedness Plan On file: ☒ Yes ☐ No ☐ Not Required

Does plan include the following:

☒ Communication Chart ☐ Written Agreements ☒ Disaster Plan

☒ Standby Power Info ☐ Inventories ☐ Other

Avg. Day Percentage of Auxiliary Supply:

Standby Equipment Operated at Least Monthly? ☒ Yes ☐ No

Any Interconnects ☐ Yes ☒ No

If yes, which systems:

Comments:

EMERGENCY MEDIA CONTACT NUMBERS

TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)

Number of Plants: 3

☐ Aeration	☐ E.D.	☒ Iron Removal (Well #1)	☐ pH Adjustment	☒ Chlorination
☒ Filtration (Well #1)	☐ Lime Softening	☐ T&O Control	☐ Chlorination-Pre	☐ Filt. Hi-Rate
☐ Recarbonation	☒ Settling (Well #1)	☐ Chlorination-Post	☐ Fluoridation	☐ Reverse Osmosis
☐ Zeolite Softener	☐ Coagulation	☐ Orthophosphate	☐ Aqua Mag	☐ Other-Specify

Any additional treatment is needed? | For control of what deficiencies?

Number of Licensed Operators: 1 | Plant Cat/Class: 5C | Staffing compliant? ☒ Yes ☐ No | Actual visits per week: 6

[redacted]: WELL AND PUMP INFORMATION

	Well Number (or name)→	1 (out of service)	4	5
	Street location of well (street name)	3810 Gables Blvd. (@ System Office)	Cash Circle	Elkcam Blvd.
	Year Drilled	1971	1973	1977
W	Depth Drilled (feet)	433'	436'	400'
E	Drilling Method	Rotary	Rotary	Rotary
L	Length, Outside Casing (feet)	433'	204'	199'
L	Diameter, Outside Casing (inches)	18"	12"	6"
	Material, Outside Casing	Steel	Steel	Steel
D	Type of Strainer	None	None	None
A	Depth to Top of Strainer	N/A	N/A	N/A
T	Type of Grout	Cement	Cement	Cement
A	Depth to Static Water Level (feet)	86'	198'	156'
	Normal Suction Lift (working level-ft)	94'	205'	158'
P	Pump Type	Turbine (now water lubed)	Turbine	Turbine
U	Horse Power	30	60	20
M	Normal Yield, GPM / Test Yield (GPM)	500	600	200
P	Capacity(GPM)	510	517	200
R	Protection From Surface Water	Yes	Yes	Yes
O	Is Inundation of Well Possible?	No	No	No
U	Well Ever Been Contaminated?	No	No	No
T	Check Valve Present in Line?	Yes	Yes	Yes
I	Proper Venting?	Yes	Yes	Yes
N	Meter Accuracy and Year of Test	See comments**	3/15/05 (FRWA)	3/15/05 (FRWA)
E	Date of Last Servicing?	2005	2000	2000
A	Auxiliary Capability (if yes, list type)	Yes (LP gas generator)	Yes (Kohler Diesel)	Yes (LP gas generator)
U	Manual or Automatic?	Manual	Automatic	Manual
X	Capacity (GPM)	500	600	200
G	Florida Unique ID# (GPS well tag)	AAA5155	AAA5156	AAA1095
P	GPS latitude N (accuracy≈1m)	30:32:39.3230	30:32:09.0000	30:33:33.058
S	GPS longitude W (accuracy≈1m)	85:35:51.7800	85:35:55.0000	85:31:46.963

Comments: Well #1 offline since 4/4/05 for repairs. Recased to 433' in attempt to reduce iron problem there. Pump bearings just replaced; Plan to start 20 bacti-s on 1/3/06 to restart pump and reassess iron situation.
**Meter accuracy test at Well #1 required larger gauge equipment than FRWA had on hand; test abandoned.

TREATMENT

- CHLORINATOR

PLANT NUMBER (OR NAME)→	1 (out of service)	2	3	comment
Type of chlorination (if hypo list strength)	Hypo (12.5%)	Hypo (12.5%)	Hypo (12.5%)	
Condition of Chlorination Equipment	Good	Good	Good	
Capacity (PPD, GPD)	30 gpd	30 gpd	30 gpd	
Chlorine Feed Rate (PPD, GPD)	N/A (usually 2 gpd)	1 gpd	0.17 gpd	
Adequate Housing and Security?	Yes	Yes	Yes - pumphouse door needs replacement (already ordered)	
Associated Well(s) (if any)	None	None	None	
Auxiliary Power Capability?	Yes	Yes	Yes	
O & M Log/Manual Onsite?	Yes	Yes	Yes	
Chlorine Residual (mg/L) / pH	Out of service	0.71 mg/L @ pH = 7.8	1.66 mg/L @ pH = 7.6	
Chlorine Alarms Functional?	N/A	N/A	N/A	
G Auto Switchover	N/A	N/A	N/A	
Dual System	N/A	N/A	N/A	
Evidence of Leaks	N/A	N/A	N/A	
A Air-Pack Respirator Adequate?	N/A	N/A	N/A	
Ammonia Smells Fresh	N/A	N/A	N/A	
Chained Cylinders	N/A	N/A	N/A	
S Fitted Wrench	N/A	N/A	N/A	
Proper Ventilation	N/A	N/A	N/A	
Scale Condition	N/A	N/A	N/A	

Spare Parts/Backups Operative? ☒Yes ☐No ☐ Spare Parts Not Retained More capacity needed? ☐Yes ☒No

Comments: Hypochlorite solution is pumped full-strength directly from shipping drums. No daytanks are used at any of this facility's treatment plants.

AERATOR

Type of Aerator: N/A

Tray Area or Weir Length:

Condition of Screens:

Bloodworms: Condition of aerator:

Adequate for Fe, H2S control:

COAGULATION

Chemical used: N/A

Purpose:

Blanket visible: Flocculation good or poor:

Settling good? Carryover:

LIME SOFTENING

Quicklime or hydrated: N/A

Name of unit:

Size and type:

Any auxiliary chemicals used:

Points of application (in unit):

Nature and abundance of flux:

Appearance of sludge blanket:

Is settling good? Excessive carryover:

Any filter cementation:

Effluent stability:

Turbidity in clearwell: Secondary precipitation:

Recarbonation type:

Sludge recirculation Used:

FLUORIDATION

Chemical Used Is Dilution: N/A

Strength if Acid: Used(acid):

Corrosion Noted Feeder:

Gelling or Plugging:

Make and Model:

Split Sample Agreement:

Sufficient Analysis:

Feeder Condition:

Is pH control Practiced? N/A

Is a index computed? ☐Yes ☐No (if so, check below below)
☐Langelier ☐Ryznar ☐Puckorius ☐Larson
☐Stiff ☐Oddo ☐Other

Results of index:

Chemical(s) used:

FILTERS & FILTRATION

Type of filters: Well #1 only - Rapid sand filters (out of service)

Size and number: (2) 25.45 sq. ft.

Length of filter runs: 15 minutes

Can you see filter media? N/A Clean after backwash? N/A

Are mudballs visible? N/A Binding? N/A

What is the normal filter rate: 200 gpm/filter

What is the usual backwash rate? 1500 gpm

Capacity of filters: 200 gpm Filters overloaded? N/A

Loss in head gauge present? No

At what head loss is BW done? Unknown

Cracks and channeling? N/A Cementation ever occurred? Unk

Where in relation to filtration is stabilization done? N/A

If high rate, what is turbidity at interface Range of turbidity in effluent:

Can you observe algae in filters? N/A

Distance from top of media to trough overflow: Unknown

REVERSE OSMOSIS

Make and type of units: N/A

Pressure required:

Auxiliary chemicals:

Proportion of waste used to product streams:

Quality of effluent: Stabilization:

Type of Pre-treatment: Booster pump:

Type of membranes:

ZEOLITE SOFTENING

Unit mfg. & model: N/A

Resin capacity: Disinfection of beds:

Grade of salt for regen.:

Stability of effluent: Resin prevented from escaping?

PUMP CATEGORY	High-Service @ Well #1 (all out of service)							
PUMP NUMBER→	1	2	3					
PUMP TYPE	Peerless	Peerless	Peerless					
MOTOR HP	10 HP	25 HP	25 HP					
DATE INSTALLED	06/72	06/72	06/83					
CAPACITY (GPM)	100	200	200					
AUXILIARY CAPACITY?								
PROPER SECURITY?	Yes	Yes	Yes					
CONDITION OF PUMP	Good	Good	Good					
MAINT. SCHEDULE	Out of service	Out of service	Out of service					
DATE LAST SERVICED	Routine	Routine	Routine					

STORAGE FACILITIES:

TANK NUMBER→	1A	1B	1C
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	Hydro
YEAR OF CONSTRUCTION			
CAPACITY (GALLONS)	30,000	30,000	10,000
MATERIAL	Steel	Steel	Steel
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	6"
OVERFLOW STRUCTURES PROPER?	N/A	N/A	N/A
BYPASS CAPACITY	Yes	Yes	Yes
COVERED/SCREENED OPENINGS	N/A	N/A	N/A
PRESSURE GAUGE	Yes	Yes	Yes
ON/OFF PRESSURE (PSI)	Out of service	Out of service	Out of service
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	N/A
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A	N/A
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	Ongoing
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	2002
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	Uncertain (2002?)

STORAGE FACILITIES:

TANK NUMBER→	4	5	
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	
YEAR OF CONSTRUCTION	1993	1977	
CAPACITY (GALLONS)	10,000	7,500	
MATERIAL	Steel	Steel	
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	
OVERFLOW STRUCTURES PROPER?	N/A	N/A	
BYPASS CAPACITY	Yes	Yes	
COVERED/SCREENED OPENINGS	N/A	N/A	
PRESSURE GAUGE	Yes	Yes	
ON/OFF PRESSURE (PSI)	50/60	42/52	
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A	
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	

Does system provide fire protection? ☒Yes ☐No Security Adequate? ☒Yes ☐No Low Level Alarm? ☐Yes ☒No
Does current storage capacity comply with requirements in FAC 62-555? ☒Yes ☐No

COMMENTS: Sight glasses on Tanks 4 and 5 have been removed for the winter to prevent freezing.

DISTRIBUTION SYSTEM

Material of mains? Cast iron and PVC | System looped? No | How many hydrants? 92 new/25 old

Any fire hydrants < 6" lines? ☐Yes ☒No ☐Unknown | Max. pipe diameter 16" | Min. pipe diameter 4"

General operation pressure 50/60# | Lowest pressures 50 | Location of low pressure Home on Zinnia Dr.

Number of dead ends 60 | How many without flush hydrants? None | Flushing program? Monthly

# of line valves Unknown | How often exercised Monthly | Properly Mapped? Yes | Properly Marked? See comments

System Maps Adequate? Yes | Any uncleared permits? 2 | Any uncleared and in use? No

Percent water loss

Jan-05	47.8%	Apr-05	34.5%	Aug-05	14.0%
Feb-05	51.7%	May-05	38.0%	Sep-05	45.5%
Mar-05	44.4%	Jun-05	35.9%	Oct-05	8.0%
		Jul-05	33.3%	Nov-05	17.0%

Does the system have reuse? No

Comments: All valves were marked until recent paving was done in some areas. These are currently being re-marked.

CROSS CONNECTION CONTROL (C3)

Cross Connection Control (C3) Program Meet Requirements? ☐Yes ☒No (See comments below and deficiencies)

Comment:

Annual Testing - Annual testing on existing RPZ devices is not being performed by the water system, nor are they currently requiring either commercial or residential customers to submit their own test reports. For the coming year, a plumbing company has been contracted to resume testing.

Auxiliary Water Systems - New homes with irrigation systems are being built w/ RPZ's. Existing homes have been prohibited by ordinance from connecting wells to their homes, but it is known that approximately 90 of the system's customers have private wells, some of which are connected to the PWS. Until a connection is discovered, the issue is apparently not addressed. Upon discovery of an actual connection to the PWS, the system tells the owner to install a backflow device. If they refuse to install, however, no consistent action is currently being taken. Since 1996, both the current and former operators have tracked known and suspected wells through water-use records, visual observations, etc. They have addressed the situation with letters to Southern States Utilities (the system's former owner), verbal communications with the Health Department and county officials (notifying them as instances arose), and written and verbal communications with individual homeowners themselves. Despite their efforts, the problem continues. While up to fifteen homes may have been disconnected in the past for non-compliance, for the most part the Utility has stopped short of this in order to preserve their customer base. Two existing homes have installed RPZ's at the request of the current operator and she has gotten authorization from the Utility to mail letters to all homeowners with private wells, informing them of the requirement for RPZ's whether or not wells are connected. The Utility's C3 program manual contains several sample letters to be used for communicating with customers on this issue (attached), but the actual policy to be followed here in the event of non-compliance remains to be determined.

Testing Frequency ? N/A | Tracking: ☒Hard Copy ☐CPU | # of BFDs: 47 (plus 5 at a closed business) | Hydrant Meters ☐ Lift Stations ☐ WWTP ☐

Date of Last Audit (commercial or residential): N/A | Name of Certified BFD Tester: Corbitt Moseley's Plumbing Co.; (Possibly also former operator, Harold Register)

Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.24 mg/L			
pH	7.6			
Location	Hydrant @ Ainsworth Dr. & Florence Ct.			

COMPLIANCE MONITORING

Compliance Schedule: The following parameters are due during the year shown.

Inorganics	2006	SOCs	2006**	TTHMs/HAA5	2006	Asbestos	2012
VOCs	2006	Radiologicals	2009	Secondaries	2006	Pb & Cu	2008

Comment: **SOC's - May apply for waiver for 2006. Regardless of the waiver, sampling for di(2-ethlyhexyl)phthalate at Wells 1, 4 and 5 still required annually (due 2006).

System out of compliance with any of the above parameters?

Testing Equipment & Reagents ☒Adequate ☐Inadequate Comment:

Bacteriological Sampling Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/30/05; contains map.

Disinfection Byproducts Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/20/05; contains map.

How is the system structured? ☒ Investor ☐ Municipal ☐ Private ☐ Cooperative ☒ Other Does the system follow a budget? ☒ Yes ☐ No
Preventative Maintenance Program in place? ☒ Yes ☐ No Is adequate training provided to water system personnel? ☒ Yes ☐ No

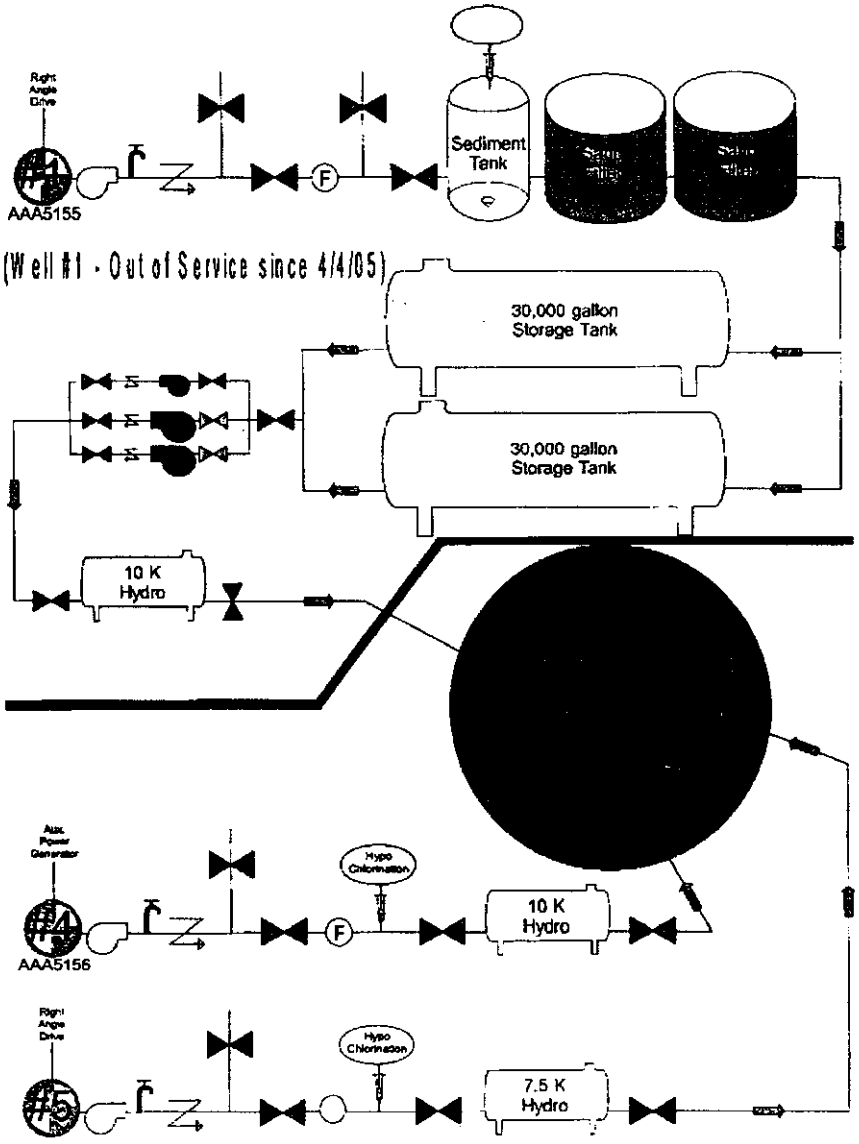
Comment: **Budget:** Aqua Florida plans a $20M budget for 2006 for system expansion and the hiring of one or two additional employees. At least 90 additional service connections are planned for this year.
Training: Ms. Pitzer has recently (Dec. 2005) attended FRWA training on "Pumps" and is scheduled to take their "Focus on Change" seminar at Gulf Coast Community College in Feb 2006.

System Diagram

SUNNY HILLS WATER SYSTEM

PWS ID# 1670647

SANITARY SURVEY OF DECEMBER 5, 2005



Schedule of Deficiencies

SUNNY HILLS WATER SYSTEM

PWS ID# 1670647

SANITARY SURVEY OF DECEMBER 5, 2005

DEFICIENCY #1: CROSS CONNECTION CONTROL (C3) PROGRAM.

It was noted during the survey that the Utility's existing C3 program, outlined in their *Backflow Prevention Policy Manual*, is not being consistently implemented. Approximately ninety private wells are known to exist within the franchise area. Customers with these auxiliary water systems are not being required to install backflow prevention devices however, until it is known that they have connected to the PWS. In most cases, despite the Utility's efforts, these customers are not complying, but the Utility has stopped short of disconnection in an effort to preserve their customer base. As a result, in the event of a drop in system pressure, from Point A to Point B, it may not be certain whose water is actually in the distribution system.

It was also noted that existing backflow devices were lacking timely annual testing. AWWA Manual 14 states, in part, that it shall be the duty of the water system to insure, at any premises where backflow-prevention assemblies are installed, that certified inspections and operational tests are made at least once per year.

REGULATION REFERENCE: FAC Rule 62-555.360

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in Recommended Practice for Backflow Prevention and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. **AWWA recommends that C3 programs should require the installation and annual testing of a backflow prevention device of the reduced-pressure zone (RPZ) type at each service connection where the existence of an auxiliary water system on the property is either known or discovered. This should be done regardless of whether the auxiliary system is actually connected to the PWS, due to the potential high hazard posed by an unproven source of water on the premises and the ease of connection to the PWS.**

RECOMMENDED ACTION:

1) Please develop your policies to be followed in the event of customer non-compliance on this issue (installation and/or testing) and implement your cross-connection control program as soon as possible within 90 days.

2) Arrange to have existing backflow preventers (RPZ, double-check valve) tested on an annual basis by a certified backflow prevention device tester. The testing should be completed no later than December 31, 2006.

3) Retain for at least 10 years accurate records of all backflow installation and testing and have them available for review during routine inspections and sanitary surveys.

4) It is also recommended that adequate training be provided to staff and education to the public in order to support and promote the program.

DEFICIENCY #2: WASHOUT FOR STORAGE FACILITIES REQUIRED EVERY 5 YEARS.

It was noted during the survey that documentation of washouts of your storage tanks in the last five years could not be found.

REGULATION REFERENCE: FAC Rules 62-555.350(2)

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; **shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks;** and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

RECOMMENDED ACTION:

Please review your records further to ensure that your storage tanks have been washed-out in the last five years. If so, please forward that documentation to this office. If not, please perform the required actions referenced above, document, and forward a copy to this office within 90 days.

Recommendations and Remarks

Recordkeeping on the Premises

While it was noted that only one required record from the last year was missing from your files, (the MOR for April 2005, which had been submitted properly but a file copy had not been made due to a computer malfunction), **improved recordkeeping procedures would ease review at your next inspection.** The requirements for record retention for all documents relating to your water system are listed below.

REGULATION REFERENCE: FAC RULE 62-550.720

RECOMMENDED ACTION:
Retain on the premises of the public water system treatment plant or at a convenient location near the premises, the following records:

(1) Records of bacteriological analyses shall be kept for not less than 5 years. Records of chemical analyses made shall be kept for not less than 10 years.

(2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.

(3) Copies of any written reports, summaries, or communications relating to cross connection control programs or sanitary surveys of the system conducted by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.

(4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.

(5) Water plant operation reports shall be kept for a period of not less than 5 years.

Preventative Maintenance (PM) Program

Improper maintenance can lead to system failures and sanitary deficiencies. A written PM should be established and followed for each piece of equipment in the pumping facility. The programs should be based on manufacturers' recommended maintenance tasks, and records should be kept of maintenance as it is performed. In general, smaller water systems need much less sophisticated PM programs, however, all water system should have a program in place, even if it is very basic. Critical components of a PM program include:

- Equipment Inventory
- Manufacturers' Technical Literature
- Written PM Tasks and Schedule
- Records of Maintenance Performed
- List of Technical Resources
- Tools
- Spare Parts Inventory

The Department recommends that a PM program be established and implemented to prevent system failures and sanitary deficiencies. **The Department is pleased that the hiring of additional personnel is planned for this year to assist with this effort.**

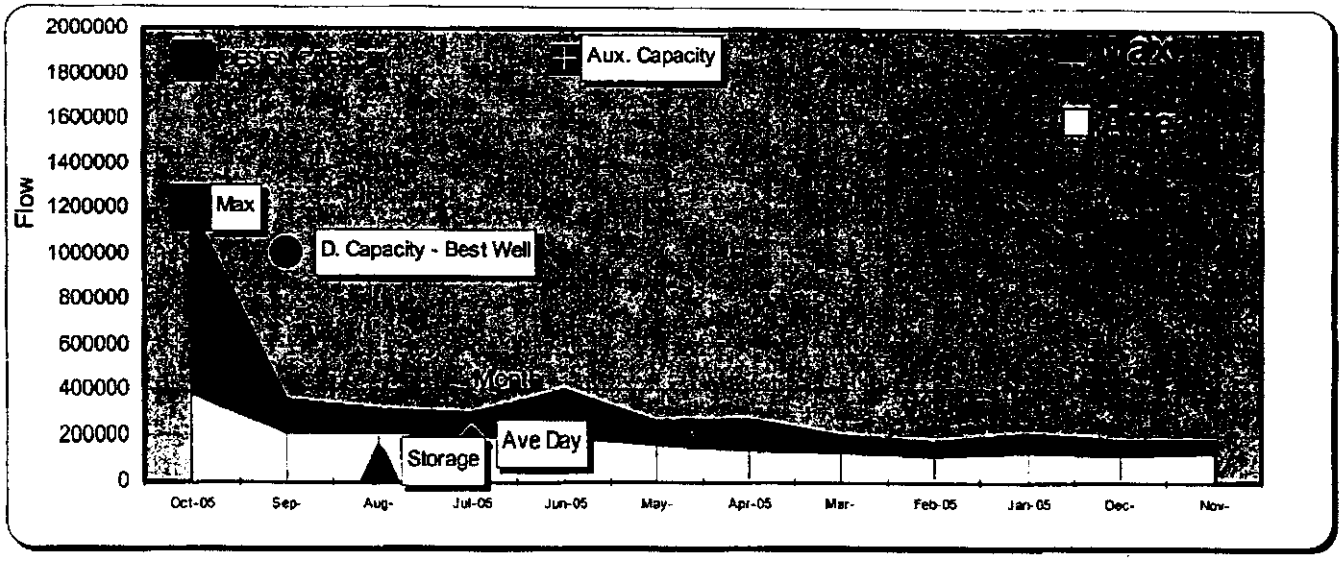
Water Loss

A review of the pumping vs. sold statistics during the inspection indicated that the system's annual water loss for 2005 (year to date) was approximately 33.6%. As a rule, a water system with 20% or more of unaccounted for water should consider conducting a leak survey. The Department is aware of some flushing done by your system, which can contribute to water loss. However, **a leak survey should be strongly considered if the percentage remains constant during periods when water loss maintenance (flushing) is light.** If you are interested in conducting a leak survey, please contact the Florida Rural Water Association at (850) 668-2746.

Storage Capacity

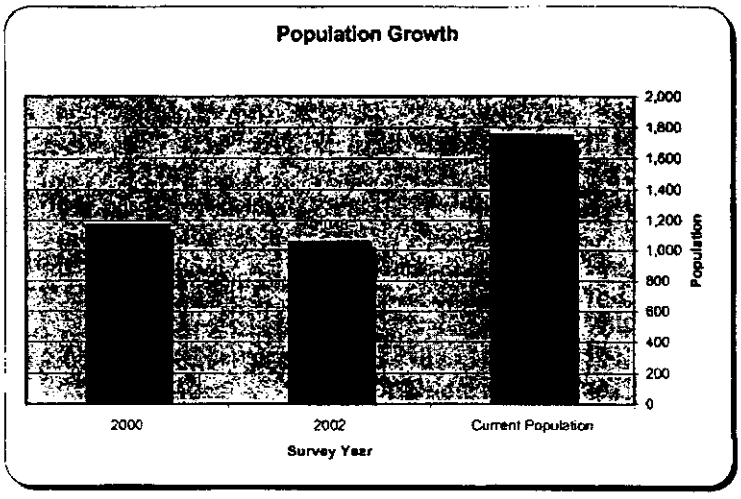
According to the Flow and Capacity calculations below (page 11), while source capacity appears adequate, storage capacity may be falling short of requirements. A storage capacity study is strongly recommended this year to further assess the situation.

Flow & Capacity and Population Graphs



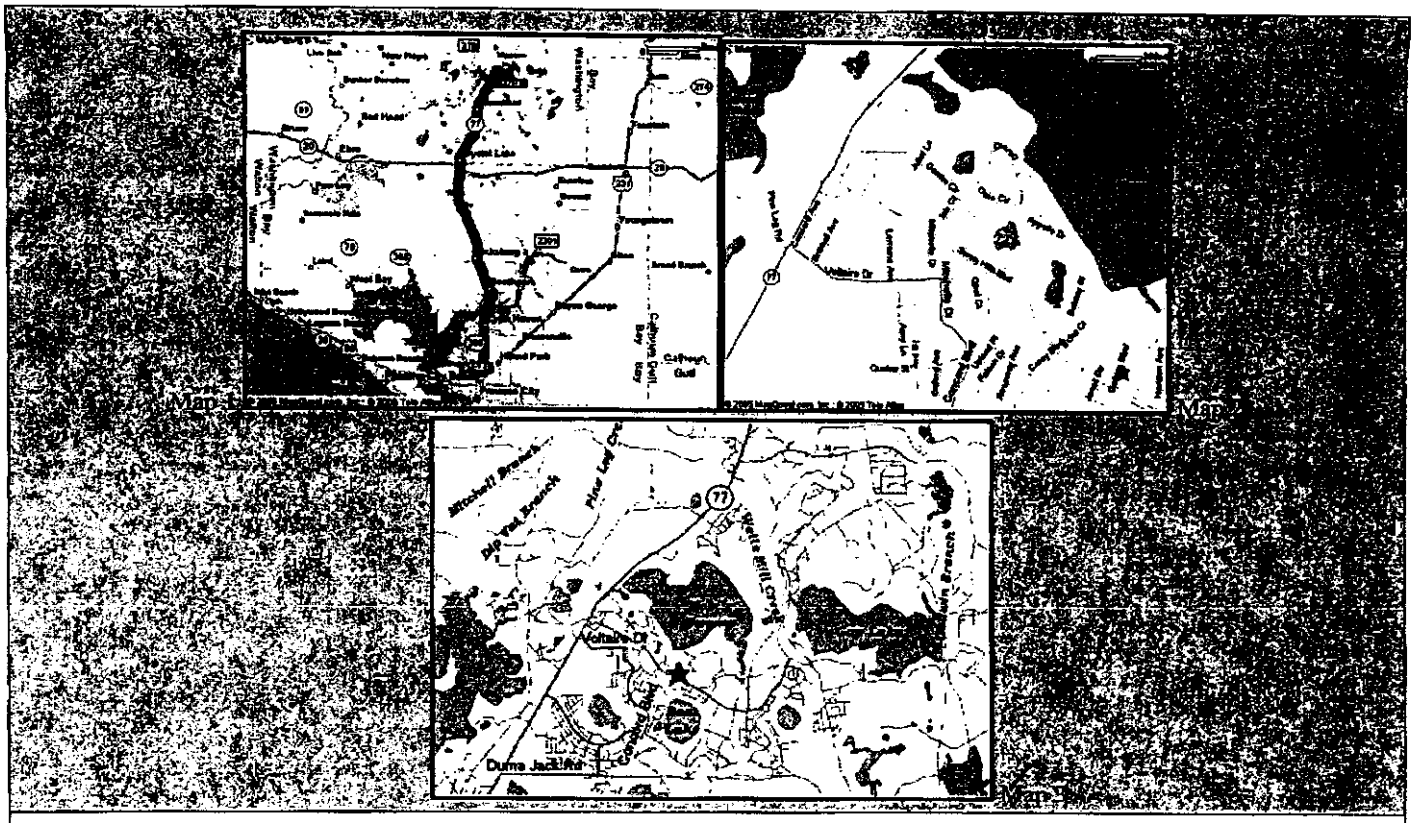
COMMENTS

This system is expanding due to a new round of home building within the development. The graph above shows that the system has experienced a gradual growth in demand through the past twelve months. Analysis of the system's capacity is complicated by the fact that Well #1 and its 70,000 gallons of storage are currently offline for upgrades, but are due to be back online soon. The production spike of 1.2M gallons seen in October 2005 may have been due to the flushing of Well #1 (as an attempt was being made to bring it back online), so this max day figure should likely be disregarded. If the 400,500 gallon demand seen in June 2005 is used instead, and the 70,000 gallon storage at Well #1 (currently offline) is included, the total storage capacity of 87,500 gal is still less than ¼ of max day, at 21.85% of max day (about 13% under the storage needed to achieve the recommended 25% of max day level). Comparing total storage to an <u>average</u> day (again with Well #1's tanks included and without the extraordinary October 2005 demand), storage still falls short at only 57% of demand. As such, additional storage should be considered. Source capacity without Well #1 (max day as % of design capacity) is at 34%; with Well #1 it is 21%, both of which are in compliance. Figures for auxiliary capacity are similar, since all three wells have auxiliary power and are capable of full output even in emergency conditions.



After a slight drop in population between years 2000 and 2002, growth has begun anew, with 700 more served by the franchise, and 56 service connections having been added since the last survey in 2004. At least 90 more connections are planned for this year.

Geographical Information



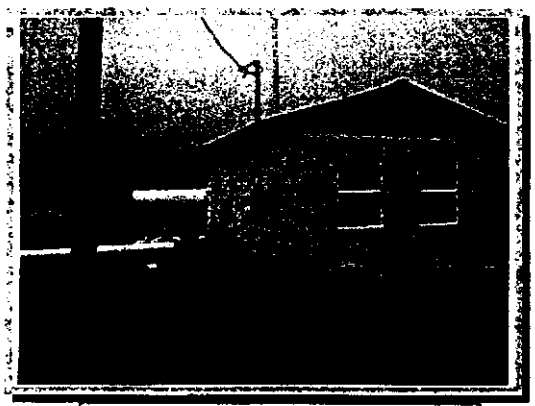
DIRECTIONS: (see maps 1 and 2 above)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. Approximately 1 mile in, turn left on Gables Blvd. The water system office and Well #1 are approximately ¼ mile in on the left.

COMMENTS:

The Sunny Hills community (see map 3, above) is a Deltona Corporation development with a planned build-out to approximately 3500 homesites. Of these, about 500 have been built to date. Sunny Hills is located in an area of limestone (or Karst) topography, with abundant sinkhole lakes. The water system, operated by Aqua Utilities Florida, Inc., draws from the Floridan Aquifer.

Digital Images



Well #1 (out of service for improvements)
- Pumphouse -



Well #1 (out of service) - Sand filtration system and twin hydro storage tanks (30,000 gal each)

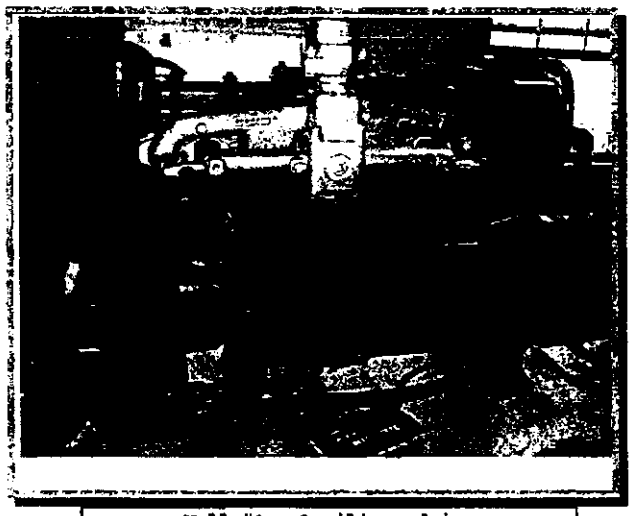
Digital Images (cont'd)



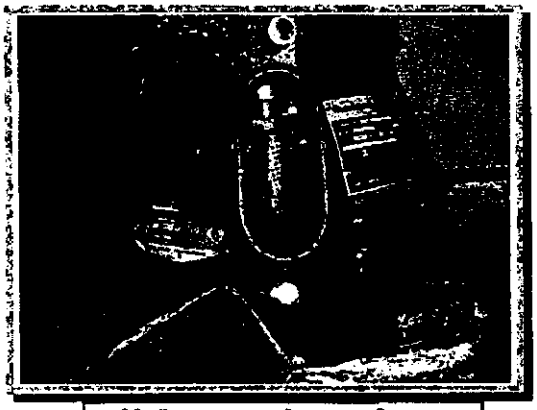
Pump at Well #1 - pulled for refurbishing shortly after this visit; now resuming operations.



Preparing to pull pump



Well #1 - Auxiliary drive



Well #1 - Unusual vent placement



Well #1 - High service pump

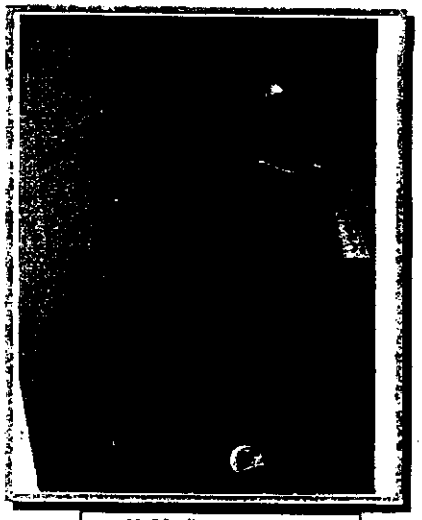


Well #1 - 10,000 gal hydro tank in excellent condition

Digital Images (cont'd)



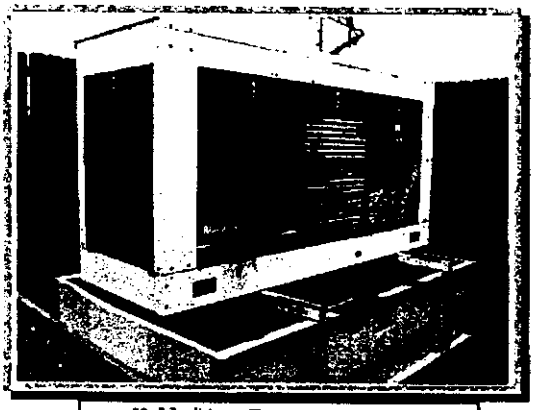
Well #4 - 10,000 gal hydro tank



Well #4 - Safety equipment (installed at all three plants)



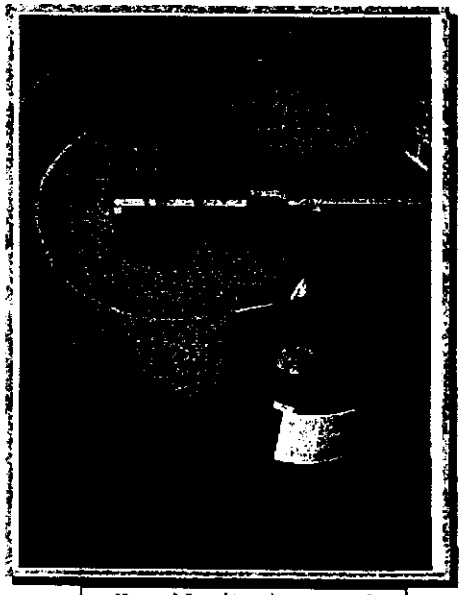
Well #4 - Tank pressure 60#



Well #4 - Emergency power

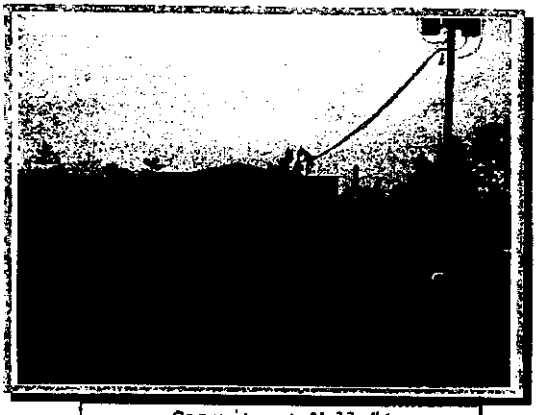


Well #4 - Vertical turbine pump

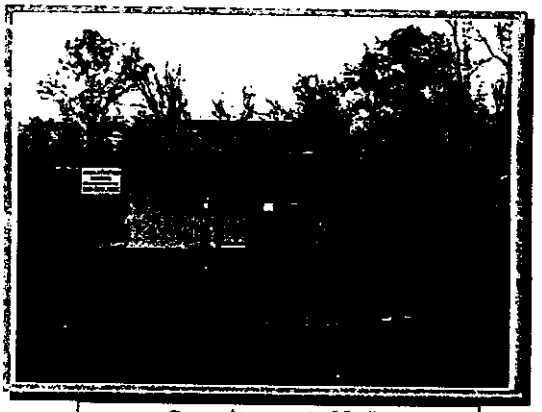


Hypochlorite is pumped directly from shipping drum at all plants; no dilution is performed.

Digital Images (cont'd)



Security at Well #4



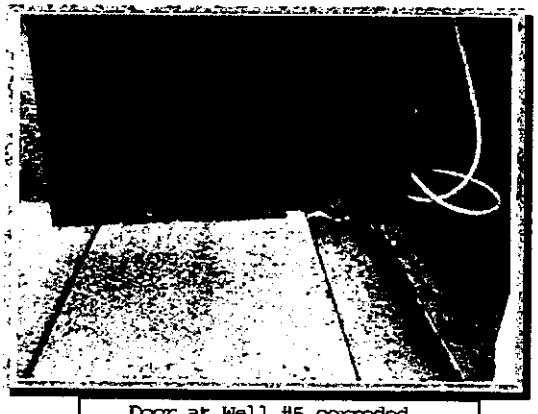
Security at Well #5



Well #5 - 10,000 gal hydro tank in excellent condition; sight glass removed for winter.



Well #5 - Pump and auxiliary drive



Door at Well #5 corroded - replacement already ordered.



Well #5 - Controls

OUTSTANDING PERMITS

As of 1/3/2006

1) Deadening Road **(clearance granted 1/3/06)**
(Permit # 0080182-008-DSGP/01)

2) Davenport Blvd (clearance package due to be mailed Jan. '06)
(Permit # *0255874-001-DSGP/01*

INSPECTOR'S SIGNATURE David Hung TITLE ESI DATE: January 5, 2006

INSPECTOR'S SIGNATURE Gerald Sneed TITLE EJI DATE: January 5, 2006

APPROVED BY Jose Pinto TITLE EM DATE: 1/6/06

END OF REPORT

January 24, 2006

David Hines,
Department of Environmental Protection
Panama City Branch Office
2353 Jenks Ave.
Panama City, Florida 32405-4389

Dear Mr. Hines,

This letter is in response to the comments outlined in the inspection report for the Compliance Evaluation Inspection of Sunny Hills Water Treatment Plant in Washington County on December 5th, 2005.

DEFICIENCY #1. CROSS CONNECTION CONTROL

#1 Action: The cross connection policy on hand provides for notification letters to be sent to customers documented to have potential cross connections. The details for implementing the notification process are currently being accessed. A list of suspected violators is presently being compiled with current names, addresses and information that will be needed to make the initial contact. These first steps will take several weeks/months. The inspection of the properties involved will be time consuming and leniency beyond the 90 days is requested for the entire program to become active.
#2 Action: Notifications will be sent to customers who already have backflow devices that must be tested with the documentation and annual requirement noted.
#3 Action: Records for backflow testing will be kept on site for 10 years.
#4 Action: Education of the public will be addressed thru billing notices, local meetings within the community and personal contact with customers when questions arise. Staff will be instructed/informed with a current policy and procedure format.

DEFICIENCY #2. WASHOUT FOR STORAGE FACILITIES REQUIRED EVERY 5 YEARS

#1 Action: The contractor who inspected and cleaned the two (2) 30,000 gallons storage tanks in November 2002 has sent a letter confirming the work done cleaning the tanks, copy attached. The next inspection/cleaning of our water storage tanks will be scheduled for 2007.

Sincerely,

Jean H. Pitzer
Sunny Hills
Water Operator C7605

cc: Josie Penton, Environmental Manager

LIQUID ENGINEERING CORPORATION

January 25, 2006

Ms Jean Pitzer
Aqua Utilities Florida - Sunny Hills
3810 Cables Blvd
Sunny Hills, FL 32428

RE: Water Storage Tank Maintenance

Dear Ms Pitzer:

Per our conversation I have attached the documentation for the assessment and cleaning of the tank(s) we discussed. Included is an addendum to include LEC's job completion notes which summarize the findings and detail sediment removed. If necessary we can also provide additional video copies to verify cleaning of the tanks.

Thank you for allowing me the opportunity to assist you in your water system maintenance. If you have any questions you can contact me at 800-438-2187.

Sincerely,

Rio Henricksen
Project Manager

LIQUID ENGINEERING CORPORATION

INFORMATION FOR SUNNY HILLS, FL (WASHINGTON COUNTY)

Work Completed	11/21/02
# of Days	0.66
Utility P.O. #	46514
Amount per Proposal	$4,850.00
Adjustment Amount	$(530.00)

Details-Signed with $530.00 FL Water discount

Total Invoice Amount $4,320.00

Dive Team 10 - Fowler (181), Reddick (196), Sanchez (199)

Contact Person	Harold Register
Personnel Onsite	Harold Register

Overall Job Details

Both tanks have 17.5"-18" hatch, which was challenging for the divers.

No.1--exterior heavily oxidized. Access hatch was bolted down; has some surface corrosion. Interior is also heavily oxidized; Overflow on west end is 100% corroded. Team recommends blast/recoat. Team removed approximately 1.5" iron sediment.

No.2—walls have no protective coating. Outlet & access hatch have heavy corrosion. Areas above waterline 100% corroded throughout. Removed approximately 2" iron sediment than #1; Team recommends blast/recoat.