CLASS A
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

090392-WS

OF

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

VOLUME III

FOR THE

Test Year Ended: December 31, 2008

DOCUMENT NUMBER-DATE
09978 SEP 28 09
FPSC-COMMISSION CLERK

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2008

FPSC-COMMISSION CLERK
DOCUMENT NUMBER-DATE
09978 SEP 28 09

MAP PROVIDED SEPARATELY

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2008

DOCUMENT NUMBER-DATE
09978 SEP 28 09
FPSC-COMMISSION CLERK

	A	B	C	D	E	F	G	H	I	J	K	L
1	Utilities, Inc. of Pennbrooke											
2	Schedule of Chemicals											
3	Test Year Ended December 31, 2008											
4												
5												
6		Sodium Hypochlorite		Sodium Hypochlorite		Calcium Hypochlorite		Polyphosphate		Polyphosphate		
7		12% solution		12% solution				Aqua Mag		Aquadene		TOTAL AMOUNTS
8	Date of Invoice	1 Gal	Unit Price	1 Gal	Unit Price	100 # PL	Unit Price	1 Gallons	Unit Price	1 Gal	Unit Price	
9	12/18/2007	500	1.25									625.00
10	12/31/2007							110	15.5			1,705.00
11	12/31/2007	450	1.25									562.50
12	1/14/2008			430	1.25							537.50
13	1/15/2008	450	1.25									562.50
14	1/29/2008			330	1.25							412.50
15	1/29/2008	350	1.25									437.50
16	2/12/2008			330	1.25							412.50
17	2/12/2008	400	1.25									500.00
18	2/12/2008							110	15.5			1,705.00
19	2/26/2008			385	1.25							481.25
20	2/26/2008							110	15.5			1,705.00
21	2/26/2008	300	1.25									375.00
22	3/11/2008	330	1.25									412.50
23	3/11/2008			220	1.25							275.00
24	3/25/2008	325	1.25									406.25
25	3/25/2008							55	15.5			852.50
26	3/25/2008			350	1.25							437.50
27	4/8/2008			350	1.25							437.50
28	4/8/2008							55	15.5			852.50
29	4/8/2008	240	1.25									300.00
30	4/22/2008							55	15.5			852.50
31	4/22/2008			450	1.25							562.50
32	4/22/2008	280	1.25									350.00
33	5/6/2008	380	1.25									475.00
34	5/6/2008			400	1.25							500.00
35	5/15/2008	300	0.75									225.00
36	5/15/2008	144	0.75									108.00
37	5/20/2008							55	15.5			852.50
38	5/28/2008			420	0.75							315.00
39	5/29/2008	420	0.75									315.00
40	6/3/2008							110	15.5			1,705.00
41	6/12/2008	530	0.75									397.50
42	6/12/2008			384	0.75							288.00
43	6/17/2008							110	15.5			1,705.00
44	6/26/2008			352	0.75							264.00

	A	B	C	D	E	F	G	H	I	J	K	L
1	Utilities, Inc. of Pennbrooke											
2	Schedule of Chemicals											
3	Test Year Ended December 31, 2008											
4												
5												
6		Sodium Hypochlorite		Sodium Hypochlorite		Calcium Hypochlorite		Polyphosphate		Polyphosphate		
7		12% solution		12% solution				Aqua Mag		Aquadene		TOTAL AMOUNTS
8	Date of Invoice	1 Gal	Unit Price	1 Gal	Unit Price	100 # PL	Unit Price	1 Gallons	Unit Price	1 Gal	Unit Price	
45	6/26/2008	360	0.75									270.00
46	7/1/2008							55	15.5			852.50
47	7/10/2008			350	0.75							262.50
48	7/15/2008							110	15.5			1,705.00
49	7/16/2008	300	0.75									225.00
50	7/24/2008	280	0.75									210.00
51	7/24/2008			344	0.75							258.00
52	8/7/2008			360	0.75							270.00
53	8/7/2008	330	0.75									247.50
54	8/21/2008	320	0.75									240.00
55	8/21/2008			360	0.75							270.00
56	9/4/2008	180	0.75									135.00
57	9/8/2008			360	0.75							270.00
58	9/18/2008	460	0.75									345.00
59	9/18/2008	390	0.75									292.50
60	9/23/2008							110	17.5			1,925.00
61	10/2/2008	430	0.75									322.50
62	10/2/2008			272	0.75							204.00
63	10/16/2008	400	0.75									300.00
64	10/16/2008			192	0.75							144.00
65	10/21/2008							110	17.5			1,925.00
66	10/30/2008	350	0.75									262.50
67	10/30/2008			168	0.75							126.00
68	11/14/2008	400	0.75									300.00
69	11/14/2008	204	0.75									153.00
70	11/17/2008									110	10	1,100.00
71	11/19/2008					1	165					165.00
72	11/28/2008	430	0.75									322.50
73	11/28/2008			320	0.75							240.00
74	12/11/2008	330	0.75									247.50
75	12/11/2008			288	0.75							216.00
76		10,563		7,415		1		1,155		110		36,716.00

	A	B	C	D	E	F	G	H	I	J	K	L
1	Utilities, Inc. of Pennbrooke											
2	Schedule of Chemicals											
3	Test Year Ended December 31, 2008											
4												
5												
6		Sodium Hypochlorite		Sodium Hypochlorite		Calcium Hypochlorite		Polyphosphate		Polyphosphate		
7		12% solution		12% solution				Aqua Mag		Aquadene		TOTAL AMOUNTS
8	Date of Invoice	1 Gal	Unit Price	1 Gal	Unit Price	100 # PL	Unit Price	1 Gallons	Unit Price	1 Gal	Unit Price	
77												
78												
79	Quantity Purchased	10,563		7,415		1		1,155		110		
80	Unit of Measure	Gallons		Gallons		100# Pail		Gallons		Gallons		
81	Average Cost/ Unit											
82	Where Used (Water/ Sewer)	Water Only		Sewer Only		Sewer Only		Water Only		Water Only		
83												
84												
85	Specify Dosage Rate	Disinfecting agent		Disinfecting agent		Cleaning agent		Corrosion inhibitor		Corrosion inhibitor		
86												
87	Water, total item used, gallons	10,563						1,155		110		
88	Water, chemical feed rate, ppm	7		N/A		N/A		7.3		<-total PO4 feed rate		
89	Volume treated, million gal.	174						174				
90												
91	Sewer, total item used, gallons			7,415								
92	Sewer, chemical feed rate, ppm	N/A		25		N/A		N/A		N/A		
93	Volume treated, million gal.			35								
94												
95												
96												
97												
98												
99												

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2008

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-0110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

☐ **Flowers Chemical Labs-North**
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.flowerslabs.com

Client: Utilities Inc
Address: 200 Weathersfield Ave.
Alt. Spg, Fl. 32714
Phone: 407-989-1919
Sampled By (PRINT): Craig Raines
Sampler Signature: Craig Raines
Date Sampled: 2/25/09

Public Water System Name: Pennbrooke Fairways WTP BU# 260100
PWS ID#: 3354653
P.O. #:
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☑ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	ACID	Primary Inorg	Secondaries	VOCs	SOCs	NO_3/NO_2	TTHM	THAA	Pb/Cu	GA / RADS RADON	Asbestos				Field pH	Field Cl_2 Res.
1	WTP (POC) Pennbrooke Fairways	2-25-09	10:20A	↓	22		X	X	X	X	X	X	X	X	X					X						1.2
2				8929 DWI																						
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Craig Raines	2-25-09	1520							Abby Still	2/25/09	1520
										2/26/09	0636

• WHITE - Ship with Samples / To Be Returned with Results • YELLOW - Field Copy / Retain For Your Records

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

ORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

CH CURRENT DOH ANALYTE SHEET*

Name: KNL Laboratory Services Florida Certification #: E84025

ess: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

LYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-27-09

/S ID (From Page 1): Sample Number (From Page 1): 89291

Assigned Report Number or Job ID: 09-1690

oup(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

s any analyses subcontracted? ☐ Yes ☑ No

s, please provide DOH certification numbers:

EACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

James Hayes (Print Name), Laboratory Manager (Print Title)

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

nature: James W Hayes Date: 3-13-09

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

**ease provide radiological sample dates & locations for each quarter.

MPLIANCE DETERMINATION (to be completed by DEP or DOH)

mple 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)

dditional Monitoring Required (circle or highlight group(s) above)

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

erson Notified: Date Notified:

nments:

ate Reviewed: DEP/DOH Reviewing Official:

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 89291

KNL Report Number/Job ID: 09.1690
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.2	I	EPA 900.0	1.2	3	0.8	03-09-09	0800	E84025
4020	Radium-226		pCi/L	1.6		EPA 903.0	0.7	1	0.7	03-09-09	1200	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	03-11-09	0955	E84025

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

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

INSTRUCTIONS

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

System Name: Utilities Inc. of Pennbrooke WTP PWS# 3 3 5 4 6 5 3

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

Address: Trailwood Drive

City: Leesburg State: FL ZIP Code: 34748

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: bkoonce@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 89291 DW1 Location Code (if known): Pennbrooke WTP POE

Sample Date: 2/25/09 Sample Time: 10:20 AM PM (Circle One)

Sample Location (be specific): Pennbrooke WTP POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

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: Annual Primary & Secondaries, Annual NO3, NO2	
☐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: Craig Raines

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Craig Raines, (Print Name) (Print Title) Operator

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

Signature: Craig Raines Date: 3/26/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 89291DW1

Report Number: 89291
Date Sample Received: 02/25/09

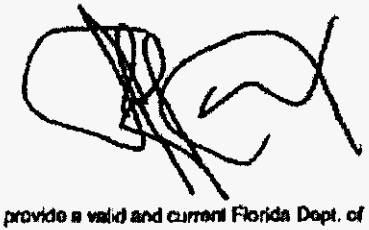
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? ☐ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 03/20/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical 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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

DOH Lab Cert #
E83018
E83018
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Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 89291DW1 PWS ID: 3354853 Sample ID: Pennbrooke Fairways V

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/26/09
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/26/09
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1010	Barium	2	mg/L	0.0202		EPA200.8	0.00200	03/03/09
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1020	Chromium	0.1	mg/L	0.0142		EPA200.8	0.00100	03/03/09
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	02/26/09
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	03/03/09
1036	Nickel	0.1	mg/L	0.00302		EPA200.8	0.00100	03/03/09
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	03/03/09
1052	Sodium	160	mg/L	7.36		EPA200.7	0.500	02/26/09
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 89291DW1 PWS ID: 3354653 Sample ID: Pennbrooke Fairways WTP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	03/03/09		E83018
1017	Chloride	250	mg/L	18.2		EPA300.0	0.400	02/26/09		E83018
1022	Copper	1	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09		E83018
1028	Iron	0.3	mg/L	0.312		EPA200.7	0.0100	02/28/09		E83018
1032	Manganese	0.05	mg/L	0.0103		EPA200.7	0.0100	02/28/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	03/03/09		E83018
1055	Sulfate	250	mg/L	1.00	U	EPA300.0	1.00	02/26/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	03/03/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/25/09	04:30 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/25/09	03:45 PM	E83018
1925	pH	6.5 -8.5	pH	7.37		EPA150.1	0.0100	02/25/09	01:00 AM	E83018
1930	Total Dissolved Solids	500	mg/L	228		SM2540 C	2.50	03/02/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/26/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 89281DW1 PWS ID: 3354653 Sample ID: Pennbrooke Fairways WTP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	An Tir
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 89291DW1 PWS ID: 3354853 Sample ID: Pennbrooke Fairways WTP

Conta ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Au Ti
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	03/03/09	03/04/09	
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09	
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	03/03/09	03/04/09	
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	03/03/09	03/04/09	
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	03/09/09	03/12/09	
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	03/03/09	03/03/09	
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	03/03/09	03/09/09	
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/27/09	
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09	
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		03/04/09	
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	03/04/09	03/10/09	
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09	
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09	
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09	
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		03/04/09	
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	03/04/09	03/10/09	
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	03/04/09	03/10/09	
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	03/03/09	03/04/09	
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09	
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09	
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09	
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	03/05/09	03/12/09	
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	03/09/09	03/12/09	
2383	PolychlorinatedBiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	03/03/09	03/04/09	
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	03/03/09	03/04/09	
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	03/03/09	03/04/09	

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard. (4) copies (Page 1 of 1)

RECEIVED DEC 17 2008

FOR LAB USE ONLY

RECEIVED BY: AZ | TIME RECEIVED/ DATE RECEIVED AND ANALYZED: DEC 4 '08 @ 3:18

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 3 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrook MHP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR 44 West Leesburg FL COUNTY: Lake

CLIENT: Utilities Inc. COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: Bus. Unit # 260100

SAMPLE COLLECTION DATE(S): 12/4/08 REMARKS: Also fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB (Total coliform & E. coli analysis method: SM9223B)			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier*
R#1	Well #1 Raw Tap	1135 hrs	R	0.0	Submission Number: MOS19217	A		
R#2	Well #2 Raw Tap	1145 hrs	R	0.0	MOS19218	A		
D#1	32804 Oak Park Dr.	1155 hrs	D	1.3	MOS19219	A		
D#2	1212 Meadow Bend Dr.	1205 hrs	D	1.1	MOS19220	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

Time(s) Analyzed: 3:53 pm

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-7141 DW)
☐ Supervised by a cert operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Michael Gibbons 12-8-08
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Skaggs at (352) 625-2822.
*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.)
Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
c/o Damaris Gonzalez
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

❑ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pennbrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR 44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc. COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ❑ Noncommunity Water System ❑ Nontransient Noncommunity Water System ❑ Limited Use System ❑ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ❑ Repeat ❑ Replacement ❑ Main Clearance ❑ Well Survey ❑ Other: Bus. Unit # = 260100

SAMPLE COLLECTION DATE(S): 10/08/08 REMARKS: Also, please fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB (Total coliform & E. coli analysis method: SM9223B)			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier*
					Submission Number:			
R-1	Well 1, Raw Tap	1130 hrs	R	0.0	M08116183	A		
R-2	Well 2, Raw Tap	1145 hrs	R	0.0	M08116184	A		
D-1	32909 Enchanted Oak Ln.	1200 hrs	D	0.8	M08116185	A		
D-2	33029 Pennbrooke Pkwy	1215 hrs	D	1.2	M08116186	A		
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)				1.0	Time(s) Analyzed: 4:03 pm			

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ❑ Other: _____

Person performing analysis is:
☑ A certified operator (# A-7141 DW) ❑ Employed by a certified lab
❑ Supervised by a cert operator (# _____) ❑ Employed by DEP or DOH

Michael P. Flynn 10-10-08
TECHNICAL DIRECTOR DATE

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Test Group at (352) 326-2822

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
*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.)
*Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
c/o Domenic Gentilucci
200 Weathersfield Ave.
Altamonte Springs, FL 32714

File: 691.3.2

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

Revised 03/04

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard. (4) copies (Page 1 of 1)

RECEIVED
SEP 15 2008

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: SEP 9 '08 P 3:31

RECEIVED BY: [illegible]

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 5 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-292-1919

SYSTEM ADDRESS: 501 SR 44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc. COLLECTOR: Daniel Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: B.S. Well # 2 = 260100 DSA

SAMPLE COLLECTION DATE(S): 9/9/2008 REMARKS: Alternate fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well 1 Raw Tap	1150 hrs	R	0.0
R-2	Well 2 Raw Tap	1200 hrs	R	0.0
D-1	343 Beatwood Drive	1210 hrs	D	1.2
D-2	32302 Oak Park Drive	1220 hrs	D	1.4

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier¹
Submission Number: mo81446	A		
mo81446 3	A		
mo81446 4	A		
mo81446 5	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.3

Time(s) Analyzed: 4:14 pm

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# A-7141 DW) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

[signature] TECHNICAL DIRECTOR [illegible] DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present.
The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822.
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Defined in Florida Administrative Code Rule 62-160, Table 1.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
c/o Dominic Gentilcore
200 Weathersfield Ave.
Altamonte Springs FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

RECEIVED AUG 18 2008

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Please Print Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
	TIME RECEIVED / DATE RECEIVED AND ANALYZED
RECEIVED BY: LC	AUG 7'08 PM 3:30
SAMPLE PRESERVATION: ☒ ON ICE ☐ NOT ON ICE	11 °C
DISINFECTANT CHECK: ☒ NOT DETECTED ☐	mg/L
☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:	
PERSON NOTIFIED:	NOTIFIED BY:
DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:	
☐ PAID CHECK OR RECEIPT #:	

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR 44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities, Inc. COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407 948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other:

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: Rus Unit # 260100 DSA

SAMPLE COLLECTION DATE(S): 8-7-08 REMARKS: Also, please fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB (Total coliform & E. coli analysis method: SM9223B)			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier*
					Submission Number:			
R-1	Well 1 Raw Tap	1000 hrs	R	0.0	1108 12798	A		
R-2	Well 2 Raw Tap	1010 hrs	R	0.0	1108 12799	A		
D-1	1212 Macdonald Dr.	1040 hrs	D	1.0	1108 12800	A		
D-2	32804 Oak Peck Dr.	1050 hrs	D	1.2	1108 12801	A		
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)				1.1	Time(s) Analyzed: 7:34 pm			

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other:

Person performing analysis is:
☑ A certified operator (# A-7141 DW) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#) ☐ Employed by DEP or DOH

TECHNICAL DIRECTOR DATE

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Shipp at (352) 625-2822.

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
*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.)
*Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
Attn: Domenic Gentilucci
200 Weathersfield Ave.
Altamonte Springs, FL 32714

CL Tab 2

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

Revised 3/04

AQUA PURE WATER & SEWAGE SERVICE, INC.

10665 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: JUL 1'08 PM 3:42

RECEIVED BY: LP

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pennbrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800 272-1919

SYSTEM ADDRESS: 501 SR 44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc. COLLECTOR: Daniel Anderson COLLECTOR PHONE: 407 949-9329

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: Bus. Unit # 260100 DSM

SAMPLE COLLECTION DATE(S): July 1st 2008 REMARKS: Aka, please fax results to (352)-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/L)
R-1	Well 1 Raw Tap	1300 hrs	R	0.0
R-2	Well 2 Raw Tap	1310 hrs	R	0.0
D-1	301 Ranchwood Dr.	1325 hrs	D	1.4
D-2	629 Grand Vista Trail	1335 hrs	D	1.2

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.3

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-761 DW)
☐ Supervised by a cert operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier[2]
Submission Number: M080106L0	A		
M080106L01	A		
M080106L02	A		
M080106L03	A		

Time(s) Analyzed: 4:02 pm

_____ TECHNICAL DIRECTOR _____ DATE

All tests are performed in accordance with NELAC standards
Results: A = coliforms are absent; P = coliforms are present
The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822

[1]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.)
[2]Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
Attn: Domenic Gentilcore
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard. (4) copies (Page 1 of 1)

RECEIVED JUN 13 2008

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: JUN 5'08 PM 2:43

RECEIVED BY: JP

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 3 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Rendezvous WTP PWS ID: 3354653 SYSTEM PHONE: 805-272-1919

SYSTEM ADDRESS: 521 SR44 West Leesburg FL COUNTY: Lake

CLIENT: Utilities Inc. COLLECTOR: Daniel Anderson COLLECTOR PHONE: 407-948-4529

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

Bus. Unit # 260100 DSA

SAMPLE COLLECTION DATE(S): 6/5/08

REMARKS: Also, please fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)
R-1	Well 1 Raw Tap	1000	R	0.0
R-2	Well 2 Raw Tap	1015	R	0.0
D-1	33029 Rendezvous Pkwy	1031	D	1.5
D-2	32909 Rendezvous Oaks Dr.	1045	D	0.7

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-1911[illegible]) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Submission Number: [illegible]	A		
[illegible]	A		
[illegible]	A		
[illegible]	A		

Time(s) Analyzed: 3:10pm

TECHNICAL DIRECTOR _____ DATE _____

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
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.)
*Defined in Florida Administrative Code Rule 62-160, Table 1

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
Attn: Bonnie Gronlund
200 Weathersfield Ave.
Altamonte Springs FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Revised 05/04

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: MAY 28 '08 PM 3:33

RECEIVED BY: [illegible]

SAMPLE PRESERVATION: ☐ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☐ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR 44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-4829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 5/28/08

REMARKS: Also please fax results to 352-622-7090
Bus Unit # 260100 DSA

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well #1 Raw Tap	1115 hrs	R	0.0
R-2	Well #2 Raw Tap	1125 hrs	R	0.0
D-1	32306 Oak Park Dr.	1135 hrs	D	1.4
D-2	1136 Eagles Landing	1145 hrs	D	1.0

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# A-[illegible]) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier¹
Submission Number: M088747	A		
M088748	A		
M088749	A		
M088750	A		

Time(s) Analyzed: 4:02 pm

TECHNICAL DIRECTOR _____ DATE _____

RECEIVED
JUN 02 2008

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822.

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
¹Defined in Florida Administrative Code Rule 62-160, Table I

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.
c/o Bonnie Gentilucci
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Revised 2/2004

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: MAR 18 '08 @ 3:34

RECEIVED BY: LCP

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc. of Pembrooke COLLECTOR: Daniel Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 3/18/08 REMARKS: Also please fax results to 352-432-7090

Bottle # 260100 DSA

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)
R-1	Well 1 Raw Tap	1300 hrs	R	0.0
R-2	Well 2 Raw Tap	1315 hrs	R	0.0
D-1	629 Grand Vista Trail	1350 hrs	D	1.6
D-2	33236 Grand Cypress Way	1345 hrs	D	1.4

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier[2]
Submission Number:			
1084672	A		
1084673	A		
1084674	A		
1084675	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.5

Time(s) Analyzed: 3:52 pm

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# 1-3176 MG) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

_____ TECHNICAL DIRECTOR _____ DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
[1]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.)
[2]Defined in Florida Administrative Code Rule 62-160, Table 1

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sharp at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc. of Pembrooke
Attn: Dawson Gaitlin
200 Weathersfield Ave.
Altamonte Springs, FL 32714

FL 16128

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

RECEIVED
FEB 25 2008

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: FEB 18 '08 PM 12:25

RECEIVED BY: A 2

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembroke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR 44 West Leesburg, FL COUNTY: Lake

CLIENT: Utl. Inc. COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-4829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 2/18/08 REMARKS: Also please fax results to 352-622-7092

Business Unit #260100 DSA

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well 1 Raw Tap	0700	R	0.0
R-2	Well 2 Raw Tap	0715	R	0.0
D-1	32909 Enchanted Oak	0915	D	1.1
D-2	33029 Pembroke Pkwy	0930	D	1.5

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.3

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# A-2141) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier²
Submission Number:			
M080104	A		
M080105	A		
M080106	A		
M080107	A		

Time(s) Analyzed: 3:25 PM

TECHNICAL DIRECTOR _____ DATE 2-22-08

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table I

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lab Supv. at (352) 625-2822

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc. of Pembroke
Attn: Daniel Anderson
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

RECEIVED BY: AL

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: FEB 18 '08 P-12:25

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Golden Hills WTP PWS ID: 6424076 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 8021 NW 49th St. Rd. Ocala FL 34482 COUNTY: Marion

COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9329

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 2/18/08 REMARKS: Also, please fax results to 352-622-7092
Business Unit # = 252129DSA

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well #1 Raw Tap	1030	R	0.0
R-2	Well #2 Raw Tap	1040	R	0.0
D-1	5510 NW 75th Ave.	1045	D	0.8
D-2	8357 NW 47th St.	1100	D	1.0

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

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier²
M082628	A		
M082629	A		
M082630	A		
M082631	A		

Time(s) Analyzed: 2:33 pm

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-7911) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Michael Thomas — TECHNICAL DIRECTOR — DATE

If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent, P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, N = Entry to Distribution, P = Plant Tap, S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc. of FL.
Attn: Pamela Gardner
200 Weathersfield Ave.
Altamonte Springs FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10866 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: JC — JAN 17 '08 PM 12:53

SAMPLE PRESERVATION: ☒ ON ICE ☐ NOT ON ICE 5 °C

DISINFECTANT CHECK: ☒ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc of FL COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 01/17/08 REMARKS: Also, please fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well #1 Raw Tap	1015	R	0.0
R-2	Well #2 Raw Tap	1030	R	0.0
D-1	32306 Oak Park Drive	1045	D	2.2
D-2	1136 Eagles Landing	1100	D	2.0

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.1

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☒ A certified operator (# A-7141 Dan) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier²
MDB1151	A		
MDB1152	A		
MDB1153	A		
MDB1154	A		

Time(s) Analyzed: 3:30pm

Michael Moran — TECHNICAL DIRECTOR — 1-21-08 — DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Stamps at (352) 625-2822.

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc. of FL
Attn: Domenic Gentilucci
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

RECEIVED BY: TL — TIME RECEIVED/ DATE RECEIVED AND ANALYZED: FEB 18 '08 PM 12:25

SAMPLE PRESERVATION: ☑ ON ICE ☐ NOT ON ICE 4 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENTS: _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Golden Hills WTP PWS ID: 6424076 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 8021 NW 49th St. Rd. Ocala FL 34482 COUNTY: Marion

COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 2/18/08 REMARKS: Also, please fax results to 352-622-7090
Business Unit # = 252129DSM

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfect Res'd (mg/L)
R-1	Well #1 Raw Tap	1030	R	0.0
R-2	Well #2 Raw Tap	1040	R	0.0
D-1	5510 NW 75th Ave.	1045	D	0.8
D-2	8357 NW 47th St.	1100	D	1.0

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier²
mo82628	A		
mo82629	A		
mo82630	A		
mo82631	A		

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

Time(s) Analyzed: 2:23 pm

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-7911) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Michael Thomas — TECHNICAL DIRECTOR — 2-20-08 — DATE

If you have any questions regarding this report, please call Lab Sample at (352) 625-2822.

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent, P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, N = Entry to Distribution, P = Plant Tap, S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Mallett, Inc. of FL.
Attn: Donnie Gentry
202 Merchandise Ave.
Altamonte Springs FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

10866 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS
Please Hand. (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: JC JAN 17 '08 PM 12:53

SAMPLE PRESERVATION: ☒ ON ICE ☐ NOT ON ICE 3 °C

DISINFECTANT CHECK: ☒ NOT DETECTED ☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Pembrooke WTP PWS ID: 3354653 SYSTEM PHONE: 800-272-1919

SYSTEM ADDRESS: 501 SR44 West, Leesburg, FL COUNTY: Lake

CLIENT: Utilities Inc. of FL COLLECTOR: Daniel S. Anderson COLLECTOR PHONE: 407-948-9829

TYPE OF SUPPLY (Check Box): ☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other: _____

SAMPLE COLLECTION DATE(S): 01/17/08 REMARKS: Also, please fax results to 352-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)
R-1	Well #1 Raw Tap	1015	R	0.0
R-2	Well #2 Raw Tap	1030	R	0.0
D-1	32306 Oak Park Drive	1045	D	2.2
D-2	1136 Eagles Landing	1100	D	2.0

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.1

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☑ A certified operator (# A-714 Dist) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB
Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier*
M081151	A		
M081152	A		
M081153	A		
M081154	A		

Time(s) Analyzed: 3:30 pm

Michael Moran TECHNICAL DIRECTOR 1-21-08 DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Sapp at (352) 625-2822.
*DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Test; S = Special (clearance, etc.)
**Defined in Florida Administrative Code Rule 62-550, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc. of FL
Attn: Domenic Gentilucci
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

INSTRUCTIONS

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

System Name: Utilities Inc. of Pennbrooke WTP PWS# 3 3 5 4 6 5 3

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

Address: Trailwood Drive

City: Leesburg State: Fl ZIP Code: 34748

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: bkgonore@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 89291 DW1 Location Code (if known): Pennbrooke WTP POE

Sample Date: 2/25/09 Sample Time: 10:20 AM PM (Circle One)

Sample Location (be specific): Pennbrooke WTP POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

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

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

- ☒Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☒Other: Annual Primary & Secondaries, Annual NO3, NO2
- ☐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: Craig Raines

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Craig Raines, (Print Name) (Print Title) Operator

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

Signature: Craig Raines Date: 3/26/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 89291DW1

Report Number: 89291
Date Sample Received: 02/25/09

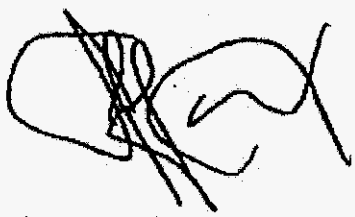
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? ☐ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 03/20/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical 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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

DOH Lab Cert #
E83018
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Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 89291DW1 PWS ID: 3354653 Sample ID: Pennbrooks Fairways V

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/26/09
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/26/09
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1010	Barium	2	mg/L	0.0202		EPA200.8	0.00200	03/03/09
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1020	Chromium	0.1	mg/L	0.0142		EPA200.8	0.00100	03/03/09
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	02/28/09
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	03/03/09
1036	Nickel	0.1	mg/L	0.00302		EPA200.8	0.00100	03/03/09
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	03/03/09
1052	Sodium	160	mg/L	7.36		EPA200.7	0.500	02/26/09
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 89291DW1 PWS ID: 3354653 Sample ID: Pennbrooke Fairways WTP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	03/03/09		E83018
1017	Chloride	250	mg/L	16.2		EPA300.0	0.400	02/26/09		E83018
1022	Copper	1	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09		E83018
1028	Iron	0.3	mg/L	0.312		EPA200.7	0.0100	02/26/09		E83018
1032	Manganese	0.05	mg/L	0.0103		EPA200.7	0.0100	02/26/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	03/03/09		E83018
1055	Sulfate	250	mg/L	1.00	U	EPA300.0	1.00	02/26/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	03/03/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/25/09	04:30 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/25/09	03:45 PM	E83018
1925	pH	6.5 -8.5	pH	7.37		EPA150.1	0.0100	02/25/09	01:00 AM	E83018
1930	Total Dissolved Solids	500	mg/L	226		SM2540 C	2.50	03/02/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/26/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88291DW1 PWS ID: 3354653 Sample ID: Pennbrooke Fairways WTP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	An Tir
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2978	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09	

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 89291DW1 PWS ID: 3354553 Sample ID: Pennbrooke Fairways WTP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Au Ty
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	03/03/09	03/04/09	
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09	
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	03/03/09	03/04/09	
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	03/03/09	03/04/09	
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	03/09/09	03/12/09	
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	03/03/09	03/03/09	
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	03/03/09	03/09/09	
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/27/09	
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09	
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		03/04/09	
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	03/04/09	03/10/09	
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09	
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09	
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09	
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		03/04/09	
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	03/04/09	03/10/09	
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	03/04/09	03/10/09	
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	03/03/09	03/04/09	
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09	
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09	
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09	
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	03/05/09	03/12/09	
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	03/09/09	03/12/09	
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09	
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	03/03/09	03/04/09	
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	03/03/09	03/04/09	
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	03/03/09	03/04/09	

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2008

691 -MP

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January , 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways			PWS Identification Number:	3354653
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1,244	120 Irrigation Meters	Total Population Served at End of Month:	3,110	
PWS Owner:	UTILITIES INC OF FLORIDA				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:			City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address:	501 WEST HWY 44		City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 02/05/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: January , 2008

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

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

Day of the Month	Does plant staffed or Vented by Operator (shown)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	227,000										2.0	
2	X	24	585,000										2.0	
3	X	24	542,000										2.0	
4	X	24	326,000										1.7	
5	X	24	524,000										1.8	
6	X	24	556,000										2.0	
7	X	24	364,000										1.8	
8	X	24	348,000										1.7	
9	X	24	605,000										1.6	
10	X	24	777,000										1.7	
11	X	24	290,000										1.8	
12	X	24	527,000										1.7	
13	X	24	640,000										2.0	
14	X	24	250,000										1.8	
15	X	24	289,000										2.0	
16	X	24	597,000										2.0	
17	X	24	308,000										2.0	
18	X	24	735,000										2.1	
19	X	24	349,000										1.8	
20	X	24	288,000										2.0	
21	X	24	260,000										2.0	
22	X	24	428,000										1.6	
23	X	24	292,000										1.9	
24	X	24	330,000										1.8	
25	X	24	297,000										1.8	
26	X	24	503,000										1.8	
27	X	24	440,000										2.0	
28	X	24	230,000										1.8	
29	X	24	273,000										2.0	
30	X	24	590,000										2.0	
31	X	24	486,000										2.0	
Total			12,745,000											
Average			411,129											
Maximum			777,000											

671

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February , 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways			PWS Identification Number:	3354653
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1,244	120 Irrigation Meters	Total Population Served at End of Month:	3,110	
PWS Owner:	UTILITIES INC OF FLORIDA				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:			City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address:	501 WEST HWY 44		City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 03/05/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: February , 2008

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

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

Day of the Month	Data plant staffed or visited by operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	340,000										1.4	
2	X	24	644,000										1.6	
3	X	24	714,000										1.8	
4	X	24	300,000										1.6	
5	X	24	280,000										1.4	
6	X	24	560,000										1.5	
7	X	24	720,000										1.5	
8	X	24	350,000										1.6	
9	X	24	682,000										1.6	
10	X	24	823,000										1.8	
11	X	24	274,000										1.3	
12	X	24	322,000										1.5	
13	X	24	250,000										1.5	
14	X	24	390,000										1.7	
15	X	24	250,000										1.4	
16	X	24	554,000										1.6	
17	X	24	627,000										1.5	
18	X	24	340,000										1.5	
19	X	24	250,000										0.5	
20	X	24	610,000										1.2	
21	X	24	700,000										1.1	
22	X	24	220,000										1.0	
23	X	24	541,000										1.1	
24	X	24	322,000										1.4	
25	X	24	285,000										1.2	
26	X	24	254,000										1.3	
27	X	24	300,000										1.1	
28	X	24	312,000										1.2	
29	x	24	280,000										1.3	
Total			12,294,000											
Average			423,931											
Maximum			720,000											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March , 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways		PWS Identification Number: 3354653	
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters		Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address:		City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919		Contact Person's Fax Number: 1-407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address: 501 WEST HWY 44		City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 04/02/08

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number:	3354653	Plant Name:	UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: March , 2008

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

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

Day of the Month	Was plant staffed or visited by operator (yes or x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hour 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 Hour, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum Cl Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	597,000										1.3	
2	X	24	600,000										1.4	
3	X	24	310,000										1.0	
4	X	24	330,000										1.4	
5	X	24	330,000										1.4	
6	X	24	500,000										1.6	
7	X	24	220,000										1.2	
8	X	24	286,000										1.3	
9	X	24	355,000										1.3	
10	X	24	242,000										1.4	
11	X	24	306,000										1.3	
12	X	24	492,000										1.4	
13	X	24	555,000										1.4	
14	X	24	293,000										1.4	
15	X	24	450,000										1.4	
16	X	24	469,000										1.4	
17	X	24	320,000										1.3	
18	X	24	320,000										1.4	
19	X	24	600,000										1.3	
20	X	24	480,000										0.9	
21	X	24	350,000										0.7	
22	X	24	544,000										1.0	
23	X	24	439,000										1.1	
24	X	24	330,000										0.9	
25	X	24	171,000										0.9	
26	X	24	552,000										1.0	
27	X	24	697,000										0.8	
28	X	24	380,000										1.5	
29	X	24	686,000										1.3	
30	X	24	683,000										1.4	
31	x	24	346,000										1.5	
Total			13,235,000											
Average			426,935											
Maximum			697,000											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April , 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways		PWS Identification Number: 3354653	
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters		Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address:		City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919		Contact Person's Fax Number: 1-407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE		Plant Telephone Number:	
Plant Address: 501 WEST HWY 44	City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 05/05/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: April , 2008

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

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

Day of the Month	Days plant staffed or visited by operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergencies 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	380,000										0.9	
2	X	24	278,000										0.8	
3	X	24	555,000										0.6	
4	X	24	276,000										1.0	
5	X	24	400,000										1.3	
6	X	24	284,000										1.4	
7	X	24	167,000										1.2	
8	X	24	248,000										1.0	
9	X	24	588,000										1.0	
10	X	24	519,000										1.0	
11	X	24	400,000										1.6	
12	X	24	557,000										1.4	
13	X	24	583,000										1.4	
14	X	24	320,000										1.4	
15	X	24	350,000										1.0	
16	X	24	547,000										1.3	
17	X	24	680,000										1.0	
18	X	24	440,000										1.0	
19	X	24	679,000										1.0	
20	X	24	637,000										1.1	
21	X	24	418,000										1.1	
22	X	24	440,000										1.0	
23	X	24	700,000										1.1	
24	X	24	702,000										1.0	
25	X	24	523,000										1.0	
26	X	24	713,000										1.0	
27	X	24	700,000										1.0	
28	X	24	453,000										1.0	
29	X	24	238,000										0.8	
30	X	24	496,000										1.0	
Total			14,269,000											
Average			475,633											
Maximum			713,000											

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

FILE COPY

See page 4 for instructions

I. General Information for the Month/Year of: May , 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways		PWS Identification Number: 3354653	
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters		Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address:		City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919		Contact Person's Fax Number: 1-407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE		Plant Telephone Number:	
Plant Address: 501 WEST HWY 44		City: LEESBURG	State: FLORIDA Zip Code: 34748
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 06/05/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354655 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: May, 2008

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

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

Day of the Month	Description Method of Virus Log Removal/Inactivation	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	981,000										1.0	
2	X	24	490,000										1.1	
3	X	24	807,000										1.0	
4	X	24	681,000										1.0	
5	X	24	595,000										1.1	
6	X	24	396,000										1.0	
7	X	24	860,000										2.0	
8	X	24	844,000										1.5	
9	X	24	595,000										1.4	
10	X	24	756,000										1.8	
11	X	24	917,000										1.6	
12	X	24	440,000										1.5	
13	X	24	432,000										1.4	
14	X	24	849,000										1.5	
15	X	24	801,000										1.4	
16	X	24	590,000										1.3	
17	X	24	1,044,000										1.2	
18	X	24	883,000										1.3	
19	X	24	432,000										1.5	
20	X	24	503,000										1.2	
21	X	24	727,000										1.2	
22	X	24	543,000										1.1	
23	X	24	462,000										0.5	
24	X	24	371,000										1.2	
25	X	24	721,000										1.1	
26	X	24	390,000										1.3	
27	X	24	375,000										1.2	
28	X	24	695,000										1.1	
29	X	24	834,000										1.2	
30	X	24	600,000										1.8	
31	X	24	810,000										1.2	
Total			20,824,000											
Average			671,742											
Maximum			1,044,000											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June , 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways			PWS Identification Number:	3354653
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1,244	120 Irrigation Meters	Total Population Served at End of Month:	3,110	
PWS Owner:	UTILITIES INC OF FLORIDA				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:			City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE		Plant Telephone Number:	
Plant Address:	501 WEST HWY 44	City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 07/02/08 — Steve Pfouts — C-14204

Signature and Date — Printed or Typed Name — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: June , 2008

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Supplied Disinfected Water	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	890,000										1.4	
2	X	24	419,000										1.1	
3	X	24	359,000										1.4	
4	X	24	832,000										1.2	
5	X	24	799,000										0.9	
6	X	24	770,000										1.4	
7	X	24	790,000										1.2	
8	X	24	871,000										1.1	
9	X	24	463,000										1.2	
10	X	24	403,000										1.3	
11	X	24	351,000										1.2	
12	X	24	604,000										1.2	
13	X	24	400,000										1.8	
14	X	24	690,000										1.4	
15	X	24	760,000										1.4	
16	X	24	338,000										1.4	
17	X	24	188,000										1.4	
18	X	24	627,000										1.3	
19	X	24	669,000										1.4	
20	X	24	490,000										1.0	
21	X	24	655,000										1.0	
22	X	24	562,000										1.2	
23	X	24	347,000										1.3	
24	X	24	329,000										1.2	
25	X	24	801,000										1.3	
26	X	24	437,000										1.2	
27	X	24	290,000										1.4	
28	X	24	508,000										1.2	
29	X	24	551,000										1.3	
30	X	24	310,000										1.2	
Total			16,443,000											
Average			548,100											
Maximum			890,000											

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

FILE COPY

See page 4 for instructions

I. General Information for the Month/Year of: JULY, 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways			PWS Identification Number: 3354653	
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters			Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA				
Contact Person: Patrick Flynn			Contact Person's Title: Regional Director	
Contact Person's Mailing Address:			City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919			Contact Person's Fax Number: 1-407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address: 501 WEST HWY 44			City: LEESBURG	State: FLORIDA Zip Code: 34748
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	John Szafranski	C	8233	Days Sat-Tue
	Raymond Parrish	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 08/04/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: JULY, 2008

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

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

Day of the Month	Daily Plant Staffed or Visited by Operator (check)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg/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	215,000										1.3	
2	X	24	467,000										1.3	
3	X	24	373,000										1.4	
4	X	24	258,000										1.3	
5	X	24	410,000										1.2	
6	X	24	584,000										1.3	
7	X	24	161,000										1.2	
8	X	24	213,000										1.2	
9	X	24	494,000										1.3	
10	X	24	574,000										1.2	
11	X	24	307,000										1.3	
12	X	24	718,000										1.2	
13	X	24	422,000										1.2	
14	X	24	205,000										1.3	
15	X	24	328,000										1.4	
16	X	24	338,000										1.3	
17	X	24	352,000										1.4	
18	X	24	190,000										0.7	
19	X	24	482,000										1.2	
20	X	24	483,000										1.3	
21	X	24	309,000										1.2	
22	X	24	290,000										0.9	
23	X	24	686,000										1.0	
24	X	24	417,000										1.1	
25	X	24	331,000										1.4	
26	X	24	582,000										1.3	
27	X	24	545,000										1.3	
28	X	24	190,000										1.3	
29	X	24	268,000										1.4	
30	X	24	402,000										1.2	
31	X	24	383,000										1.1	
Total			11,997,000											
Average			387,000											
Maximum			718,000											

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

See page 4 for instructions

I. General Information for the Month/Year of: August, 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways			PWS Identification Number: 3354653	
PWS Type: ✔ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters			Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA				
Contact Person: Patrick Flynn				
Contact Person's Mailing Address:		Contact Person's Title: Regional Director		
Contact Person's Telephone Number: 1-407-869-1919		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's E-Mail Address: pcflynn@uiwater.com		Contact Person's Fax Number: 1-407-869-6961		

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE				
Plant Address: 501 WEST HWY 44		Plant Telephone Number:		
Type of Water Treated by Plant: ✔ Raw Ground Water ☐ Purchased Finished Water		City: LEESBURG	State: FLORIDA	Zip Code: 34748
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	Craig Raines	A	7960	Days Mon-Fri
	Raymond Parrish	C	12740	Days Tue-Sat
	Brian Eubanks	B	14073	Days Sun-Thurs
	Allson McPhee	C	15255	Days Sun-Thurs

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 9/3/08

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354653	Plant Name: UTILITIES INC OF PENNBROOKE
Daily Data for the Month/Year of:	August, 2008

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days plant was Operated by Groundwater (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Hour 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	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	310,000										0.9	
2	X	24	318,000										1.0	
3	X	24	421,000										1.1	
4	X	24	305,000										1.0	
5	X	24	217,000										1.0	
6	X	24	645,000										1.2	
7	X	24	707,000										1.1	
8	X	24	397,000										1.3	
9	X	24	829,000										1.5	
10	X	24	600,000										1.2	
11	X	24	378,000										1.2	
12	X	24	336,000										1.2	
13	X	24	483,000										1.3	
14	X	24	249,000										1.1	
15	X	24	250,000										1.2	
16	X	24	520,000										1.3	
17	X	24	466,000										1.3	
18	X	24	268,000										1.3	
19	X	24	239,000										1.3	
20	X	24	252,000										1.2	
21	X	24	233,000										1.3	
22	X	24	120,000										1.2	
23	X	24	188,000										1.1	
24	X	24	191,000										1.2	
25	X	24	96,000										1.2	
26	X	24	147,000										1.2	
27	X	24	393,000										1.3	
28	X	24	333,000										1.4	
29	x	24	290,000										1.6	
30	X	24	468,000										1.5	
31	x	24	246,000										1.4	
Total			10,887,000											
Average			351,194											
Maximum			829,000											

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

FILE COPY

See page 4 for instructions

I. General Information for the Month/Year of: September, 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways		
PWS Type:	✔ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	PWS Identification Number:	3354653
Number of Service Connections at End of Month:	1,244 120 Irrigation Meters	Total Population Served at End of Month:	3,110
PWS Owner:	UTILITIES INC OF FLORIDA		
Contact Person:	Patrick Flynn		
Contact Person's Mailing Address:		Contact Person's Title:	Regional Director
Contact Person's Telephone Number:	1-407-869-1919	City: Altamonte Springs State: Florida	Zip Code: 32714
Contact Person's E-Mail Address:	pflynn@uiwater.com	Contact Person's Fax Number:	1-407-869-6961

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE		
Plant Address:	501 WEST HWY 44	Plant Telephone Number:	
Type of Water Treated by Plant:	✔ Raw Ground Water ☐ Purchased Finished Water	City: LEESBURG State: FLORIDA	Zip Code: 34748
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	Craig Raines	A	7960	Days Mon-Fri.
	Raymond Parrish	C	12740	Days Tue-Sat.
	Brian Eubanks	B	14073	Days Sun-Thurs
	Allson McPhee	C	15255	Days Sun-Thurs

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 10/02/08 Steve Pfouts C-14204

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: September, 2008

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

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

Day of the Month	Description Method of Treating the Groundwater	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Maximum UV Dose Required, mW-sec/cm2		
1	X	24	160,000										1.4	
2	X	24	155,000										1.2	
4	X	24	290,000										1.2	
5	X	24	437,000										1.4	
6	X	24	343,000										1.4	
7	X	24	462,000										1.5	
8	X	24	491,000										1.4	
9	X	24	330,000										1.3	
10	X	24	230,000										1.2	
11	X	24	629,000										1.3	
12	X	24	456,000										1.3	
13	X	24	290,000										1.3	
14	X	24	755,000										1.3	
15	X	24	750,000										1.4	
16	X	24	340,000										1.0	
17	X	24	307,000										1.1	
18	X	24	665,000										1.2	
19	X	24	668,000										1.2	
20	X	24	391,000										1.3	
21	X	24	742,000										1.1	
22	X	24	704,000										1.2	
23	X	24	397,000										1.3	
24	X	24	310,000										1.1	
25	X	24	700,000										1.3	
26	X	24	630,000										1.3	
27	X	24	470,000										0.5	
28	X	24	850,000										1.0	
29	X	24	811,000										1.2	
30	X	24	377,000										0.8	
31	X	24	310,000										0.9	
Total			14,426,000											
Average			480,867											
Maximum			850,000											

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

See page 4 for instructions.

I. General Information for the Month/Year of: October, 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways			PWS Identification Number:	3354653
PWS Type:	✔ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1,244	120 Irrigation Meters	Total Population Served at End of Month:	3,110	
PWS Owner:	UTILITIES INC OF FLORIDA				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:			City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address:	501 WEST HWY 44		City: LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant:	✔ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	Craig Raines	A	7960	Days Mon-Fri.
	Raymond Parrish	C	12740	Days Tue-Sat.
	Brian Eubanks	B	14073	Days Sun-Thurs.
	Allson McPhee	C	15255	Days Sun-Thurs.

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 retain these additional operations records at the plant site for at least ten years and to

Steve Pfouts 11/03/08 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: October, 2008

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

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

Day of the Month	Description method of Verification by Operator (✓ or X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hour 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 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	668,000										0.8	
2	X	24	720,000										0.9	
3	X	24	481,000										1.5	
4	X	24	860,000										1.7	
5	X	24	746,000										1.4	
6	X	24	493,000										1.3	
7	X	24	292,000										1.2	
8	X	24	695,000										1.1	
9	X	24	550,000										1.1	
10	X	24	310,000										0.7	
11	X	24	550,000										0.5	
12	X	24	619,000										0.9	
13	X	24	333,000										1.2	
14	X	24	346,000										1.2	
15	X	24	670,000										1.1	
16	X	24	680,000										0.8	
17	X	24	370,000										1.2	
18	X	24	780,000										1.0	
19	X	24	771,000										1.1	
20	X	24	325,000										1.3	
21	X	24	374,000										1.4	
22	X	24	655,000										1.4	
23	X	24	760,000										1.2	
24	X	24	390,000										1.1	
25	X	24	460,000										0.8	
26	X	24	439,000										1.2	
27	X	24	289,000										1.3	
28	X	24	322,000										1.1	
29	X	24	663,000										1.2	
30	X	24	652,000										1.3	
31	X	24	440,000										1.5	
Total			16,699,000											
Average			538,677											
Maximum			860,000											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November, 2008

A. Public Water System (PWS) Information

PWS Name: Pennbrooke Fairways		PWS Identification Number: 3354653	
PWS Type: ✔ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,244 120 Irrigation Meters		Total Population Served at End of Month: 3,110	
PWS Owner: UTILITIES INC OF FLORIDA			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address:	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919	Contact Person's Fax Number: 1-407-869-6961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF PENNBROOKE		Plant Telephone Number:		
Plant Address: 501 WEST HWY 44	City: LEESBURG	State: FLORIDA	Zip Code: 34748	
Type of Water Treated by Plant: ✔ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	Craig Raines	A	7960	Days Mon-Fri
	Raymond Parrish	C	12740	Days Tue-Sat
	Brian Eubanks	B	14073	Days Sun-Thurs
	Allson McPhee	C	15255	Days Sun-Thurs

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 retain these additional operations records at the plant site for at least ten years and to

Signature and Date: 12/03/08

Steve Pfouts
Printed or Typed Name

C-14204
License Number

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

PWS Identification Number:	3354653	Plant Name:	UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: November, 2008

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

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

Day of the Month	Plant in operation (X)	Hours Plant in operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg/l-min	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	690,000										1.4	
2	X	24	674,000										1.2	
3	X	24	331,000										1.3	
4	X	24	766,000										1.2	
5	X	24	683,000										1.1	
6	X	24	760,000										1.1	
7	X	24	390,000										1.0	
8	X	24	750,000										1.2	
9	X	24	675,000										1.1	
10	X	24	357,000										1.0	
11	X	24	189,000										1.0	
12	X	24	608,000										1.1	
13	X	24	679,000										1.2	
14	X	24	433,000										1.0	
15	X	24	905,000										1.2	
16	X	24	762,000										1.1	
17	X	24	252,000										1.3	
18	X	24	364,000										1.2	
19	X	24	583,000										1.6	
20	X	24	694,000										1.6	
21	X	24	358,000										1.0	
22	X	24	864,000										1.4	
23	X	24	770,000										0.6	
24	X	24	274,000										1.4	
25	X	24	378,000										1.3	
26	X	24	575,000										1.7	
27	X	24	700,000										1.4	
28	X	24	370,000										1.0	
29	X	24	895,000										1.0	
30	X	24	645,000										1.1	
Total			16,676,000											
Average			555,867											
Maximum			905,000											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December, 2008

A. Public Water System (PWS) Information

PWS Name:	Pennbrooke Fairways	PWS Identification Number:	3354653
PWS Type:	✔ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1,244 120 Irrigation Meters	Total Population Served at End of Month:	3,110
PWS Owner:	UTILITIES INC OF FLORIDA		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:		City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	UTILITIES INC OF PENNBROOKE			Plant Telephone Number:	
Plant Address:	501 WEST HWY 44	City:	LEESBURG	State: FLORIDA	Zip Code: 34748
Type of Water Treated by Plant:	✔ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	Craig Raines	A	7960	Days Mon-Fri.
	Raymond Parrish	C	12740	Days Tue-Sat.
	Brian Eubanks	B	14073	Days Sun-Thurs.
	Allson McPhee	C	15255	Days Sun-Thurs.

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 retain these additional operations records at the plant site for at least ten years and to

Signature and Date: 01/06/09 — Steve Pfouts (Printed or Typed Name) — C-14204 (License Number)

DEP Form 62-555.900(1)

Effective August 24, 2003

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

PWS Identification Number: 3354653 | Plant Name: UTILITIES INC OF PENNBROOKE

III. Daily Data for the Month/Year of: December, 2008

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

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

Day of the Month	Plant Effluent Monitored by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	262,000										1.3	
2	X	24	211,000										1.4	
3	X	24	348,000										1.7	
4	X	24	793,000										1.3	
5	X	23	311,000										0.9	
6	X	24	895,000										1.0	
7	X	24	667,000										1.3	
8	X	24	225,000										1.4	
9	X	24	309,000										1.0	
10	X	24	613,000										1.3	
11	X	24	571,000										1.4	
12	X	23	160,000										1.4	
13	X	24	634,000										1.7	
14	X	24	599,000										1.4	
15	X	24	290,000										1.2	
16	X	24	304,000										1.0	
17	X	24	534,000										1.3	
18	X	24	660,000										1.0	
19	X	24	340,000										1.0	
20	X	24	600,000										1.1	
21	X	24	615,000										1.1	
22	X	24	320,000										1.2	
23	X	24	307,000										1.1	
24	X	24	449,000										1.2	
25	X	24	703,000										1.0	
26	X	24	224,000										0.9	
27	X	24	594,000										1.0	
28	X	24	809,000										1.4	
29	X	24	228,000										1.2	
30	X	24	304,000										1.0	
31	X	24	535,000										1.0	
Total			14,014,000											
Average			452,065											
Maximum			793,000											

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

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

PWS Identification Number: 3354653	Plant Name: Utilities Inc of Pennbrooke

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year* 2008

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

Polymer Dose, ppm =	Acrylamide Level, %† =

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

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

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

Type of Sequestrant (polyphosphate or sodium silicate):	Polyphosphate (Aqua Mag)
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	PO4= 10.77 mg/l
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570 **Expiration Date:** November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, 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, Public access reuse	Sample Measurement										
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.018 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement										
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement										
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement										
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement										
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement										
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

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, RIBs # 1 and # 2	Sample Measurement										
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH	Sample Measurement										
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	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: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon.Site No. EFA-1	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-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: _____ To: _____

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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19									
20									
21									
22									
23									
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: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: _____ To: _____

	Flow (MGD) Total through Treatment plant	Flow (MGD)	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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19									
20									
21									
22									
23									
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: _____

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date Nov. 2005
DEP Application No. FLA010570

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Pennbrooke Utilities, Inc./ Lake County**

Address _____

City _____ Zip _____

Telephone Number ( ) _____

(2) The GMS Identification Number **3035P01549**

(3) DEP Permit Number **FLA010570**

(4) Authorized Representative Name _____

Address _____

City _____ Zip _____

Telephone Number ( ) _____

(5) Type of Discharge _____

(6) Method of Discharge _____

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: _____ _____

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # _____

Analytical Lab Comp QAP # /HRS Certification # _____

*Comp QAP # /HRS Certification # _____

Lab Name _____

Address _____

Phone Number ( ) _____

4/14/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWB-1
Well Type: Background
Description: **Well Name MWB-1 Ponds**
WAFR # 33637
GMS # N/A

Monitoring Period From: _____ To: _____
Was the well purged before sampling? ___ Yes ___ No
Sampling Method Used _____

Date Sample Obtained: _____
Time Sample Obtained: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	---		Feet	Report				
Nitrate, (as N)	00620	--		mg/L	Report				
Solids, Total Dissolved (TDS)	70295	70296		mg/L	Report				
Chloride (as Cl)	00940	--		mg/L	Report				
Coliform, Fecal	74055	--		#/100	Report				
pH	00400	--		SU	Report				
Turbidity, Lab - Nepholometric	00070	82079		NTU	Report				

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-1
Well Type: Compliance
Description: **Well Name MWC-1 Ponds**
WAFR # 33638
GMS # N/A

Monitoring Period From: _____ To: _____
Was the well purged before sampling? ___ Yes ___ No

Sampling Method Used _____

Date Sample Obtained: _____
Time Sample Obtained: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--		Feet	Report				
Nitrate, (as N)	00620	--		mg/L	<10				
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500				
Chloride (as Cl)	00940	--		mg/L	<250				
Coliform, Fecal	74055	--		#/100	<4				
pH	00400	--		SU	6.5-8.5				
Turbidity, Lab - Nepholometric	00070	82079		NTU	Report				

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Well Name MWC-3**
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period From: _____ To: _____
Was the well purged before sampling? ___ Yes ___ No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--		Feet	Report				
Nitrate, (as N)	00620	--		mg/L	<10				
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500				
Chloride (as Cl)	00940	--		mg/L	<250				
Coliform, Fecal	74055	--		#/100	<4				
pH	00400	--		SU	6.5-8.5				
Turbidity, Lab - Nepholometric	00070	82079		NTU	Report				

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: **Piezometer PZ-8 Ponds** WAFR # 43785 GMS # ---

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545				

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: **Piezometer PZ-24 Ponds** WAFR # 43786 GMS # ---

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545				

10/31/2005
COMMENTS AND EXPLANATION:

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.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN. 01, 2007 To JAN. 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.077		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	(An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.058		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.038		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.47			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	45.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.28	4.36		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.40			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee 65990	1-800-272-1919	07/02/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: JAN 01 2007 To JAN. 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.6	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100mL	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100mL		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.73			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				0.888			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr, FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				267.0			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr, FPC
Solids, Total Suspended	Sample Measurement				388.0			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr, FPC
Flow	Sample Measurement	0.089		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (Art.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.085	0.086	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				48%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN. 01, 2007 To JAN. 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	0.030 (Mo. Ave.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.47			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Ave.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.28	4.36		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.59			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Ave.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.6	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S McPhee C6490	1-800-272-1919	07/02/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: JAN. 01, 2007 To JAN.31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (Arithmetic Mean)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.73			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.70			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: JAN 1 2007 To: JAN 31 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.117	.040	.000	.077					
2	.107	.000	.000	.107					
3	.038	.000	.000	.038					
4	.129	.000	.000	.129					
5	.071	.000	.000	.071					
6	.081	.107	.000	.000					
7	.108	.132	.000	.000					
8	.064	.015	.000	.049					
9	.080	.015	.000	.065					
10	.075	.018	.000	.057					
11	.080	.114	.000	.000	321	376			
12	.073	.098	.000	.000					
13	.087	.116	.000	.000					
14	.091	.121	.000	.000					
15	.091	.122	.000	.000					
16	.052	.071	.000	.000					
17	.059	.000	.000	.059					
18	.097	.000	.000	.097					
19	.110	.000	.000	.110					
20	.079	.000	.000	.079					
21	.063	.000	.000	.063					
22	.088	.000	.000	.088					
23	.074	.097	.000	.000	213	400			
24	.117	.118	.000	.000					
25	.072	.080	.000	.000					
26	.112	.046	.000	.066					
27	.066	.093	.000	.000					
28	.061	.084	.000	.000					
29	.080	.110	.000	.000					
30	.127	.131	.000	.000					
31	.074	.059	.000	.015					
Total	2.623	1.787	.000	1.170	534.0	776.0			
Mo. Avg.	0.085	0.058	.000	0.038	267.0	388.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allison McPhee
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	Barner Cooks
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: JAN 1, 2007 To: JAN. 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.00		.288
2					7.8		5.00		.295
3					7.9		5.00		.298
4					7.9		4.50		.395
5		<1			7.9		5.00	0.8	.379
6					7.9		5.00		.408
7					7.9		5.00		.395
8					7.6		2.73		.417
9					7.8		5.00		.503
10		<1			7.9		5.00	<0.67	.651
11	4.36	<1	4.98		8.0	<0.67	5.00	<067	.477
12					8.0		5.00		.552
13					7.9		5.00		.460
14					7.9		5.00		.440
15		<1			7.9		5.00	<0.67	.580
16		<1			7.9		5.00	1.2	.770
17		<1			7.9		5.00	<0.67	.820
18		<1			7.9		5.00	<0.67	.875
19					7.9		5.00		.888
20					7.9		5.00		.827
21					7.9		5.00		.809
22		<1			7.9		5.00	1.0	.877
23	4.20	<1	8.70		7.9	2.0	5.00	2.4	.790
24		<1			7.8		5.00	0.8	.808
25		<1			7.9		5.00	<0.67	.707
26					7.8		5.00		.670
27					7.9		5.00		.600
28					7.9		5.00		.350
29		<1			7.9		5.00	2.0	.250
30					7.9		5.00		.197
31		<1			7.9		5.00	<0.67	.359
Total	8.56	<1	13.68		244.4	2.0	152.23	8.2	17.135
Mo. Avg	4.28	<1	6.84		7.9	1.0	4.91	0.63	0.553

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	A	Certificate No:	7374	Name:	Barner Cooks
Day shift Operater	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

691

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

FILE COPY

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570 Expiration Date: October 17, 2010

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: FEB. 01, 2007 To FEB 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.079		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.081 R		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.52			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.54	3.07		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				3.40			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07-03-08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: FEB.01 2007 To: FEB. 28, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.7	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.57			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.187			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				137.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				308.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.088		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.088	0.089	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				49%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: FEB. 01, 2007 To FEB. 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.52			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.54	3.07		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.51			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67	<.67		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.7	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: FEB. 01, 2007 To FEB. 28, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement				1.57			mg/L	0	5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				6.73			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-1	Sample Measurement										
Nitrogen, Nitrate, Total (as N)	Permit Requirement										
PARM Code 00620 A	Sample Measurement										
Mon.Site No. EFA-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTP
Monitoring Period From: FEB 1, 2007 To: FEB. 28, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.00		.621
2		<1.0			7.9		5.00	1.0	.795
3					7.9		5.00		.660
4					7.9		5.00		.770
5		<1.0			7.9		5.00	3.4	.659
6	<2.0	<1.0	4.93		7.9	<0.67	5.00	<0.67	.629
7					7.9		5.00		.809
8					7.9		5.00		.568
9					7.9		5.00		.843
10					7.9		5.00		.823
11					7.9		5.00		.608
12		<1.0			7.9		5.00	<0.67	.508
13		<1.0			7.9		5.00	<0.67	.504
14		<1.0			8.0		5.00	<0.67	.454
15		<1.0			7.7		1.57	<0.67	.770
16					7.9		5.00		.502
17					7.9		5.00		.440
18					7.9		5.00		.400
19		<1.0			7.7		5.00	1.4	.358
20	3.07	<1.0	6.73		7.8	<0.67	5.00	1.4	.332
21					7.8		5.00		.333
22		<1.0			7.9		5.00	<0.67	.382
23		<1.0			7.9		3.97	<0.67	.397
24					7.9		4.73		1.187
25					7.9		4.89		1.112
26		<1.0			7.9		3.94	0.80	.512
27					7.9		2.44		.326
28		<1.0			7.9		3.94	<0.67	.278
29									
30									
31									
Total	3.07	<1.0	11.66		220.7	<67	130.48	8.0	16.58
Mo. Avg	1.54	<1.0	5.83		7.88	<67	4.66	0.62	0.592

DO NOT STAPLE

Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson
Lead Operator Class: C Certificate No: 9490 Name: Allson McPhee
Day Shift Operator Class: A Certificate No: 7374 Name: Barner Cooks
Day shift Operator Class: B Certificate No: 9509 Name: Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period From: FEB 1, 2007 To: FEB 28 2007
Facility: Pembrooke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.082	.092	.000	.000					
2	.089	.100	.000	.000					
3	.083	.130	.000	.000					
4	.076	.103	.000	.000					
5	.096	.130	.000	.000					
6	.085	.097	.000	.000	125.0	304.0			
7	.127	.130	.000	.000					
8	.066	.014	.000	.052					
9	.098	.000	.000	.098					
10	.069	.000	.000	.069					
11	.071	.081	.000	.000					
12	.078	.080	.000	.000					
13	.111	.112	.000	.000					
14	.121	.142	.000	.000					
15	.092	.122	.000	.000					
16	.102	.140	.000	.000					
17	.057	.078	.000	.000					
18	.062	.091	.000	.000					
19	.084	.115	.000	.000					
20	.064	.094	.000	.000	149.0	312.0			
21	.120	.122	.000	.000					
22	.072	.051	.000	.021					
23	.092	.125	.000	.000					
24	.094	.127	.000	.000					
25	.084	.113	.000	.000					
26	.103	.145	.000	.000					
27	.094	.110	.000	.000					
28	.088	.112	.000	.000					
29									
30									
31									
Total	2.46	2.756	.000	.240	274.0	616.0			
Mo. Avg.	.088	.098	.000	.008	137.0	308.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operater	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	Barner Cooks
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfoots

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570 Expiration Date: November 1, 2011

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAR, 01, 2007 To MAR 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.077		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.012		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.81			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.52	4.88		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.00			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07/04/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: MAR 01 2007 To MAR 31 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.4			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.742			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				167.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				274.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.086		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.085	0.086	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				46%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAR. 01, 2007 To MAR.31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.81			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.52	4.88		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07/04/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: MAR 01, 2007 To MAR 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.40			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.03			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Peoabrooke WWTF
Monitoring Period From: March 1, 2007 To: March 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			7.9		5.0	<.67	.287
2		<1.0			7.9		5.0	1.0	.262
3					7.9		5.0		.432
4					7.9		5.0		.431
5		<1.0			8.0		5.0	1.4	.376
6	4.15	<1.0	3.03		7.9	<.67	5.0	<.67	.324
7		<1.0			7.9		2.4	0.8	.326
8		<1.0			7.9		5.0	<.67	.343
9					7.9		5.0		.363
10					7.9		5.0		.475
11					7.9		5.0		.556
12		<1.0			7.9		3.8	<.67	.582
13		<1.0			8.0		5.0	<.67	.586
14		<1.0			7.9		2.4	0.8	.711
15		<1.0			7.9		5.0	<.67	.689
16					7.9		3.1		.742
17					7.9		5.0		.496
18					7.9		5.0		.426
19		<1.0			7.9		5.0	<.67	.372
20	4.88	<1.0	2.95		7.9	2.0	5.0	<.67	.364
21					7.9		5.0		.351
22					7.9		5.0		.298
23		<1.0			7.9		5.0	1.0	.293
24					7.9		5.0		.332
25					7.9		5.0		.352
26		<1.0			7.9		5.0	2.0	.378
27		<1.0			7.9		5.0	<.67	.370
28		<1.0			7.9		5.0	<.67	.389
29		<1.0			7.9		5.0	<.67	.443
30					7.9		5.0		.563
31					7.9		5.0		.701
Total	9.03	<1.0	5.98		245.1	2.0	146.7	7.0	13.61
Mo. Avg.	4.52	<1.0	2.99		7.9	1.0	4.7	0.41	0.439

PLANT STAFFING:

Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson Mcphee
Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	A	Certificate No:	7374	Name:	Barner Cooks
Day Shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: MAR 1, 2007 To: MAR 31 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.082	.111	.000	.000					
2	.092	.121	.000	.000					
3	.084	.111	.000	.000					
4	.084	.110	.000	.000					
5	.098	.100	.000	.000					
6	.077	.080	.000	.000	166.0	288.0			
7	.088	.090	.000	.000					
8	.082	.084	.000	.000					
9	.078	.080	.000	.000					
10	.076	.080	.000	.000					
11	.083	.090	.000	.000					
12	.094	.098	.000	.000					
13	.104	.110	.000	.000					
14	.116	.120	.000	.000					
15	.102	.104	.000	.000					
16	.089	.092	.000	.000					
17	.079	.000	.000	.079					
18	.079	.056	.000	.023					
19	.088	.000	.000	.088					
20	.073	.000	.000	.073	168.0	260.0			
21	.093	.000	.000	.093					
22	.080	.000	.000	.080					
23	.077	.028	.000	.000					
24	.079	.095	.000	.000					
25	.079	.102	.000	.000					
26	.092	.115	.000	.000					
27	.077	.097	.000	.000					
28	.080	.100	.000	.000					
29	.076	.096	.000	.000					
30	.080	.103	.000	.000					
31	.078	.096	.000	.000					
Total	2.639	2.469	.000	0.436	344.0	548.0			
Mo. Avg.	0.085	0.080	.000	0.014	167.0	274.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	Barner Cooks
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570 **Expiration Date:** November 17, 2010

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

FILE COPY

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APR. 01, 2007 To APR 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.074		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.058		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.036		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.88			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.42	6.84		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.00			mg/L	0	4 Days/Week	Grab
PARM Code 00530 H Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee 6/9/07	1-800-272-1919	07-05-16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: APR.01.2007 To APR.30.2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0 8.3 A		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.80			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.21			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				136.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				282.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.086		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.084	0.086	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				46%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APR. 01, 2007 To APR. 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.88			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.42	6.84		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.29			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67	0.80		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6990	1-800-272-1919	07-05-16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: MAR 01, 2007 To MAR 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.80			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.18			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: APR 01,2007 To: APR 30, 2007

	Flow (MGD) Total through Treatment pl.	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.080	.065	0.000	0.015					
2	.090	.061	0.000	0.029					
3	.120	.038	0.000	0.082					
4	.072	.000	0.000	0.072					
5	.065	.000	0.000	0.065	172.0	424.0			
6	.114	.006	0.000	0.114					
7	.093	.004	0.000	0.089					
8	.090	.039	0.000	0.051					
9	.086	.113	0.000	0.000					
10	.079	.003	0.000	0.076					
11	.098	.029	0.000	0.069					
12	.092	.112	0.000	0.000					
13	.083	.000	0.000	0.083					
14	.101	.000	0.000	0.101					
15	.084	.023	0.000	0.061					
16	.104	.133	0.000	0.000					
17	.077	.098	0.000	0.000	100.0	140.0			
18	.090	.117	0.000	0.000					
19	.068	.088	0.000	0.000					
20	.074	.095	0.000	0.000					
21	.088	.107	0.000	0.000					
22	.080	.020	0.000	0.060					
23	.070	.000	0.000	0.070					
24	.079	.031	0.000	0.048					
25	.075	.100	0.000	0.000					
26	.068	.090	0.000	0.000					
27	.066	.087	0.000	0.000					
28	.079	.100	0.000	0.000					
29	.074	.096	0.000	0.000					
30	.071	.090	0.000	0.000					
31									
Total	2.510	1.750	0.000	1.085	272.0	564.0			
Mo. Avg.	0.084	0.058	0.000	0.036	136.0	282.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	B	Certificate No:	9505	Name:	Steve Pfouts
Day Shift Operator	Class:	A	Certificate No:	7374	Name:	Barner Cooks
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson Mcphee

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period: From APR 1, 2007 To APR 30, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.0		.544
2					7.9		5.0		.531
3					7.9		5.0		.766
4					7.9		2.5		.667
5	<2.0	<1.0	3.18		7.9	0.8	5.0	<.67	.571
6					7.9		1.8		.394
7					7.9		5.0		.296
8					7.9		5.0		.255
9					7.9		5.0		.180
10		<1.0			7.9		5.0	<.67	.187
11		<1.0			7.9		5.0	<.67	.160
12		<1.0			8.0		5.0	<.67	.532
13					7.9		5.0		.452
14					7.9		5.0		.408
15					7.9		5.0		.482
16		<1.0			7.9		5.0	<.67	.584
17	6.84	<1.0	0.73		7.9	<.67	5.0	1.0	.642
18		<1.0			7.9		5.0	<.67	.575
19		<1.0			7.9		5.0	<.67	.640
20					7.9		5.0		.387
21					7.9		5.0		.715
22					7.9		5.0		.514
23					7.9		5.0		.504
24					8.2		5.0		.369
25					8.3		4.2		.497
26		<1.0			7.9		5.0	1.0	.434
27		<1.0			7.9		5.0	<.67	.613
28					7.9		5.0		.885
29					7.9		5.0		.865
30					7.9		5.0		1.21
31							3.0		
Total	6.84	<1.0	3.91		237.8	0.80	141.5	2.0	15.90
Mo. Avg.	3.42	<1.0	2.00		7.9	0.40	4.7	0.20	.529

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	Barnet Cooks
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson Mcphee

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

FILE COPY

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570 Expiration Date: November 7, 2012

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAY. 01, 2007 To MAY 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.074		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.068		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.04			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.92	5.76		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				~~6.33~~ 1.8			mg/L	0	4 Days/Week	Grab
PARM Code 00530 R Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07/05/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: MAY.01 2007 To MAY.31. 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.10			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.31			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				211.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				277.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.093		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.083	0.084	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				47%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

(When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAY. 01, 2007 To MAY.31.2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.006		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.04			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.92	5.76		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.425			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67	1.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH	Sample Measurement				7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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 AND OFFICIAL TITLE (Please type or print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE SIGNED
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee	1-800-272-1919	07/05/13

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: MAY 1, 2007 To: MAY 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.0		.696
2					7.9		5.0	*	.663
3		<1.0			7.9		5.0	<.67	.655
4	<2.0	<1.0	2.85		7.9	1.0	5.0	1.8	.899
5					7.9		5.0		.800
6					7.9		5.0		.368
7		<1.0			7.9		5.0	0.8	.450
8		<1.0			7.9		5.0	<.67	.551
9		<1.0			8.1		5.0	<.67	.416
10		<1.0			7.9		5.0	<.67	.426
11					8.1		5.0		.960
12					7.9		5.0		.531
13					7.9		5.0		.520
14		<1.0			7.9		5.0	<.67	.525
15		<1.0			8.0		5.0	<.67	.603
16	5.76	<1.0	.525		7.9	<.67	5.0	<.67	.482
17		<1.0			7.9		5.0	<.67	.516
18					8.0		5.0		.525
19					8.0		5.0		.541
20					7.9		5.0		.504
21		<1.0			7.9		5.0	<.67	.465
22		<1.0			7.9		5.0	<.67	.510
23		<1.0			7.9		5.0	<.67	.500
24		<1.0			8.0		5.0	<.67	.699
25					7.9		5.0		.599
26					7.9		5.0		.520
27					7.9		5.0		.520
28					7.9		2.1	*	.667
29					7.9		2.3	*	2.31
30		<1.0			7.9		5.0	1.0	1.00
31	<2.0	<1.0	4.25		7.9	<.67	5.0	1.6	.464
Total	5.76	<1.0	7.63		245.8	1.00	149.4	5.2	22.38
Mo. Avg.	1.92	<1.0	2.54		7.9	0.33	4.8	0.33	0.722

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No: 8122	Name:	Daniel Anderson	
Day Shift Operator	Class: B	Certificate No: 9509	Name:	Steve Pfouts	
Day Shift Operator	Class: A	Certificate No: 7347	Name:	Barnee Cooks	
Lead Operator	Class: C	Certificate No: 6490	Name:	Allson Mcphee	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: MAY 01,2007 To: MAY 31, 2007

	Flow (MGD) Total through Treatment pl.	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.069	.015	0.000	0.054					
2	.067	.003	0.000	0.064					
3	.063	.000	0.000	0.063					
4	.081	.097	0.000	0.000	143.0	124.0			
5	.076	.096	0.000	0.000					
6	.084	.035	0.000	0.049					
7	.069	.082	0.000	0.000					
8	.087	.087	0.000	0.000					
9	.097	.107	0.000	0.000					
10	.081	.081	0.000	0.000					
11	.082	.057	0.000	0.025					
12	.084	.082	0.000	0.002					
13	.097	.094	0.000	0.003					
14	.079	.083	0.000	0.000					
15	.096	.085	0.000	0.011					
16	.103	.099	0.000	0.004	250.0	528.0			
17	.091	.091	0.000	0.000					
18	.086	.091	0.000	0.000					
19	.082	.087	0.000	0.000					
20	.087	.034	0.000	0.053					
21	.076	.076	0.000	0.000					
22	.080	.080	0.000	0.000					
23	.088	.100	0.000	0.000					
24	.070	.073	0.000	0.000					
25	.081	.084	0.000	0.000					
26	.105	.049	0.000	0.056					
27	.085	.083	0.000	0.002					
28	.069	.071	0.000	0.000					
29	.084	.000	0.084	0.000					
30	.100	.000	0.100	0.000					
31	.083	.087	0.000	0.000	242.0	180.0			
Total	2.58	2.109	0.184	0.286	635.0	832.0			
Mo. Avg.	0.083	.068	0.006	0.013	211.7	277.0			

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	B	Certificate No:	9505	Name:	Steve Pfouts
Day Shift Operator	Class:	A	Certificate No:	7374	Name:	Barner Cooks
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson Mcphee

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570 **Expiration Date:** November 12, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JUNE 01, 2007 To JUNE 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.073		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.070		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.019		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.4	12.4		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee C6490	1-800-272-1919	07/07/10

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JUNE 01,2007 To JUNE 30, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.856			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				206.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				309.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.089	0.085	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				47%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JUNE 01, 2007 To JUNE 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.4	12.4		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.235			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.22			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee	1-800-272-1919	07/07/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: JUNE 01, 2007 To JUNE 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.85			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: JUNE 1, 2007 To: JUNE 30, 2022

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			7.9		5.0	<.67	.436
2					7.9		5.0		.390
3					7.9		5.0		.380
4					8.0		5.0		.467
5		<1.0			8.0		5.0	<.67	.600
6		<1.0			7.9		5.0	<.67	.468
7		<1.0			7.9		5.0	<.67	.453
8		<1.0			8.0		5.0	0.8	.430
9					8.0		5.0		.856
10					7.9		5.0		.772
11		<1.0			7.9		5.0	<.67	.547
12		<1.0			7.9		5.0	<.67	.464
13	12.4	<1.0	2.71		7.9	1.0	5.0	1.0	.489
14		<1.0			8.0		5.0	<.67	.479
15					8.0		5.0		.511
16					8.0		5.0		.499
17					7.9		5.0		.517
18		<1.0			7.9		5.0	<.67	.765
19		<1.0			8.1		5.0	2.0	.716
20		<1.0			8.0		5.0	<.67	.732
21		1.0			7.9		5.0	<.67	.583
22					7.9		5.0		.627
23					8.0		5.0		.657
24					8.0		5.0		.645
25		<1.0			7.9		5.0	<.67	.661
26	12.4	<1.0	4.85		7.9	2.0	5.0	<.67	.656
27		<1.0			7.9		5.0	<.67	.624
28		<1.0			7.9		5.0	<.67	.618
29					8.0		5.0		.665
30					8.0		5.0		.660
31							5.0		
Total	24.8	<1.0	7.56		238.0	3.0	150.0	3.8	17.38
Mo. Avg.	12.4	<1.0	3.75		8.0	1.5	5.0	.22	.579

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class: B	Certificate No:	9509	Name:	Steve Pfouts
Day Shift Operator	Class: C	Certificate No:	14490	Name:	Robert Johnson
Lead Operator	Class: C	Certificate No:	6190	Name:	Allson Mephee

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Penobscot WWTF
Monitoring Period From: JUNE 1, 2002 To: JUNE 30, 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.089	.090	.000	.000					
2	.069	.045	.000	.024					
3	.096	.000	.000	.096					
4	.082	.000	.000	.082					
5	.089	.019	.000	.070					
6	.083	.083	.000	.000					
7	.071	.054	.000	.017					
8	.074	.072	.000	.002					
9	.082	.062	.000	.020					
10	.091	.092	.000	.000					
11	.092	.031	.000	.061					
12	.083	.084	.000	.000					
13	.082	.077	.000	.005	226.7	538.0			
14	.080	.081	.000	.000					
15	.130	.079	.000	.051					
16	.085	.083	.000	.002					
17	.087	.088	.000	.000					
18	.087	.089	.000	.000					
19	.114	.074	.000	.040					
20	.100	.086	.000	.014					
21	.081	.082	.000	.000					
22	.130	.073	.000	.057					
23	.101	.076	.000	.025					
24	.088	.093	.000	.000					
25	.086	.087	.000	.000					
26	.089	.094	.000	.000	186.7	80.0			
27	.075	.076	.000	.000					
28	.086	.080	.000	.006					
29	.086	.076	.000	.010					
30	.090	.090	.000	.000					
31									
Total	2.680	2.116	.000	0.562	413.4	618.0			
Mo. Avg.	0.089	0.070	.000	0.019	206.7	309.0			

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No:	8122	Name:	Daniel Anderson	
Lead Operator	Class: C	Certificate No.	6490	Name:	Allson McPhee	
Day Shift Operator	Class: C	Certificate No:	14490	Name:	Robert Johnson	
Dayshift Operator	Class: B	Certificate No:	9509	Name:	Steve Pfouts	

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From : April 2007 To: June 2007
Date Sampled Obtained: 05/07/07 1035
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0756262002
Test Site ID: 33638
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	6.14*		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	220 / mg/L		10 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 300.0	110 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	5.0		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	1.3 / mg/L		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit
*= Depth below top of casing

P.11

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/12/2007 14:23 #256 P.011/023

Advanced Environmental Laboratories, Inc
5616 Princess Pam Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part B (Pembrooke Utilities)

Lab Sample ID: T07[illegible]
Test Site ID: 33637
Well Type: Background
Ground Water Class: G-II
Well Name: MWB-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	12.54*		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	2.7 / mg/L		0.047 / mg/L
pH (Standard Units)	00406	Pump	N	N/A	Field	6.28		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	4.4 / mg/L		0.13 / NTU

Comments and Explanations: * = Depth below top of casing

P.1

FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 07/09/2007 14:09 #369 P.007/014

Advanced Environmental Laboratories, Inc
9616 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pembrooke Utilities)

Lab Sample ID: [illegible]
Test Site ID:
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-3

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	14.51*		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	6.9 / mg/L		0.047 / mg/L
pH (Standard Units)	00406	Pump	N	N/A	Field	7.39		N/A

Comments and Explanations: * = Depth below top of casing

FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 - 07/09/2007 14:09 #369 P.008/014

Advanced Environmental Laboratories, Inc.
5616 Princess Pass Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part B (Pennbrooke Utilities)

Lab Sample ID: [illegible]
Test Site Id: N/A
Well Type: N/A
Ground Water Class: N/A
Well Name: Equipment Blank

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	N/A		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/l.
pH (Standard Units)	00406	Pump	N	N/A	Field	7.65		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.13 / mg/L	U	0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 07/09/2007 14:09 #369 P.009/014

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From : April 2007 To: June 2007
Date Sampled Obtained: 05/07/07 1014
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0756262004
Test Site ID: N/A
Well Type: N/A
Ground Water Class: N/A
Well Name: Equiptment Blank

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	N/A		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	8 / mg/L	U	8 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 300.0	2.1 / mg/L	U	2.1 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	7.6		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.13 / mg/L	U	0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

P.13

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/12/2007 14:23 #256 P.013/023

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Peunbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From : April 2007 To: June 2007
Date Sampled Obtained: 05/07/07 1042
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0756262006
Test Site ID: 43786
Well Type: Piezometer
Ground Water Class: G-II
Well Name: PZ-24

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	DRY		N/A / FL

Comments and Explanations:

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/12/2007 14:24 #256 P.015/023

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From : April 2007 To: June 2007
Date Sampled Obtained: 05/07/07 1045
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0756262005
Test Site ID: 43785
Well Type: Piezometer
Ground Water Class: G-II
Well Name: PZ-8

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	DRY		N/A / Ft.

Comments and Explanations:

PZ

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/12/2007 14:24 #256 P.014/023

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JULY 01, 2007 To JULY 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.071		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.079		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.28			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.10	9.9		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				7.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	C6490	1-800-272-1919	07/08/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): **7.0 TSS, BELIEVED TO BE LAB ERROR**

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JULY 01 2007 To JULY 31 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.21			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				211.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				213.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.091	0.088	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (1 MADF/ Permitted Capacity) x 100	Sample Measurement				49%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTP
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JULY. 01, 2007 To JULY.31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.28			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<.67	1.00		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67	1.00		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allison S. McPhee C6490	1-800-272-1919	07/08/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: JULY 01, 2007 To JULY 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.10			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: JULY 1, 2007 To: JULY 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.0		.606
2		<1.0			7.9		5.0	<.67	.881
3		<1.0			8.0		5.0	1.0	1.03
4					7.9		5.0		.844
5					7.9		5.0		.532
6		<1.0			8.0		5.0	<.67	.384
7					8.0		5.0		.746
8					7.9		5.0		.645
9		<1.0			7.9		5.0	<.67	.540
10					8.0		5.0		.492
11	8.2	1.0	4.81		7.9	1.0	5.0	**6.0**	.400
12		<1.0			7.9		5.0	<.67	.600
13		<1.0			7.9		5.0	<.67	.590
14					8.0		5.0		.613
15					8.0		5.0		.741
16		<1.0			8.0		5.0	<.67	.582
17		<1.0			8.0		5.0	1.0	.614
18		<1.0			7.9		5.0	**7.0**	.646
19		<1.0			7.9		5.0	<.67	.641
20					8.0		5.0		.691
21					8.0		5.0		.729
22					8.0		5.0		.725
23		<1.0			7.9		5.0	1.0	.642
24		<1.0			8.0		5.0	<.67	.618
25		<1.0			8.0		5.0	<.67	1.21
26	9.9	<1.0	7.10		7.9	<.67	5.0	<.67	.734
27					8.0		5.0		.800
28					7.9		5.0		.845
29					7.9		5.0		1.01
30					7.9		5.0		1.13
31		<1.0			7.9		5.0	1.0	.577
Total	18.1	1.0	11.91		246.3	1.0	155.0	17.1	21.93
Mo. Avg.	9.1	<1.0	6.0		8.0	0.5	5.0	1.1	0.707

TSS SAMPLES FOR 7-11-07 & 7-18-07, BELIEVED TO BE LAB ERRORS. DID MALFUNCTION REPORTS. NOTIFIED D.E.P.

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson

Day Shift Operator Class: B Certificate No: 9509 Name: Steve Pfouts

Day Shift Operator Class: C Certificate No: 14490 Name: Robert Johnson

Lead Operator Class: C Certificate No: 6490 Name: Alison Mcphee

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: JULY 1, 2007 , To: JULY 31 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.077	.100	.000	.000					
2	.100	.067	.000	.033					
3	.098	.099	.000	.000					
4	.104	.105	.000	.000					
5	.089	.070	.000	.019					
6	.090	.091	.000	.000					
7	.113	.020	.000	.093					
8	.099	.094	.000	.005					
9	.108	.110	.000	.000					
10	.124	.061	.000	.063					
11	.080	.000	.000	.080	208.9	212.0			
12	.077	.067	.000	.010					
13	.081	.076	.000	.005					
14	.082	.075	.000	.007					
15	.092	.092	.000	.000					
16	.074	.080	.000	.000					
17	.100	.101	.000	.000					
18	.102	.073	.000	.029					
19	.098	.088	.000	.010					
20	.090	.073	.000	.017					
21	.082	.080	.000	.002					
22	.086	.092	.000	.000					
23	.088	.092	.000	.000					
24	.085	.073	.000	.012					
25	.080	.080	.000	.000					
26	.089	.085	.000	.004	214.4	214.0			
27	.109	.071	.000	.038					
28	.085	.085	.000	.000					
29	.084	.086	.000	.000					
30	.074	.080	.000	.000					
31	.094	.087	.000	.007					
Total	2.834	2.453	.000	0.434	423.3	426.0			
Mo. Avg	0.091	0.079	.000	0.014	211.7	213.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14490	Name:	Robert Johnson
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUG 01, 2007 To AUG 31, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.088			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)			MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.088			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)			MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.017			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)			MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.005			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)			MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.80			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.35	9.70		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement					5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee CH90	1-800-272-1919	07-09-07

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: AUG,01 2007 To AUG,31,,2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.20			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				225.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				270.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.083		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.088	0.089	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				50%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUG. 01, 2007 To AUG 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.80			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.35	9.70		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<.67	1.00		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE	Allson S. McPhee 6490	1-800-272-1919	07-09-07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: AUG 01, 2007 To AUG 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
Coliform, Fecal	Permit Requirement				Report (Mo Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				9.75			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-1	Sample Measurement										
Nitrogen, Nitrate, Total (as N)	Permit Requirement										
	Sample Measurement										
PARM Code 00620 A	Permit Requirement										
Mon.Site No. EFA-1	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembroke WWTF
Monitoring Period From AUG 1, 2007 To: AUG 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			7.9		5.0	<.67	.844
2		<1.0			7.9		5.0	2.0	.850
3					8.0		5.0		.960
4					8.0		5.0		1.20
5					7.9		5.0		.782
6		<1.0			7.9		5.0	2.0	.607
7		<1.0			7.9		5.0	<.67	.595
8	9.0	<1.0	5.76		8.0	1.0	5.0	1.0	.608
9		<1.0			7.9		5.0	1.0	.579
10					8.0		5.0		.434
11					8.0		5.0		.407
12					7.9		5.0		.396
13		<1.0			8.0		5.0	2.0	.510
14		<1.0			7.9		5.0	<.67	.498
15		<1.0			7.9		5.0	<.67	.535
16		<1.0			7.9		5.0	<.67	.457
17					8.0		5.0		.428
18					8.0		5.0		.423
19					7.9		5.0		.388
20		<1.0			8.0		5.0	<.67	.429
21		<1.0			8.0		5.0	<.67	.432
22	9.7	<1.0	9.75		7.9	<.67	5.0	<.67	.449
23		<1.0			7.9		5.0	<.67	.444
24					8.0		5.0		.372
25					8.0		5.0		.324
26					7.9		5.0		.329
27		<1.0			7.9		5.0	<.67	.320
28		<1.0			8.0		5.0	<.67	.347
29		<1.0			8.0		5.0	1.0	.420
30		<1.0			8.0		5.0	<.67	.335
31					8.0		5.0		.290
Total	18.70	<1.0	15.51		246.5	1.0	155.0	9.00	15.99
Mo. Avg.	9.35	<1.0	7.76		8.0	<.67	5.0	1.5	0.516

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No: 8122	Name:	Daniel Anderson	
Day Shift Operator	Class: B	Certificate No: 9509	Name:	Steve Pfouts	
Day Shift Operator	Class: C	Certificate No: 14490	Name:	Robert Johnson	
Lead Operator	Class: C	Certificate No: 6490	Name:	Allson Mephee	

DAILY SAMPLE RESULTS - PART II

Permit Number: FLA010570
Monitoring Period: From AUG 1, 2007 To AUG 31 2007
Facility: Pembroke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.086	.088	.000	.000					
2	.079	.079	.000	.000					
3	.095	.096	.000	.000					
4	.091	.091	.000	.000					
5	.099	.101	.000	.000					
6	.096	.101	.000	.000					
7	.093	.079	.000	.014					
8	.082	.087	.000	.000	223.3	334.0			
9	.076	.069	.000	.000					
10	.093	.079	.000	.014					
11	.092	.088	.000	.004					
12	.106	.107	.000	.000					
13	.085	.079	.000	.006					
14	.082	.082	.000	.000					
15	.108	.076	.000	.032					
16	.083	.085	.000	.000					
17	.086	.073	.000	.013					
18	.086	.085	.000	.001					
19	.104	.090	.000	.014					
20	.119	.077	.000	.042					
21	.080	.086	.000	.000					
22	.083	.083	.000	.000	226.7	206.0			
23	.067	.067	.000	.000					
24	.067	.075	.000	.000					
25	.069	.074	.000	.000					
26	.089	.090	.000	.000					
27	.115	.116	.000	.000					
28	.094	.094	.000	.000					
29	.058	.058	.000	.000					
30	.086	.086	.000	.000					
31	.089	.090	.000	.000					
Total	2.738	2.631	.000	0.140	450.0	540.0			
Mo. Avg.	0.088	0.085	.000	0.005	225.0	270.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14490	Name:	Robert Johnson
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPT 01, 2007 To SEPT 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.074		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.088		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.31			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.65	13.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allen S McPhee	1-800-272-1919	07/10/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: SEPT 01 2007 To SEPT 30 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.433			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200.4			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				262.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.098	0.092	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPT 01, 2007 SEPT 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.31			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.65	13.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1	<1		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE CG490		1-800-272-1919	07/10/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: SEPT 01, 2007 To SEPT, 30, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-3	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	2.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.70			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: SEPT 01, 2007 TO SEPT 30,2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	Ph (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					8.0		5.0		.279
2					8.0		5.0		.289
3					7.9		5.0		.290
4					7.9		5.0		.320
5	10.0	<1	8.7		8.0	<1	5.0	<1	.344
6		<1			8.0		5.0	<1	.341
7		<1			8.0		5.0	<1	.349
8		<1			8.0		5.0	<1	.404
9					8.0		5.0		.429
10		<1			8.0		5.0	<1	.349
11		<1			8.0		5.0	<1	.319
12		<1			8.0		5.0	2.0	319
13		<1			8.0		5.0	1.0	.309
14					8.0		5.0		.315
15					8.0		5.0		335
16					8.0		5.0		.309
17		<1			8.0		5.0	1.0	.326
18		<1			8.0		5.0	<1	.321
19	13.3	<1	6.66		7.9	<1	5.0	2.0	.329
20		<1			8.0		5.0	1.0	.298
21					8.0		5.0		.416
22					8.0		5.0		.433
23					8.0		5.0		.304
24		<1			8.0		5.0	<1	.334
25		2.0			8.0		5.0	<1	.314
26		<1			8.0		5.0	<1	.414
27		<1			8.0		5.0	<1	.354
28					8.0		5.0		319
29					7.9		5.0		.329
30					8.0		5.0		345
31									
Total	23.3	9.50	15.36		239.6	1.0	150.0	12.5	10.136
Mo. Avg	11.65	<1	7.68		8.0	<1	5.0	<1	0.338

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No: 8122	Name:	Daniel Anderson	
Day Shift Operator	Class: B	Certificate No: 9999	Name:	Steve Ffoots	
Day Shift Operator	Class: C	Certificate No: 14490	Name:	Robert Johnson	
Lead Operator	Class: C	Certificate No: 6490	Name:	Alison Mephee	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: SEPT. 01, 2007 to: SEPT. 30, 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.084	.078	.000	.006					
2	.095	.104	.000	.000					
3	.096	.078	.000	.018					
4	.096	.097	.000	.000					
5	.092	.087	.000	.005	215.0	326.0			
6	.093	.086	.000	.007					
7	.089	.082	.000	.006					
8	.084	.076	.000	.008					
9	.096	.103	.000	.000					
10	.099	.103	.000	000					
11	.107	.093	.000	.014					
12	.092	.092	.000	.000					
13	.109	.079	.000	.030					
14	.097	.089	.000	.008					
15	.092	.092	.000	.000					
16	.091	.094	.000	.000					
17	.097	.100	.000	.000					
18	.110	.083	.000	.027					
19	.092	.082	.000	.010	185.8	198.0			
20	.112	.096	.000	.016					
21	.106	.088	.000	.018					
22	.095	.093	.000	.002					
23	.110	.113	.000	.000					
24	.107	.078	.000	.029					
25	.087	.087	.000	.000					
26	.098	.041	.000	.057					
27	.093	.072	.000	.021					
28	.115	.084	.000	.031					
29	.100	093	.000	.007					
30	.110	105	000	.005					
31									
Total	2.944	2.648	.000	0.325	400.8	524.0			
Mo. Avg	0.098	0.088	.000	0.011	200.4	262.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allen McPhee
Day Shift Operator	Class:	C	Certificate No:	13490	Name:	Robert Johnson
Dayshift Operator	Class:	B	Certificate No:	9501	Name:	Steve Pfouts

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY LOCATION: Pennbrooke WWTF
501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 **Expiration Date:** November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: OCT 01, 2007 To OCT 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.077		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.680 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 1	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.04			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.03	13.7		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Lead Operator: ALLSON S. MCPHEE CL490	Allson S McPhee	1-800-272-1919	07/11/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: OCT. 01, 2007 To: OCT. 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.04			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				202.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				232.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Ave.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.089		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	.104	0.097	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: OCT. 01, 2007 To OCT. 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.04			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.03	13.7		MlgL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		Mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0			MgL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			Mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		Mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	07/11/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Pembroke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: OCT 01, 2007 To OCT 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.13			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period: From: OCT. 01 2007 OCT. 31,2007
Facility: Pembroke WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	Ph (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			8.0		5.0	<1.0	.291
2		<1.0			8.0		5.0	<1.0	.288
3	8.7	<1.0	4.96		8.0	<1.0	5.0	<1.0	.257
4		<1.0			8.0		5.0	<1.0	.279
5					8.0		5.0		.290
6					8.0		5.0		.326
7					8.0		5.0		.263
8		<1.0			8.0		5.0	<1.0	.261
9		<1.0			8.0		5.0	<1.0	.271
10		<1.0			8.0		5.0	<1.0	.374
11		<1.0			8.0		5.0	<1.0	.367
12					8.0		5.0		.371
13					7.9		5.0		1.04
14					7.8		5.0		.994
15		<1.0			7.9		5.0	<1.0	.781
16		3.0			8.0		5.0	<1.0	.511
17	13.7	<1.0	5.13		7.9	<1.0	5.0	<1.0	.356
18		<1.0			7.9		5.0	<1.0	.324
19					8.0		5.0		.371
20					8.0		5.0		.331
21					7.9		5.0		.277
22		<1.0			8.0		5.0	<1.0	.257
23		<1.0			7.9		5.0	2.0	.286
24		<1.0			7.9		5.0	1.0	.300
25		<1.0			8.0		5.0	<1.0	.318
26					8.0		5.0		.271
27					8.0		5.0		.336
28					8.0		5.0		.344
29		<1.0			8.0		5.0	1.0	.317
30		<1.0			8.0		5.0	1.0	.327
31	7.7	<1.0	4.73		8.0	<1.0	5.0	1.0	.339
Total	30.1	9.3	14.82		247.1	1.5	155.0	13.0	11.718
Mo. Avg.	10.03	<1.0	4.94		8.0	<1.0	5.0	<1.0	0.378

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts
Day Shift Operator	Class:	C	Certificate No:	14490	Name:	Robert Johnson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson Mcphee

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010370
Monitoring Period: From: OCT 1, 2007 To: OCT 31 2007
Facility: Pembroke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.093	.093	.000	.000					
2	.101	.103	.000	.000					
3	.091	.087	.000	.004	190.6	256.0			
4	.100	.101	.000	.000					
5	.110	.089	.000	.021					
6	.096	.094	.000	.002					
7	.099	.091	.000	.008					
8	.105	.097	.000	.008					
9	.092	.095	.000	.000					
10	.105	.038	.000	.067					
11	.100	.061	.000	.039					
12	.098	.091	.000	.007					
13	.134	.154	.000	.000					
14	.128	.022	.000	.106					
15	.104	.000	.000	.104					
16	.104	.108	.000	.000					
17	.085	.086	.000	.000	227.8	228.0			
18	.080	.083	.000	.000					
19	.113	.091	.000	.022					
20	.105	.105	.000	.000					
21	.106	.116	.000	.000					
22	.105	.109	.000	.000					
23	.105	.102	.000	.003					
24	.107	.108	.000	.000					
25	.089	.109	.000	.000					
26	.137	.104	.000	.033					
27	.101	.101	.000	.000					
28	.125	.125	.000	.000					
29	.097	.102	.000	.000					
30	.111	.112	.000	.000					
31	.099	.089	.000	.010	188.3	212.0			
Total	3.225	2.857	.000	0.434	606.7	696.0			
Mo. Avg.	0.104	0.092	.000	0.014	202.2	232.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allison McPhee
Day Shift Operator	Class:	C	Certificate No:	14489	Name:	Robert Johnson
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

691
12-11-07 OMR

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 — Expiration Date: November 17, 2010

LIMIT: Final — REPORT: Monthly
CLASS SIZE: N/A — GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

FILE COPY

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: NOV 01, 2007 To NOV 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.078		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.095		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.68			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.0	12.6		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE CG490	Allson S. McPhee	1-800-272-1919	07/12/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: NOV 01 2007 To NOV 30, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than defection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100mL	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100mL		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				0.579			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				201.1			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Repon (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				261.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.091		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.098	0.100	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				56%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: NOV ,1 2007, To NOV, 30, 2007

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2		Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3		Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C		Sample Measurement				6.68			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1		Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement				11.0	12.6		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement				<1.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1		Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement				1.25	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH		Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1		Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	07/12/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: NOV. 01, 2007 To: NOV 30, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.12			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr, FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period: From: NOV 1, 2002 To: NOV 30, 2002
Facility: Pennbrooke WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code:	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site:	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			8.0		5.0	1.0	.288
2					8.0		5.0		.335
3					8.0		5.0		.384
4					8.0		5.0		.287
5		<1.0			8.0		5.0	<1.0	.288
6		<1.0			8.0		5.0	<1.0	.342
7		<1.0			8.0		5.0	<1.0	.434
8		<1.0			8.0		5.0	2.0	.429
9					8.0		5.0		.579
10					8.0		5.0		.551
11					8.0		5.0		.444
12		<1.0			8.0		5.0	<1.0	.446
13		<1.0			8.0		5.0	<1.0	.406
14	9.4	<1.0	6.12		8.0	<1.0	5.0	2.0	.446
15		<1.0			8.0		5.0	1.0	.211
16					8.0		5.0		.216
17					8.0		5.0		.451
18		<1.0			8.0		5.0	1.0	.360
19		<1.0			8.0		5.0	1.0	.424
20		<1.0			8.0		5.0	1.0	.424
21		<1.0			8.0		5.0	2.0	.323
22					8.0		5.0		.304
23					8.0		5.0		.333
24					8.0		5.0		.332
25					8.0		5.0		.522
26		<1.0			8.0		5.0	1.0	.579
27		<1.0			8.0		5.0	2.0	.475
28	12.6	<1.0	4.84		7.9	2.0	5.0	2.0	.495
29		<1.0			7.9		5.0	2.0	.434
30					8.0		5.0		.379
31									
Total	22.0	8.5	10.96		239.8	2.5	150.0	20.5	11.921
Mo. Avg.	11.0	<1.0	5.48		8.0	1.25	5.0	1.21	0.397

PLANT STAFFING

Day Shift Operator	Class: A	Certificate No: 8122	Name: Daniel Anderson
Day Shift Operator	Class: C	Certificate No: 6490	Name: Alhon McPhee
Day Shift Operator	Class: C	Certificate No: 14490	Name: Robert Johnson
Lead Operator	Class: B	Certificate No: 9509	Name: Steve Pflouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: NOV 1, 2007 To: NOV 30 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.106	.106	.000	.000					
2	.105	.093	.000	012					
3	.095	.100	.000	.000					
4	.104	.034	.000	.070					
5	.101	.105	.000	.000					
6	.097	.108	.000	.000					
7	.100	.104	.000	.000					
8	.090	.099	.000	.000					
9	.087	.099	.000	.000					
10	.080	.091	.000	.000					
11	.095	.110	.000	.000					
12	.109	.023	.000	.086					
13	.091	.097	.000	.000					
14	.096	.100	.000	.000	200.0	212.0			
15	.104	.118	.000	.000					
16	.095	.109	.000	.000					
17	.087	.084	.000	.003					
18	.109	.121	.000	.000					
19	.108	.115	.000	.000					
20	.096	.100	.000	.000					
21	.085	.087	.000	.000					
22	.104	.089	.000	.015					
23	.084	.094	.000	.000					
24	.105	.076	.000	.029					
25	.103	.103	.000	.000					
26	.102	.102	.000	.000					
27	.111	.092	.000	.019					
28	.092	.092	.000	.000	202.2	310.0			
29	.096	.096	.000	.000					
30	.110	.098	.000	.012					
31									
Total	2.947	2.845	.000	0.246	402.2	522.0			
Mo. Avg.	0.098	0.095	.000	0.008	201.1	261.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class:	C	Certificate No:	14490	Name:	Robert Johnson
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1110
Purged Before Sampling? (X) Yes ( ) No
Elevation: 78.13

Lab Sample ID: T0763517001
Test Site ID: 33637
Well Type: Background
Ground Water Class: G-II
Well Name: MWB-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	73.52		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	6.1 / mg/L		0.24 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	390 / mg/L		8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	38 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	5.9		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	3.2/ NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

P.10

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/09/2007 10:04 #059 P.010/023

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1009
Purged Before Sampling? (X) Yes ( ) No
Elevation: 74.08

Lab Sample ID: T0763517002
Test Site ID: 33638
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	71.54		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	280 / mg/L		8.0/ mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	110 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	4.9		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.35 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/09/2007 10:04 #059 P.011/023

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1205
Purged Before Sampling? (X) Yes ( ) No
Elevation: 75.0

Lab Sample ID: T0763517003
Test Site ID:
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-3

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	67.02		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	5.8 / mg/L		0.24 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	440 / mg/L		8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	84 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	6.82		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	4.2 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/09/2007 10:04 #059 P.012/023

P.12

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/07 0951
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0763517004
Test Site ID: N/A
Well Type: N/A
Ground Water Class: N/A
Well Name: Equiptment Blank

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	N/A		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	8.0 / mg/L	U	8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	3.6 / mg/L	U	3.6/ mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	7.77		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.22 / NTU	1	0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

P.13

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/09/2007 10:05 #059 P.013/023

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: **FLA010570** **GMS# 3035P01549**

Permit Builder MW ID: **MWP-8**
Well Type: **Piezometer**
Description: **Piezometer PZ-8**
Ponds
WAFR # 43785
GMS # G-II

Monitoring Period From: To: OCT. 2007 to: DEC. 2007

Date Sample Obtained: 10-15-07

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00'	4.26'	72.74'	72.95'

10/31/2005
COMMENTS AND EXPLANATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570 Expiration Date: November 17, 2010

LIMIT: Final
CLASS SIZE: N/A

FILE COPY

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: DEC 01, 2007 To DEC 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, Public access reuse	Sample Measurement	0.081		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 Y ion Site No. FLW-2	Permit Requirement	An Avg.)		MGD						5 Days/Week	Flow Totalizer
ow, Public access reuse	Sample Measurement	0.095		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 1 ion Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Totalizer
ow, to RIBs 3 and 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 Y ion Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
ow, to RIBs 3 and 4	Sample Measurement	0.003		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 1 ion Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.38			mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 Y ion Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Every Two Weeks	8-hr. FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				9.35	9.80		mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 A ion Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
ids, Total Suspended	Sample Measurement				3.00			mg/L	0	4 Days/Week	Grab
ARM Code 00530 B ion Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab

ertify 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 formation 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 d 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.

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/01/15

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DEC 01 2007 To DEC 31 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				8.0	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.856			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				162.95			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				283.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.091		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Effluent Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.093	0.098	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Effluent Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%			Percent	0	Monthly	Calculated
PARM Code 50180 1 Effluent Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

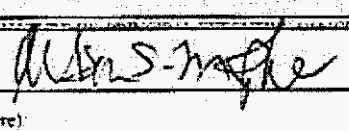
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: DEC 01 2007 To DEC 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 I don Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.38			mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 Y don Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				9.35	9.80		mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 A don Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
olids, Total Suspended	Sample Measurement				<1.0			mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 00530 Y don Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
olids, Total Suspended	Sample Measurement				1.25	2.00		mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 00530 A don Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
H	Sample Measurement				8.0	8.1		SU	0	5 Days/Week	Grab
ARM Code 00400 A don Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/01/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: December 1, 2007 To: December 31, 2007

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			# /100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	# /100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTP
Monitoring Period From: DEC. 01, 2007 DEC. 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	Ph (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					8.0		5.0		.485
2					8.0		5.0		.440
3		<1.0			8.0		5.0	<1.0	.459
4		<1.0			8.0		5.0	2.0	.349
5		<1.0			8.0		5.0	<1.0	.372
6		<1.0			8.0		5.0	<1.0	.352
7					8.0		5.0		.552
8					8.0		5.0		.783
9					8.0		5.0		.510
10		<1.0			8.1		5.0	<1.0	.617
11		<1.0			8.0		5.0	<1.0	.629
12	8.90	<1.0	10.63		8.0	<1.0	5.0	<1.0	.567
13		<1.0			8.0		5.0	1.0	.481
14					8.0		5.0		.591
15					8.0		5.0		.554
16					8.0		5.0		.510
17		<1.0			8.0		5.0	1.0	.638
18		<1.0			8.0		5.0	<1.0	.607
19		<1.0			8.0		5.0	<1.0	.525
20		<1.0			8.0		5.0	<1.0	.605
21					8.0		5.0		.624
22					8.0		5.0		.705
23					8.0		5.0		.524
24		<1.0			8.0		5.0	2.0	.784
25					8.1		5.0		.682
26	9.80	<1.0	4.37		8.0	2.0	5.0	3.0	.583
27		<1.0			8.0		5.0	<1.0	.707
28		<1.0			8.0		5.0	<1.0	.856
29					8.0		5.0		.671
30					8.0		5.0		.448
31		<1.0			8.1		5.0	3.0	348
Total	18.7	8.5	15.0		248.4	2.50	155.0	17.5	17.558
Mo. Avg	9.35	<1.0	7.50		8.0	1.25	5.0	1.03	.566

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	B	Certificate No:	9569	Name:	Steve Pfouts
Day Shift Operator	Class:	C	Certificate No:	14950	Name:	Robert Johnson
Field Operator	Class:	C	Certificate No:	6490	Name:	Alison Mephee

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: DEC 1, 2007 To: DEC 31 2007

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.082	.093	.000	.000					
2	.102	.104	000	.000					
3	.096	.105	.000	.000					
4	.079	.088	.000	.000					
5	.086	.098	.000	.000					
6	.097	.110	.000	.000					
7	.075	.080	.000	.000					
8	.091	.093	.000	.000					
9	.101	.107	.000	.000					
10	.091	.102	.000	.000					
11	.103	.103	.000	.000					
12	.086	.091	.000	.000	155.9	282.0			
13	.111	.112	.000	000					
14	.078	.075	.000	.003					
15	.091	.092	000	.000					
16	.109	.112	.000	.000					
17	.080	.096	000	.000					
18	.080	.064	.000	.016					
19	.090	.080	000	.010					
20	.099	.089	000	.010					
21	.090	.099	.000	.000					
22	.089	.097	.000	.000					
23	.103	.109	.000	.000					
24	.102	.102	.000	.000					
25	.082	.090	.000	000					
26	.091	.067	.090	.024	170.0	284.0			
27	.093	.087	.000	.006					
28	.110	.102	.000	.008					
29	.093	.095	.000	.000					
30	.104	.108	.000	.000					
31	094	096	.000	.000					
Total	2.878	2.936	.000	0.077	525.9	566.0			
Mo. Avg	0.093	0.095	000	0.003	162.95	283.0			

PLANT STAFFING:

Day Shift Operator	Class A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class C	Certificate No:	14490	Name:	Robert Johnson
Dayshift Operator	Class B	Certificate No:	9569	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

Expiration Date: November 17, 2010
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

FILE COPY

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN 01, 2008 To JAN 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, Public access reuse	Sample Measurement	0.083		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 Y ion Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
ow, Public access reuse	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 I ion Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
ow, to RIBs 3 and 4	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 Y ion Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
ow, to RIBs 3 and 4	Sample Measurement	0.019		MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 I ion Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.84			mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 Y ion Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				9.85	10.3		mg/L	0	Every Two Weeks	8-hr. FPC
ARM Code 80082 A ion Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
ids, Total Suspended	Sample Measurement				2.00			mg/L	0	4 Days/Week	Grab
ARM Code 00530 B ion Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab

ertify 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 formation 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 d 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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S McPhee	1-800-272-1919	08/02/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JAN 01 2008 To JAN 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
?h	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
?ARM Code 00400 A dion Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
?oliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
?ARM Code 51005 A dion Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
?oliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
?ARM Code 74055 A dion Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
?otal Residual Chlorine (For Disinfection)	Sample Measurement				3.05			mg/L	0	Continuous	Meter
?ARM Code 50060 A dion Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
?urbidity	Sample Measurement				1.06			NTU	0	Continuous	Meter
?ARM Code 00070 B dion Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
?OD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
?ARM Code 80082 P dion Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
?OD, Carbonaceous 5 day, 20C	Sample Measurement				193.1			mg/L	0	Every Two Weeks	8-hr. FPC
?ARM Code 80082 G dion Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
?olids, Total Suspended	Sample Measurement				196.0			mg/L	0	Every Two Weeks	8-hr. FPC
?ARM Code 00530 G dion Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
?low	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow Totalizer
?ARM Code 50050 P dion Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
?low	Sample Measurement	0.106	0.099	MGD					0	5 Days/Week	Flow Totalizer
?ARM Code 50050 Q dion Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
?ercent Capacity, (TMADF/ ?ermitted Capacity) x 100	Sample Measurement				55%			Percent	0	Monthly	Calculated
?ARM Code 00180 1 dion Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN 01 2008 To JAN 31 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.84			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.85	10.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0	4.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.9	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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 AND OFFICIAL TITLE OF PERSON RESPONSIBLE FOR OPERATION OF TREATMENT FACILITY	SIGNATURE OF RESPONSIBLE PERSONNEL OR AUTHORIZED AGENT	TELEPHONE NO.	DATE SIGNED
Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/02/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: JAN. 01, 2008 To JAN. 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	98%	2.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.05			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.68			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: JAN 1, 2008 To: JAN. 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFB-I	EFB-I
1					8.0		5.0		.315
2		<1.0			8.0		5.0	2.0	.326
3		<1.0			7.9		5.0	2.0	.346
4		<1.0			7.9		5.0	<1.0	.299
5					8.0		5.0		.271
6					8.0		5.0		.336
7		<1.0			8.0		5.0	<1.0	.388
8		<1.0			8.0		5.0	1.0	.418
9	10.3	<1.0	3.68		8.0	2.0	5.0	<1.0	.358
10		<1.0			8.0		3.77	2.0	.336
11					8.0		5.0		1.06
12					8.0		5.0		.909
13					8.0		5.0		.959
14		<1.0			8.0		5.0	<1.0	.771
15		<1.0			8.0		5.0	2.0	.552
16		<1.0			8.0		5.0	1.0	.442
17		<1.0			8.0		5.0	<1.0	.490
18					8.0		5.0		.424
19					8.0		3.05		.784
20					8.0		5.0		.385
21		<1.0			7.9		5.0	<1.0	.400
22		<1.0			7.9		5.0	<1.0	.444
23	9.4	<1.0	1.92		8.0	2.0	5.0	1.0	.443
24		<1.0			8.0		5.0	<1.0	.671
25					8.0		3.18		.249
26					8.0		5.0		.189
27					8.0		5.0		.189
28		<1.0			8.0		5.0	<1.0	.287
29		<1.0			8.0		5.0	2.0	.877
30		2.0			8.0		5.0	1.0	.187
31		<1.0			8.0		5.0	2.0	.400
Total	19.7	11.0	5.60		247.6	4.0	150.0	20.5	14.51
Mo. Avg	9.85	<1.0	2.80		8.0	2.0	4.80	1.08	0.468

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14490	Name:	Robert Johnson
Day shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: JAN 1, 2008 To: JAN 31 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.112	.104		.008					
2	.090	.105	.000	.000					
3	.093	.100	.000	.000					
4	.103	.114	.000	.000					
5	.104	.113	.000	.000					
6	.123	.130	.000	.000					
7	.114	.127	.000	.000					
8	.093	.093	.000	.000					
9	.092	.101	.000	.000	196.7	240.0			
10	.115	.115	.000	.000					
11	.141	.180	.000	.000					
12	.103	.108	.000	.000					
13	.114	.117	.000	.000					
14	.109	.103	.000	.006					
15	.071	.095	.000	.000					
16	.097	.100	.000	.000					
17	.091	.097	.000	.000					
18	.102	.101	.000	.001					
19	.119	.127	.000	.000					
20	.139	.103	.000	.036					
21	.106	.067	.000	.039					
22	.110	.085	.000	.025					
23	.100	.037	.000	.063	189.4	152.0			
24	.103	.067	.000	.036					
25	.108	.041	.000	.067					
26	.102	.045	.000	.057					
27	.109	.036	.000	.073					
28	.110	.048	.000	.062					
29	.093	.097	.000	.000					
30	.110	.053	.000	.057					
31	.111	.037	.000	.074					
Total	3.287	2.846	.000	0.596	386.1	392.0			
Mo. Avg	0.106	0.092	.000	0.019	193.1	196.0			

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No	8122	Name	Daniel Anderson
Lead Operator	Class	C	Certificate No	6393	Name	Allison McPhee
Day Shift Operator	Class	C	Certificate No	14498	Name	Robert Johnson
Dayshift Operator	Class	B	Certificate No	9503	Name	Steve Pfaars

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: FEB 01, 2008 To FEB 29, 2008

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.081		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.071		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.021		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.60			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.55	10.70		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				4.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/03/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: FEB 01 2008 To FEB 29, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.50			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.902			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				208.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				399.5			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.109	0.103	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: FEB 01 2008 To: FEB 29 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.018		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.60			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.55	10.70		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLISON S. MCPHEE C6490	Allison S. McPhee	1-800-272-1919	03/03/08

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

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

PAGE 02
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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: FEB 01, 2008 To: FEB 29, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	99%	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.50			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.20			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: FEB 1, 2008 To: FEB. 29, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.9		5.0		.771
2					7.9		5.0		.526
3					7.9		5.0		.423
4		<1.0			8.0		5.0	1.0	.500
5		<1.0			8.0		5.0	1.0	.459
6	10.4	<1.0	1.38		8.0	<1.0	5.0	<1.0	.575
7		<1.0			8.0		5.0	<1.0	.407
8					8.0		5.0		.426
9					8.0		5.0		.350
10					8.0		5.0		.188
11		<1.0			8.0		5.0	1.0	.210
12		1.0			8.0		5.0	3.0	.753
13		<1.0			8.0		5.0	<1.0	.702
14		<1.0			7.9		5.0	1.0	.902
15					8.0		5.0		.677
16					7.9		5.0		.662
17					7.9		5.0		.643
18		<1.0			8.0		5.0	<1.0	.592
19					7.8		3.5		.680
20	10.7	<1.0	8.20		7.9	<1.0	5.0		.881
21					7.9		5.0		.862
22					7.9		5.0		.503
23					7.9		5.0		.579
24					7.9		5.0		.513
25		<1.0			7.9		5.0	<1.0	.606
26		<1.0			7.9		5.0	<1.0	.408
27		<1.0			8.0		5.0	<1.0	.309
28		<1.0			8.0		5.0	4.0	.329
29					8.0		5.0		.305
30									
31									
Total	21.1	7.50	9.58		230.5	1.0	143.5	14.5	15.741
Mo. Avg.	10.55	<1.0	4.79		8.0	<1.0	5.0	1.1	0.543

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson

Lead Operator Class: C Certificate No: 6490 Name: Allson McPhee

Day Shift Operator Class: C Certificate No: 14028 Name: Trevor Powell

Day shift Operator Class: B Certificate No: 9509 Name: Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period From: FEB 1 2008 . To: FEB 29 2008
Facility: Pembrooke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.111	.083	.000	.028					
2	.112	.114	.000	.000					
3	.113	.110	.000	.003					
4	.100	.043	.000	.057					
5	.110	.076	.000	.034					
6	.109	.111	.000	.000	216.7	388.0			
7	.118	.084	.000	.034					
8	.101	.101	.000	.000					
9	.096	.042	.000	.054					
10	.107	.000	.000	.107					
11	.092	.083	.000	.009					
12	.114	.007	.000	.107					
13	.116	.084	.000	.032					
14	.098	.070	.000	.028					
15	.109	.108	.000	.001					
16	.116	.116	.000	.000					
17	.113	.113	.000	.000					
18	.117	.117	.000	.000					
19	.132	.130	.000	.002					
20	.090	.000	.090	.000	200.6	378.0			
21	.114	.000	.114	.000					
22	.114	.000	.114	.000					
23	.101	.000	.101	.000					
24	.113	.000	.113	.000					
25	.114	.117	.000	.000					
26	.110	.123	.000	.000					
27	.115	.105	.000	.010					
28	.108	.085	.000	.023					
29	.087	.023	.000	.064					
30									
31									
Total	3.15	2.045	0.532	0.593	417.3	766.0			
No. Avg	.109	.071	0.018	0.021	208.7	383.5			

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Day shift Operator	Class:	B	Certificate No:	9505	Name:	Steve Plouts

6710

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

FILE COPY

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570
Expiration Date: November 1, 2013

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAR 01, 2008 To MAR 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.083		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	An Avg)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.097		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.12			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Every Two Weeks	8-hr, FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.8	11.3		mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr, FPC
Solids, Total Suspended	Sample Measurement				4.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/04/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: MAR 01 2008 To MAR 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.936			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				207.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				293.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.096		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.111	0.109	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAR 01 2008 To MAR 31, 2008

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.005			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)			MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.12			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					10.8	11.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					<1.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					3.0	4.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement					7.9	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement					6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/04/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: MAR. 01, 2008 To MAR 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100%	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.66			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: MAR 01 2008 To: MAR 31 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.102	.000	.000	.102					
2	.094	.000	.000	.094					
3	.119	.120	.000	.000					
4	.120	.122	.000	.000					
5	.092	.110	.000	.000	203.3	256.0			
6	.115	.120	.000	.000					
7	.111	.062	.000	.049					
8	.117	.037	.000	.080					
9	.095	.058	.000	.037					
10	.109	.058	.000	.051					
11	.119	.091	.000	.028					
12	.112	.120	.000	.000					
13	.110	.123	.000	.000					
14	.095	.120	.000	.000					
15	.121	.120	.000	.001					
16	.114	.122	.000	.000					
17	.119	.125	.000	.000					
18	.147	.000	.147	.000					
19	.109	.096	.000	.013	211.7	330.0			
20	.119	.125	.000	.000					
21	.106	.119	.000	.000					
22	.115	.125	.000	.000					
23	.118	.124	.000	.000					
24	.117	.121	.000	.000					
25	.095	.120	.000	.000					
26	.096	.119	.000	.000					
27	.102	.111	.000	.000					
28	.112	.074	.000	.038					
29	.113	.118	.000	.000					
30	.120	.130	.000	.000					
31	.102	.112	.000	.000					
Total	3.435	3.002	.147	0.493	415.1	586.0			
Mo. Avg.	0.111	0.097	.005	0.016	207.6	293.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: MAR. 01, 2008 To: MAR. 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					8.0		5.0		.625
2					8.0		5.0		.387
3		<1.0			8.0		5.0	<1.0	.549
4		<1.0			8.1		5.0	<1.0	.531
5	10.3	<1.0	3.66		8.0	4.0	5.0	<1.0	.605
6		<1.0			8.0		5.0	1.0	.528
7					8.0		5.0		.605
8					8.0		5.0		.523
9					8.0		5.0		.571
10		<1.0			8.0		5.0	<1.0	.514
11		<1.0			8.0		5.0	<1.0	.572
12		<1.0			8.0		5.0	<1.0	.662
13		<1.0			8.0		5.0	4.0	.503
14					8.0		5.0		.662
15					8.0		5.0		.580
16					8.0		5.0		.533
17					8.0		5.0		.607
18					8.0		5.0		.502
19	11.3	<1.0	2.82		8.0	2.0	5.0	<1.0	.697
20		<1.0			7.9		5.0	<1.0	.522
21		<1.0			8.0		5.0	<1.0	.420
22		<1.0			8.0		5.0	<1.0	.494
23					8.0		5.0		.426
24		<1.0			7.9		5.0	2.0	.786
25		<1.0			8.0		5.0	2.0	.321
26		<1.0			8.0		5.0	1.0	.336
27		<1.0			8.0		5.0	2.0	.424
28					8.0		5.0		.796
29					8.0		5.0		.936
30					8.0		5.0		.617
31		<1.0			8.0		5.0	3.0	.514
Total	21.6	8.5	6.48		247.9	6.0	155.0	20.0	17.348
Mo Avg	10.8	<1.0	3.24		8.0	3.0	5.0	1.2	0.560

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Day shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

GROUND WATER MONITORING WELL REPORT - PART D

ic: Lake County
ber. Pennbrooke Utilities, Inc.
FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: **Piezometer PZ-24**
Ponds
WAFR # 43786
GMS # G-II

Period From: To: OCT. 2007 to: DEC. 2007

Date Sample Obtained: 10-15-07

Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
MWP-24	43786	Water Level Elevation	82545	72.66 *	DRY	72.66'	70.56 *

AND EXPLANATION:

20.910(10), Effective November 29, 1994

Florida Department of Environmental Protection
Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

ANALYTICAL MONITORING REPORT Certification

DEP Form # 62-522.900(3)
Form Title Ground Water Monitoring Report
Effective Date July 2004
DEP Application No. FLA010570

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWB-1
Well Type: **Background**
Description: **Well Name MWB-1**
Ponds WAFR # 33637 GMS # N/A

Monitoring Period From: January 2008 To: March 2008
Was the well purged before sampling? _X_ Yes ___ No
Sampling Method Used: Pump

Date Sample Obtained: February 19, 2008
Time Sample Obtained: 12:55 pm

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	6.23 ft	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	1.76 mg/l	mg/L	10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	256.0 mg/l	mg/L	500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	5.29 mg/l	mg/L	250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1 U #100	#/100	4	1.0	9222D	NA	N
pH	00400	--	5.76 SU	SU	6.5 to 8.5	NA	Field	NA	N
Turbidity, Lab - Nepholometric	00070	82079	6.7 NTU	NTU	Report	1.0	180.1	NA	N

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWC-1**
Well Type: **Compliance**
Description: **Well Name MWC-1**
Ponds
WAFR # 33638
GMS # N/A

Monitoring Period From: January 2008 To: March 2008
Was the well purged before sampling? _X_ Yes ___ No
Sampling Method Used _____

Date Sample Obtained: February 19, 2008
Time Sample Obtained: 11:55 am

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	3.71 ft	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	0.10 U mg/l	mg/L	10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	208.0 mg/l	mg/L	500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	125.51 mg/l	mg/L	250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1 U #100	#/100	4	1.0	9222D	NA	N
pH	00400	--	4.97 SU	SU	6.5 to 8.5	NA	Field	NA	N
Turbidity, Lab - Nephelometric	00070	82079	1.0 U NTU	NTU	Report	1.0	180.1	NA	N

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Well Name MWC-3**
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period From: January 2008 To: March 2008
Was the well purged before sampling? _X_ Yes ___ No
Sampling Method Used _____

Date Sample Obtained: February 19, 2008
Time Sample Obtained: 8:47 am

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	9.15 ft	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	7.7 mg/l	mg/L	10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	392.0 mg/l	mg/L	500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	147.98 mg/l	mg/L	250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1 U #100	#/100	4	1.0	9222D	NA	N
pH	00400	--	6.33 SU	SU	6.5 to 8.5	NA	Field	NA	N
Turbidity, Lab - Nephelometric	00070	82079	9.97 NTU	NTU	Report	1.0	180.1	NA	N

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWP-8**
Well Type: **Piezometer**
Description: **Piezometer PZ-8**
PondsWAFR # 43785 GMS # —

Monitoring Period From: January 2008 To: March 2008

Date Sample Obtained: — February 19, 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00'	Dry	Dry	72.95'

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: **Piezometer PZ-24**
PondsWAFR # 43786 GMS # ---

Monitoring Period From: January 2008 To: March 2008

Date Sample Obtained: February 19, 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66"	Dry	Dry	70.56"

10/31/2005
COMMENTS AND EXPLANATION:

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 **Expiration Date:** November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APR 01, 2008 To APR 30, 2008

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.086		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.105		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.012		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.001		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.70			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.6	11.9		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				6.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/05/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: APR 01 2008 To APR 30, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.30			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.40			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				177.4			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				258.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.098		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.103	0.108	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APR 01 2008 To APR 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.0034		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.70			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr, FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.6	11.9		mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr, FPC
Solids, Total Suspended	Sample Measurement				<1			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr, FPC
Solids, Total Suspended	Sample Measurement				<1	1.0		mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr, FPC
PH	Sample Measurement				7.8	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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.

Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/05/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement			MONITORING PERIOD	From: FEB. 01, 2008		To	#/100ML	2808	Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				<1	100%	<1	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.30			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement				1.17			mg/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: APR 1, 2008 To: APR. 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1			8.0		5.0	5.0	.500
2	9.90	<1	0.82		8.0	<1	5.0	1.0	.814
3		<1			8.0		5.0	<1	.716
4					8.0		5.0		1.02
5					8.0		5.0		1.20
6					8.0		5.0		.98
7					7.8		2.30		2.4
8		<1			8.0		5.0	<1	1.12
9		<1			8.0		5.0	6.0	1.0
10		<1			8.0		5.0	<1	1.2
11		<1			8.0		5.0	<1	1.2
12					8.0		5.0		.86
13					8.0		5.0		.77
14		<1			8.0		5.0	2.0	.702
15		<1			8.0		5.0	<1	.439
16	11.9	<1	1.17		8.0	1.0	5.0	<1	.438
17		<1			8.0		5.0	<1	.437
18					8.0		5.0		.097
19					8.0		5.0		.116
20					8.0		5.0		.172
21		<1			8.0		5.0	<1	.178
22		<1			7.9		5.0	1.0	.827
23		<1			8.0		5.0	2.0	.394
24		<1			8.0		5.0	5.0	.483
25					8.0		5.0		.699
26					8.0		5.0		.546
27					8.0		5.0		.247
28		<1			8.0		5.0	5.0	.300
29		<1			8.0		5.0	1.0	1.3
30	10.1	<1	0.10		8.0	1.0	5.0	<1	.744
31									
Total	31.9	9.0	2.09		239.7	2.5	147.3	32.50	22.0
Mo. Avg.	10.6	<1	<1		8.0	<1	4.91	1.810	0.733

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson

Lead Operator Class: C Certificate No: 6490 Name: Allison McPhee

Day Shift Operator Class: C Certificate No: 14028 Name: Trevor Powell

Day shift Operator Class: B Certificate No: 9589 Name: Steve Pfeuts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Penobscoke WWTF
Monitoring Period From: APR 1, 2008 To: APR 30 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.117	.118							
2	.108	.116	.000	.000	179.4	260.0			
3	.118	.126	.000	.000					
4	.101	.096	.000	.005					
5	.117	.119	.000	.000					
6	.116	.124	.000	.000					
7	.137	.152	.000	.000					
8	.070	.000	.070	.000					
9	.130	.104	.000	.026					
10	.090	.095	.000	.000					
11	.090	.095	.000	.000					
12	.110	.113	.000	.000					
13	.109	.118	.000	.000					
14	.095	.106	.000	.000					
15	.105	.119	.000	.000					
16	.075	.082	.000	.000	157.1	288.0			
17	.081	.091	.000	.000					
18	.096	.100	.000	.000					
19	.102	.102	.000	.000					
20	.103	.155	.000	.000					
21	.096	.097	.000	.000					
22	.110	.112	.000	.000					
23	.124	.124	.000	.000					
24	.108	.110	.000	.000					
25	.109	.109	.000	.000					
26	.101	.082	.019	.000					
27	.111	.114	.000	.000					
28	.090	.090	.000	.000					
29	.109	.096	.013	.000					
30	.071	.079	.000	.000	195.6	228.0			
31									
Total	3.099	3.144	0.102	0.031	532.1	776.0			
Mo. Avg	0.103	0.105	0.0034	0.001	177.4	258.7			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A (EXP 2010)

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FILE COPY

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2008 To May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.018 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.078		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.3			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				3.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/06/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA010570
MONITORING PERIOD From: May 1, 2008 To May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				4.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.987			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				173.7			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				335.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.098		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.089	0.101	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				56 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2008 To May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.3			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.3		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Ph	Sample Measurement				7.4	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/06/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: May 1, 2008 To May 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.61			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTP
Monitoring Period From: May 1, 2006 To: May 31, 2006

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1			8.0		5.0	<1	0.663
2					8.0		5.0		0.784
3					8.0		5.0		0.818
4					8.0		5.0		0.987
5		<1			8.0		5.0	<1	0.702
6		<1			8.0		5.0	<1	0.878
7		<1			8.0		5.0	<1	0.434
8					8.0		5.0		0.682
9					8.0		5.0		0.634
10		<1			8.0		5.0	<1	0.986
11					8.0		5.0		0.572
12					8.0		5.0		0.824
13		<1			8.0		5.0	<1	0.498
14	8.7	<1	3.6		8.0	2.0	5.0	<1	0.622
15		<1			8.0		5.0	2.0	0.662
16		<1			8.0		5.0	3.0	0.951
17					8.0		5.0		0.967
18					8.0		5.0		0.667
19		<1			8.0		5.0	<1	0.504
20		<1			8.0		5.0	<1	0.736
21		<1			8.0		5.0	<1	0.594
22		<1			8.0		5.0	<1	0.514
23					8.0		5.0		0.439
24					8.0		5.0		0.396
25					8.0		5.0		0.410
26					8.0		5.0		0.406
27		<1			8.0		5.0	<1	0.441
28	9.3	<1	0.10		7.4	2.0	5.0	<1	0.441
29		<1			7.6		5.0	<1	0.471
30		<1			7.7		5.0	<1	0.450
31					7.8		5.0		0.506
Total	18.0	<1	3.71		246.5	4.0	155	5.0	19.643
Mo. Avg.	9.0	<1	1.9		8.0	2.0	5.0	0.16	0.634

PLANT STAFFING:
Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson

Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Lead Operator	Class:	II	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTP
Monitoring Period From: May 1, 2008 To: May 31, 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	0.090	0.090	0.000	0.000					
2	0.078	0.067	0.009	0.011					
3	0.099	0.097	0.002	0.000					
4	0.099	0.099	0.000	0.000					
5	0.095	0.096	0.000	0.000					
6	0.081	0.087	0.000	0.000					
7	0.107	0.108	0.000	0.000					
8	0.086	0.087	0.000	0.000					
9	0.090	0.027	0.063	0.000					
10	0.100	0.104	0.000	0.000					
11	0.094	0.095	0.000	0.000					
12	0.088	0.090	0.000	0.000					
13	0.068	0.073	0.000	0.000					
14	0.067	0.067	0.000	0.000	162	398			
15	0.082	0.082	0.000	0.000					
16	0.073	0.000	0.073	0.000					
17	0.082	0.000	0.082	0.000					
18	0.086	0.000	0.086	0.000					
19	.093	0.075	0.019	0.001					
20	0.099	0.092	0.007	0.000					
21	0.088	0.088	0.000	0.000					
22	0.081	0.084	0.000	0.000					
23	0.081	0.073	0.008	0.000					
24	0.087	0.087	0.000	0.000					
25	0.096	0.096	0.000	0.000					
26	0.082	0.073	0.009	0.000					
27	0.076	0.076	0.000	0.000					
28	0.098	0.099	0.000	0.000	186	272			
29	0.114	0.115	0.000	0.000					
30	0.115	0.075	0.040	0.000					
31	0.084	0.089	0.000	0.000					
Total	2.759	2.401	0.389	0.012	347	670			
Mo. Avg.	0.089	0.078	0.013	0.000	174	335			

PLANT STAFFING:
Day Shift Operator Class: A Certificate No: 8122 Name: Daniel Anderson

Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Day Shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Plouts
Lead Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 — Expiration Date: November 17, 2010

LIMIT: Final — REPORT GROUP: Monthly Domestic
CLASS SIZE: N/A

FILE COPY

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JUNE 01, 2008 To JUNE 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.068		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.010		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.002		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.10			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.90	11.8		mg/L	0	Every Two Weeks	8 hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/06/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JUNE 01 2008 To JUNE 30, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.5	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51040 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.255			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				113.9			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				199.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.098		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon Site No. EFW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.088	0.093	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon Site No. EFW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity (TMADF/ Permitted Capacity) X 100	Sample Measurement				52			Percent	0	Monthly	Calculated
PARM Code 00130 1 Mon Site No. EFW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JUNE 01 2008 To JUNE 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.018		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.10			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Ave.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.90	11.8		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.20			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.5	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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 AND OFFICIAL TITLE (PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/06/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: MAR. 01, 2008 To MAR. 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100%	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.68			mg/L	0	Every Two Weeks	8-hr. FPC*
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC*
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period: From JUNE 1, 2008 To: JUNE 30, 2008

	CBOD (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.5		5.0		.424
2		<1.0			7.7		5.0	<1.0	.521
3		<1.0			7.5		5.0	<1.0	.549
4		<1.0			7.7		5.0	<1.0	.496
5		<1.0			7.7		5.0	<1.0	.601
6					7.6		4.0		.677
7					7.7		5.0		.180
8					7.7		5.0		.410
9		<1.0			7.5		5.0	<1.0	.523
10		<1.0			7.6		5.0	<1.0	.455
11	11.8	<1.0	4.25		7.5	2.0	5.0	<1.0	.615
12		<1.0			7.7		5.0	<1.0	.427
13					7.6		5.0		.411
14					7.7		5.0		.511
15					7.7		5.0		.475
16		<1.0			7.7		5.0	<1.0	.505
17		<1.0			7.5		5.0	<1.0	.418
18		<1.0			7.6		5.0	2.0	.377
19		<1.0			7.7		5.0	<1.0	.346
20					7.6		5.0		.438
21					7.7		5.0		.598
22					7.7		5.0		.465
23		<1.0			7.6		5.0	<1.0	.469
24		<1.0			7.6		5.0	<1.0	.379
25	8.0	<1.0	7.68		7.6	2.0	5.0	<1.0	.388
26		<1.0			7.7		5.0	<1.0	1.255
27					7.6		5.0		1.83
28					7.7		5.0		1.21
29					7.7		5.0		.802
30		<1.0			7.7		5.0	<1.0	.445
31									
Total	19.8	8.5	11.93		229.1	4.0	150.0	17.0	17.5
Mo. Avg	9.90	<1.0	5.97		7.6	2.0	5.0	<1.0	.583

PLANT STAFFING

Lic. Shift Operator	Class A	Certificate No.	8122	Name	David Anderson
Lic. Shift Operator	Class B	Certificate No.	6845	Name	Steve Plotts
Lic. Shift Operator	Class C	Certificate No.	5124	Name	Jack Smith
Lic. Shift Operator	Class C	Certificate No.	6870	Name	Chris Mathis

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period From: JUNE 01, 2008 To: JUNE 30 2008
Facility: Pembrooke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.093	.094	.000	.000					
2	.107	.054	.053	.000					
3	.095	.089	.001	.005					
4	.103	.099	.002	.002					
5	.105	.047	.058	.000					
6	.086	.071	.008	.007					
7	.075	.074	.001	.000					
8	.080	.080	.000	.000					
9	.087	.090	.000	.005					
10	.083	.070	.009	.004					
11	.073	.067	.000	.008	102.2	180.0			
12	.090	.080	.000	.011					
13	.075	.060	.015	.000					
14	.083	.076	.007	.000					
15	.090	.090	.000	.000					
16	.078	.078	.000	.000					
17	.075	.077	.000	.000					
18	.095	.060	.031	.004					
19	.078	074	.000	.005					
20	.098	.071	.026	.001					
21	.072	.068	.003	.001					
22	.079	.084	.000	.000					
23	.108	.108	.000	.000					
24	.102	.040	.062	.000					
25	.072	.075	.000	.000	125.6	218.0			
26	.085	.085	.000	.000					
27	.078	.000	078	.000					
28	.100	.000	100	.000					
29	.087	.000	.087	.000					
30	096	085	011	000					
31									
Total	2.63	2.05	0.552	3.053	227.8	398.0			
Mo. Avg	0.088	0.068	0.018	0.002	113.9	199.0			

PLANT STAFFING,

Day Shift Operator	Class: A	Certificate No:	8122	Name	Daniel Andersen	
Lead Operator	Class: C	Certificate No:	6490	Name:	Allison McPhee	
Day Shift Operator	Class: C	Certificate No:	14928	Name:	Trevor Powell	
Dayshift Operator	Class: B	Certificate No:	9509	Name:	Steve Pharis	

DEP Form # 82-522.900(2)
From Title Ground Water Monitoring Report
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT – Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utility
Address 501 S.R. 44 West
City Leesburg, FL Zip 34748
Telephone Number (407) 272-1911

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Allson S. McPhee
Address 200 Weathersfield Ave
City Altamonte Spring, FL Zip 32714
Telephone Number (407) 272-1911

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 12-11-08 Allson S. McPhee CGG

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 900405G

Analytical Lab Comp QAP # / HRS Certification # E83294

Comp QAP # / HRS Certification #

Lab Name Tri-Tech Laboratories, Inc.

Address 7240 Old Cheney Highway Orlando, FL 32807

Telephone Number (407) 275-8463

GROUNDWATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-1
Well Type: Compliance
Description: **Well name MWC-1**
Ponds
WAER # 33638
GMS # N/A

Monitoring Period From: Apr-08 To: Jun-08
Was the well perged before sampling? x Yes ____ No

Date Sample Obtained: 4/14/2008
Time Sample Obtained: 930

Sampling Method Used: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	–	3.50	Feet	Report	Report	NA	Ice	N
Nitrate, (as N)	00620	–	9.61	mg/L	<10	0.10	353.2	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	264.0	mg/L	<500	1.0	160.1	Ice	N
Chloride (as CL)	00940	–	25.94	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	–	1 U	#/100	<4	1.0	9222D	Ice	N
pH	00400	–	4.76	SU	6.5-8.5	6.5-8.5	Field	Ice	N
Turbidity, Lab - Nepholometric	00070	82079	9.03	NTU	Report	1.0	180.1	Ice	N

Comments and Explanations:

GROUNDWATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWB-1
Well Type: Background
Description: **Well name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period From: Apr-08 To: Jun-08
Was the well perged before sampling? x Yes ____ No

Date Sample Obtained: 4/14/2008
Time Sample Obtained: 900

Sampling Method Used: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	–	5.40	Feet	Report	Report	NA	Ice	N
Nitrate, (as N)	00620	–	0.93	mg/L	<10	0.10	353.2	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	164.0	mg/L	<500	1.0	160.1	Ice	N
Chloride (as CL)	00940	–	108.15	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	–	1 U	#/100	<4	1.0	9222D	Ice	N
pH	00400	–	5.43	SU	6.5-8.5	6.5-8.5	Field	Ice	N
Turbidity, Lab - Nephelometric	00070	82079	3.89	NTU	Report	1.0	180.1	Ice	N

10/31/2005

Comments and Explanations:

GROUNDWATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWC-3**
Well Type: **Compliance**
Description: **Well name MWC-3**
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period: From: Apr-08 To: Jun-08
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 4/14/2008
Time Sample Obtained: 1015

Sampling Method Used: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	–	8.10	Feet	Report	Report	NA	Ice	N
Nitrate, (as N)	00620	–	3.50	mg/L	<10	0.10	353.2	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	308.0	mg/L	<500	1.0	160.1	Ice	N
Chloride (as CL)	00940	–	96.81	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	–	1 U	#/100	<4	1.0	9222D	Ice	N
pH	00400	–	6.3	SU	6.5-8.5	6.5-8.5	Field	Ice	N
Turbidity, Lab - Nephelometric	00070	82079	19.60	NTU	Report	1.0	180.1	Ice	N

[illegible] 3/27/08

Comments and Explanations

GROUNDWATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: **Piezometer PZ-24**
Ponds
WAFR # 43786
GMS # N/A

Monitoring Period From: Apr-08 To: Jun-08
Was the well purged before sampling? ____ Yes ____ No

Date Sample Obtained: NA
Time Sample Obtained: NA

Sampling Method Used: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (T/F/N)
Water Level Relative to Feet, NGVD			DRY						
Nitrate, (as N)			DRY						
Solids, Total Dissolved (TDS)			DRY						
Chloride (as CL)			DRY						
Coliform, Fecal			DRY						
pH			DRY						
Turbidity, Lab - Nepholometric			DRY						

10/31/2003

Comments and Explanations

GROUNDWATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: **Piezometer PZ-8**
Ponds
WAFR # 43785
GMS # N/A

Monitoring Period From: Apr-08 To: Jun-08
Was the well perged before sampling? ____ Yes ____ No

Date Sample Obtained: NA
Time Sample Obtained: NA

Sampling Method Used: _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD			DRY						
Nitrate, (as N)			DRY						
Solids, Total Dissolved (TDS)			DRY						
Chloride (as Cl.)			DRY						
Coliform, Fecal			DRY						
pH			DRY						
Turbidity, Lab - Nephelometric			DRY						

10/31/2005

Comments and Explanations:

Tri-Tech Laboratories, Inc.
P.O. Box P.O. Box 140966
Orlando, Florida 32814-0966
(407)275-8463 Fax (407)281-9187
(877)275-8463

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH"
CALL TTA TODAY! Page____ Of____

Work Order #: 08 04 - 396

CHAIN OF CUSTODY RECORD

Client Name:	Mailing Address:	Invoicing Address:	Attention:
Utilities, Inc.	200 Weathersfield Avenue Altamonte Springs, FL 32714	Same	Same
Contact Person:	**Project or address of sample site:**	**Phone Number:**	**Fax Number:**
Domenic Gentilucci	Pennbrooke Utilities	407-948-9839	352-242-0565
Sampler's Signature:		(REQUEST ANALYSIS WRITE DOWN BELOW)	

SAMPLE ID	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION Cl. pH	BOTTLE	NO3	TDS	CL	FECAL	TURB					REMARKS
1. MWC-1	04-14-08 0930			✓				2	X	X	X	X	X					
2. MWB-1	0900			✓				2	X	X	X	X	X					
3. MWC-3	1015			✓				2	X	X	X	X	X					
4. MWP-24	0955																	No Sample
5. MWP-8	0956																	No Sample
6																		08 04
7																		396
8																		
9																		
10																		
11																		
12																		
13																		

Relinquished Sample Kit Date/Time:

Delivered Sample Kit to Lab Date/Time: 04-14-08 1235

Bottle #: 4° C/ 4 5-2

Accepted in lab: [signature] Date/Time: 4-14-08 1240

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Intitus Inc	SITE LOCATION: Pembrooke
WELL NO: MW - C1	SAMPLE ID:
DATE: 04-14-08	

PURGING DATA

WELL DIAMETER (inches): 2	TUBING DIAMETER (inches): ≤ 0.9	WELL SCREEN INTERVAL DEPTH: 18 feet to 00 feet	STATIC DEPTH TO WATER (feet): 3.50	PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (18.00 feet - 3.50 feet) x 0.16 gallons/foot = 2.32 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (0.006 gallons/foot X 8.00 feet) + 0.25 gallons = 0.29 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 4.50	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 4.50	PURGING INITIATED AT: 0930	PURGING ENDED AT: 0944	TOTAL VOLUME PURGED (gallons): 3.50

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (ppm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
0939	2.00	2.00	.25	3.50	4.75	20.53	366	1.26	1.9	clear	slight sulphur
0941	.75	2.75	"	3.58	4.76	20.56	368	1.98	1.6	"	"
0944	.75	3.50	"	3.52	4.76	20.57	368	1.62	1.6	"	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 0945	SAMPLING ENDED AT: 0946
PUMP OR TUBING DEPTH IN WELL (feet): 4.50	SAMPLE PUMP FLOW RATE (mL per minute): 0.25	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y N FILTER SIZE: ___ µm; Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)
pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Mitchis Inc		SITE LOCATION: Pembrooke	
WELL NO: MW B-1	SAMPLE ID		DATE: 04-14-08

PURGING DATA

WELL DIAMETER (inches): 2	TUBING O.D. DIAMETER (inches): 1/2	WELL SCREEN INTERVAL DEPTH: 18 feet to 00 feet	STATIC DEPTH TO WATER (feet): 5.40	PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)

= 18.00 feet - 5.40 feet) X 0.16 gallons/foot = 2.01 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)

= gallons + (0.006 gallons/foot X 11.00 feet) + 0.25 gallons = 0.31 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 7.00	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 7.00	PURGING INITIATED AT: 09.00	PURGING ENDED AT: 09.14	TOTAL VOLUME PURGED (gallons): 3.50

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
0908	2.00	2.00	0.25	5.40	5.47	22.67	391	4.32	16.0	Clear	Yellow
0911	.75	2.75	"	5.49	5.35	22.27	395	3.48	12.0	"	"
0914	.75	3.50	"	5.50	5.42	22.25	395	2.61	11.0	"	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 0915	SAMPLING ENDED AT: 0917
PUMP OR TUBING DEPTH IN WELL (feet): 7.00	SAMPLE PUMP FLOW RATE (mL per minute): 0.25	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED Y N FILTER SIZE: ____ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION					
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE	

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):

pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU; optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc	SITE LOCATION: Pembroke
WELL NO: MW C-3	SAMPLE ID:	DATE: 04-14-08

PURGING DATA

WELL DIAMETER (inches): 1	TUBING DIAMETER (inches): 1/4 x 3/8	WELL SCREEN INTERVAL DEPTH 6 feet to 0 0 feet	STATIC DEPTH TO WATER (feet) 8'10	PURGE PUMP TYPE OR BAILER: PP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)

= (16.06 feet - 8.10 feet) x 0.04 gallons/foot = 0.31 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)

= gallons + (0.0026 gallons/foot X 15.00 feet) + 0.25 gallons = 0.28 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 9'00	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 9'00	PURGING INITIATED AT: 1020	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (umhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
1020	500 ml	500 ml	100 ml	8.10	6.21	22.34	526	2.52	66.0	Grey	None
1023	500ml	900 ml	"	8.26	6.26	22.34	545	2.08	45.1		
1026	"	1.1	"	8.22	6.29	22.21	550	2.09	29.2		
1029	"	1.4	"	8.22	6.29	22.19	553	1.83	27.8		
1031	"	1.7	"	8.24	6.29	22.27	556	[illegible]	27.6		
1034	"	2.00	"	8.25	6.30	22.29	561	2.61	26.0		

WELL CAPACITY (Gallons Per Foot) 0.75" = 0.02, 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.) 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. Lar	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 1035	SAMPLING ENDED AT: 1037
PUMP OR TUBING DEPTH IN WELL (feet): 9'00	SAMPLE PUMP FLOW RATE (mL per minute): 100 ml	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED Y N FILTER SIZE ____ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):

pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU, optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc	SITE LOCATION: Pennbrooke
WELL NO: P2 - 24	SAMPLE ID:
	DATE: 04-14-08

PURGING DATA

WELL DIAMETER (inches):	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet):	PURGE PUMP TYPE OR BAILER:

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (feet - feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (gallons/foot X feet) + gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

Dry well

WELL CAPACITY (Gallons Per Foot) 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION	SAMPLER(S) SIGNATURES	SAMPLING INITIATED AT: 0955	SAMPLING ENDED AT: 0956
PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:	
FIELD DECONTAMINATION: Y N	FIELD-FILTERED Y N FILTER SIZE: ____ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):

pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU, optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc	SITE LOCATION: Pembrooke
WELL NO: P2 - 8	SAMPLE ID:
DATE: 04-16-08	

PURGING DATA

WELL DIAMETER (inches):	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet):	PURGE PUMP TYPE OR BAILER:

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (feet - feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (gallons/foot X feet) + gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

Dry Well

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02, 1" = 0.04, 1.25" = 0.06, 2" = 0.15, 3" = 0.37, 4" = 0.65, 5" = 1.02, 6" = 1.47, 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0005, 3/16" = 0.0014, 1/4" = 0.0026, 5/16" = 0.004, 3/8" = 0.006, 1/2" = 0.010, 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION:	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 0950	SAMPLING ENDED AT: 0951
PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:	
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N FILTER SIZE: ____ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):
pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater). Turbidity: all readings ≤ 20 NTU optionally ± 5 NTU or ± 10% (whichever is greater)

Tri- Tech Laboratories, Inc
Field Instrumentation Calibration Records

Date: 04-14-08

			Low Std		High Std			
Time	Instrument	Parameter	Assigned Value	Reading	Assigned Value	Reading	Units	Tech
0720								
	TTA F02	cond	100	N/A	1000	963	µohms	PL
	TTA F02	ph	4.00	4.01	7.02	7.00		PL
	TTA F02	temp	NA		NA		°C	
	TTA F02	DO*	100 % Air Sat	100			mg/L	PL
	TTA F04	turbidity	~~20~~ 10	10	100	N/A	NTU	PL
0925								
	TTA F02	cond	100	N/A	1000	960	µohms	PL
	TTA F02	ph	4.00	4.00	7.02	7.01		PL
	TTA F02	temp	NA	4°C	NA	4°C	°C	PL
	TTA F02	DO*	100 % Air Sat	100			mg/L	PL
	TTA F04	turbidity	~~20~~ 10	10	100	N/A	NTU	PL
1040								
	TTA F02	cond	100	N/A	1000	968	µohms	PL
	TTA F02	ph	4.00	4.00	7.02	7.00		PL
	TTA F02	temp	NA		NA		°C	
	TTA F02	DO*	100 % Air Sat	100			mg/L	PL
	TTA F04	turbidity	~~20~~ 10	10	100	N/A	NTU	PL

Units STDS:

		µohms	NTU	
pH4.0	PW 169	Con 100	Turb20	PW101
pH7.0	PW154	Con 1000	Turb100	PW101

*DO based on temperature at 760 mm Hg

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Monitoring Period: From: April 2008 To: June 2008

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: Piezometer PZ-8 PondsWAFR # 43785 GMS # ---
Date Sample Obtained: April 14, 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00"	Dry	Dry	72.95"

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: Piezometer PZ-24 PondsWAFR # 43786 GMS # ---

Monitoring Period From: April 2008 To: June 2008

Date Sample Obtained: April 14 , 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66"	Dry	Dry	70.56"

10/31/2005
COMMENTS AND EXPLANATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
Expiration Date: November 17, 2010

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

FILE COPY

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JULY 01, 2008 To JULY 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.081		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.009		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.003		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.17			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/08/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JULY 01 2008 To JULY 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.6	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				.710			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				258.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				194.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.098		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090	0.089	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				49%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: JULY 01 2008, To JULY 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.007		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.17			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.42			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				3.0	4.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH	Sample Measurement				7.6	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/08/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Pembrooke WWTP

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: JULY 01, 2008 To JULY 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100%	<1.0	#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.16			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: JULY 01, 2008 To: JULY 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	Pf (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1.0			7.7		5.0	<1.0	.316
2		<1.0			7.6		5.0	<1.0	.318
3		<1.0			7.6		5.0	<1.0	.257
4					7.6		5.0		.301
5					7.7		5.0		.230
6					7.6		5.0		.206
7		<1.0			7.6		5.0	<1.0	.242
8		<1.0			7.6		5.0	<1.0	.241
9	10.0	<1.0	7.16		7.6	4.0	5.0	<1.0	.369
10		<1.0			7.6		5.0	<1.0	.289
11					7.6		5.0		.280
12					7.7		5.0		.237
13					7.6		5.0		.218
14		<1.0			7.6		5.0	<1.0	.309
15		<1.0			7.7		5.0	<1.0	.241
16		<1.0			7.7		5.0	<1.0	.245
17		<1.0			7.6		5.0	<1.0	.254
18					7.7		5.0		.316
19					7.7		5.0		.286
20					7.7		5.0		.329
21		<1.0			7.7		5.0	<1.0	.341
22		<1.0			7.8		5.0	<1.0	.317
23	10.0	<1.0	6.61		7.7	2.0	5.0	<1.0	.331
24		<1.0			7.7		5.0	<1.0	.330
25					7.6		5.0		.316
26					7.6		5.0		.710
27					7.6		5.0		.464
28		<1.0			7.7		5.0	<1.0	.366
29		<1.0			7.7		5.0	<1.0	.313
30		<1.0			7.6		5.0	<1.0	.319
31		<1.0			7.7		5.0	<1.0	.369
Total	20.0	9.50	13.77		237.2	6.0	155.0	9.50	9.66
Mo Avg	10.0	<1.0	6.90		7.7	3.0	5.0	<1.0	0.312

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Day shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: JULY 01, 2008 To: JULY 31 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	.089	.090	.000	.000					
2	.090	.090	.000	.000					
3	.102	.112	.000	.000					
4	.098	.056	.042	.000					
5	.092	.070	.003	.019					
6	.082	.076	.000	.008					
7	.093	.071	.000	.022					
8	.100	.098	.000	.004					
9	.083	.072	.000	.012	200.0	320.0			
10	.093	.058	.035	.000					
11	.066	.061	.005	.000					
12	.094	.090	.004	.000					
13	.071	.071	.000	.000					
14	.120	.119	.000	.001					
15	.097	.076	.021	.000					
16	.074	.075	.000	.000					
17	.084	.084	.000	.000					
18	.095	.072	.023	.000					
19	.090	.086	.000	.009					
20	.107	.102	.000	.005					
21	.089	.055	.033	.001					
22	.098	.085	.013	.000					
23	.077	.075	.000	.002	188.0	196.0			
24	.102	.070	.032	.000					
25	.090	.083	.007	.000					
26	.085	.084	.001	.000					
27	.086	.089	.000	.000					
28	.084	.084	.000	.000					
29	.090	.092	.000	.000					
30	.091	.087	.000	.004					
31	.087	.079	.000	.008					
Total	2.799	2.512	0.219	0.095	388.0	516.0			
Mo. Avg.	0.090	0.081	0.007	0.003	194.0	258.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570 **Expiration Date:**

LIMIT: Final REPORT:
CLASS SIZE: N/A GROUP:

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

FILE COPY

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUG 01, 2008 To AUG 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Freq An
Flow, Public access reuse	Sample Measurement	0.087		MGD					0	5 Day
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Day
Flow, Public access reuse	Sample Measurement	0.079		MGD					0	5 Day
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Day
Flow, to RIBs 3 and 4	Sample Measurement	0.009		MGD					0	5 Day
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Day
Flow, to RIBs 3 and 4	Sample Measurement	0.010		MGD					0	5 Day
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Day
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.06			mg/L	0	Ever W
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Ever W
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		mg/L	0	Ever W
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Ever W
Solids, Total Suspended	Sample Measurement				<1.0			mg/L	0	4 Day
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Day

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 pro 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, t 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 violation

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO
Lead Operator: ALLSON S. MCPHEE C6490	Allson Smythe	1-800-272-19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: AUG. 01 2008 To: AUG. 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ph	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.87			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				197.5			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				183.0			mg/l	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.099		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.095	0.091	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUG 01 2008 To AUG 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.06			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.5	3.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490	Allson S. McPhee	1-800-272-1919	08/09/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF AUG 01,2008 TO: AUG 31, 2008 MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			MONITORING PERIOD	From: FEB. 01, 2008		To	#/100ML	29	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100%	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.34			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: AUG 1, 2008 To: AUG. 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.5		5.0		.434
2					7.6		5.0		.614
3					7.6		5.0		.448
4		<1.0			7.6		5.0	<1.0	.401
5		<1.0			7.6		5.0	<1.0	.400
6	8.0	<1.0	5.29		7.5	2.0	5.0	<1.0	.282
7		<1.0			7.5		2.30	<1.0	.233
8					7.5		5.0		.247
9					7.6		5.0		.252
10					7.5		5.0		.262
11		<1.0			7.6		5.0	<1.0	.340
12		<1.0			7.4		5.0	<1.0	.314
13		<1.0			7.4		5.0	<1.0	.327
14		<1.0			7.5		5.0	<1.0	.326
15					7.4		5.0		.374
16					7.4		5.0		.454
17					7.4		5.0		.424
18		<1.0			7.4		5.0	<1.0	.329
19		<1.0			7.4		5.0	<1.0	.389
20	8.0	<1.0	8.34		7.4	3.0	5.0	<1.0	.309
21		<1.0			7.4		5.0	<1.0	.367
22					7.5		5.0		.249
23					7.4		5.0		.222
24					7.4		5.0		.404
25					7.4		5.0		1.87
26		<1.0			7.5		5.0	<1.0	.681
27		<1.0			7.4		5.0	<1.0	.259
28		<1.0			7.4		5.0	<1.0	.232
29		<1.0			7.5		5.0	<1.0	.354
30					7.4		5.0		.518
31					7.4		5.0		.315
Total	16.0	8.00	13.63		231.5	5.0	155.0	8.00	12.63
Mo. Avg	8.0	<1.0	6.82		7.5	2.5	5.00	<1.0	0.407

PLANT STAFFING.

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class:	C	Certificate No:	13928	Name:	Trevor Powell
Day shift Operator	Class:	B	Certificate No:	9869	Name:	Steve Plows

DAILY SAMPLE RESULTS - PART B

Permit Number FLA010570 Facility Pembrooke WWTF
Monitoring Period From AUG 1, 2008 To AUG 31 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.079	.057	.018	.004					
2	.089	.085	.004	.000					
3	.091	.089	.000	.002					
4	.081	.081	.000	.000					
5	.094	.095	.000	.000					
6	.076	.061	.015	.000	197.0	190.0			
7	.080	.081	.000	.000					
8	.081	.062	.019	.000					
9	.082	.078	.004	.000					
10	.083	.090	.000	.000					
11	.084	.087	.000	.000					
12	.108	.083	.025	.000					
13	.080	.084	.000	.000					
14	.080	.070	.010	.000					
15	.089	.085	.004	.000					
16	.090	.084	.006	.000					
17	.080	.090	.000	.000					
18	.096	.096	.000	.000					
19	.089	.090	.000	.000					
20	.083	.083	.000	.000	198.0	176.0			
21	.082	.068	.014	.000					
22	.100	.068	.006	.026					
23	.126	.054	.000	.075					
24	.140	.059	.000	.097					
25	.103	.065	.015	.023					
26	.111	.000	.093	.018					
27	.113	.090	.000	.027					
28	.108	.105	.000	.003					
29	.118	.118	.000	.000					
30	.114	.115	.000	.000					
31	.103	.070	.000	.033					
Total	2.933	2.443	0.233	0.308	395.0	366.0			
Mo. Avg.	0.095	0.079	0.008	0.010	197.5	183.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class	C	Certificate No	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name	Trevor Powell
Dayshift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pembrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pembrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPT 01, 2008 To SEPT 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.084		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.051		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.035		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.76			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	9.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pennbrooke WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: SEPT 01 2008 To SEPT 30, 2008

PERMIT NUMBER: I

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Fr
PH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.4	7.8		SU	0	5 I
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 I
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				100%			Percent	0	4 I
	Permit Requirement				75 (Min.)			Percent		4 I
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				<1			#/100ML	0	4 I
	Permit Requirement				25 (Max.)			#/100ML		4 I
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				5.0			mg/L	0	C
	Permit Requirement				1.0 (Min.)			mg/L		C
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				.402			NTU	0	C
	Permit Requirement				Report (Max.)			NTU		C
BOD, Carbonaceous 5 day, 20C PARM Code 80082 P Mon.Site No. INF-1	Sample Measurement							mg/L	0	E
	Permit Requirement							mg/L		E
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				180.5			mg/L	0	E
	Permit Requirement				Report (Mo.Avg.)			mg/L		E
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				140.0			mg/L	0	E
	Permit Requirement				Report (Mo.Avg.)			mg/L		E
Flow PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	0.098		MGD					0	5 D
	Permit Requirement	0.180 (An.Avg.)		MGD						5 D
Flow PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	0.092	0.092	MGD					0	5 D
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 D
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement				51%			Percent	0	N
	Permit Requirement				Report			Percent		N

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPT 01 2008 To: SEPT 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.76			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	9.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.60			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
PH	Sample Measurement				7.4	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	(Max.)		SU		5 Days/Week	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)
Lead Operator: ALLSON S. MCPHEE C6490		1-800-272-1919	08/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: SEPT. 01, 2008 To SEPT 30, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100%	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.66			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: SEPT 1, 2008 To: SEPT. 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100 ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	PH (Min)	Ph (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.5		5.0		.244
2		<1.0			7.4		5.0	<1.0	.242
3	9.0	<1.0	4.26		7.4	2.0	5.0	<1.0	.257
4		<1.0			7.4		5.0	<1.0	.319
5		<1.0			7.4		5.0	<1.0	.277
6					7.5		5.0		.213
7					7.4		5.0		.218
8		<1.0			7.6		5.0	<1.0	.258
9		<1.0			7.6		5.0	<1.0	.286
10		<1.0			7.6		5.0	<1.0	.302
11		<1.0			7.6		5.0	<1.0	.300
12					7.6		5.0		.226
13					7.7		5.0		.338
14					7.8		5.0		.296
15		<1.0			7.5		5.0	<1.0	.207
16		<1.0			7.6		5.0	<1.0	.236
17	7.0	<1.0	4.66		7.6	2.0	5.0	<1.0	.316
18		<1.0			7.6		5.0	<1.0	.286
19					7.5		5.0		.254
20					7.6		5.0		.201
21					7.6		5.0		.243
22		<1.0			7.6		5.0	<1.0	.277
23		<1.0			7.7		5.0	<1.0	.258
24		<1.0			7.8		5.0	<1.0	.234
25		<1.0			7.6		5.0	2.0	.355
26					7.6		5.0		.402
27					7.8		5.0		.389
28					7.6		5.0		.308
29		<1.0			7.7		5.0	<1.0	.320
30		<1.0			7.7		5.0	<1.0	.386
31									
Total	16.0	9.0	8.92		240.1	4.0	150.0	10.5	8.448
Mo. Avg	8.0	<1.0	4.46		8.0	2.0	5.00	<1.0	0.282

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allsen McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Day shift Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period From: SEPT 1 2008 To: SEPT 30 2008
Facility: Pennbrooke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	.095	.055	.000	.041					
2	.108	.066	.000	.042					
3	.101	.060	.000	.044	188.0	114.0			
4	.085	.051	.000	.034					
5	.109	.033	.036	.040					
6	.094	.050	.007	.037					
7	.086	.053	.000	.039					
8	.095	.060	.000	.036					
9	.094	.055	.000	.039					
10	.089	.037	.015	.037					
11	.090	.049	.007	.034					
12	.097	.045	.016	.036					
13	.094	.049	.009	.036					
14	.095	.052	.009	.034					
15	.072	.043	.000	.029					
16	.098	.057	.000	.041					
17	.081	.082	.000	.000	173.0	166.0			
18	.083	.084	.000	.000					
19	.101	.067	.033	.000					
20	.089	.078	.011	.000					
21	.081	.088	.000	.000					
22	.095	.096	.000	.000					
23	.092	.072	.020	.000					
24	.082	.067	.015	.000					
25	.070	.000	.090	.077					
26	.098	.007	.020	.071					
27	.085	.034	.007	.044					
28	.109	.000	.022	.087					
29	.091	.000	.000	.091					
30	.096	.027	.000	.069					
31									
Total	2.755	1.517	0.227	1.038	361.0	280.0			
Mo. Avg	0.092	0.051	0.008	0.035	180.5	140.0			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Lead Operator	Class:	C	Certificate No:	6490	Name:	Allison McPhee
Day Shift Operator	Class:	C	Certificate No:	14028	Name:	Trevor Powell
Dayshift Operator	Class:	B	Certificate No:	9599	Name:	Steve Pfouts

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date Nov. 2000
DEP Application No FLA010570

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address 501 SR 44 West

City Leesburg FL. Zip 34748

Telephone Number (800) 272-1919

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Allson McPhee

Address 200 Weathersfield Ave.

City Altamonte Springs FL. Zip 32714

Telephone Number (800) 272-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 10/13/05 Allson McPhee CB490

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 900405G

Analytical Lab Comp QAP # /HRS Certification # E83294

*Comp QAP # /HRS Certification #

Lab Name Tri-Tech Laboratories, Inc.

Address 7240 Old Cheney HWY Orlando FL 32807

Phone Number (407) 275-8463

4/14/2003

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GROUND WATER MONITORING WELL REPORT - PART D

County: *Lake County*
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-1
Well Type: Compliance
Description: Well Name MWC-1
Ponds
WAFR # 33638
GMS # N/A

Monitoring Period From: JULY-08 To: SEPT-08
Was the well purged before sampling? _X_ Yes ___ No
Sampling Method Used PUMP

Date Sample Obtained: 07/01/08
Time Sample Obtained: 08:50
TOP OF CASING: 74.08 FT

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	69.68 ft	Feet	Report	Report	N/A	Ice	N/A
Nitrate, (as N)	00620	--	0.10mg/l	mg/L	<10	0.10	353.2	Ice	N/A
Solids, Total Dissolved (TDS)	70295	70296	338.0mg/l	mg/L	<500	1.0	160.1	Ice	N/A
Chloride (as Cl)	00940	--	90.74mg/l	mg/L	<250	5.0	325.2	Ice	N/A
Coliform, Fecal	74055	--	1U	#/100	<4	1.0	9222D	Ice	N/A
pH	00400	--	4.8su	SU	6.5-8.5	6.5-8.5	Field	Ice	N/A
Turbidity, Lab - Nephelometric	00070	82079	1.04ntu	NTU	Report	1.0	180.1	Ice	N/A

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWB-1**
Well Type: **Background**
Description: **Well Name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period From: ___ JULY-08 To: SEPT-08
Was the well purged before sampling? ___ Yes ___ No
Sampling Method Used: pump

Date Sample Obtained: 09/15/08
Time Sample Obtained: 09:05
(TOP OF CASING: 78.13)

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	74.33 ft	Feet	Report	Report	N/A	Ice	N/A
Nitrate, (as N)	00620	--	3.43 mg/l	mg/L	Report	0.10	353.2	Ice	N/A
Solids, Total Dissolved (TDS)	70295	70296	244.0 mg/l	mg/L	Report	1.0	160.1	Ice	N/A
Chloride (as Cl)	00940	--	32.42 mg/l	mg/L	Report	5.0	325.2	Ice	N/A
Coliform, Fecal	74055	--	1#100	#/100	Report	1.0	9222D	Ice	N/A
pH	00400	--	5.7 su	SU	Report	6.5-8.5	Field	Ice	N/A
Turbidity, Lab – Nephelometric	00070	82079	1.10 ntu	NTU	Report	1.0	180.1	Ice	N/A

10/31/2005
COMMENTS AND EXPLANATION:

PENNBROOKE 3527281085 10/28/2008 08:33

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: Well Name MWC-3
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period From: JULY-08 To: SEPT-08
Was the well purged before sampling? X Yes ___ No
Sampling Method Used Pump

Date Sample Obtained: 07/01/08
Time Sample Obtained: 09:20
(TOP OF CASING: 75.0 ft)

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	64.93 ft	Feet	Report	Report	N/A	Ice	N/A
Nitrate, (as N)	00620	--	4.41mg/l	mg/L	<10	0.10	353.2	Ice	N/A
Solids, Total Dissolved (TDS)	70295	70296	128.0mg/l	mg/L	<500	1.0	160.1	Ice	N/A
Chloride (as Cl)	00940	--	80.19mg/l	mg/L	<250	5.0	325.2	Ice	N/A
Coliform, Fecal	74055	--	1U	#/100	<4	1.0	9222D	Ice	N/A
pH	00400	--	6.75su	SU	6.5-8.5	6.5-8.5	Field	Ice	N/A
Turbidity, Lab - Nephelometric	00070	82079	15.54ntu	NTU	Report	1.0	180.1	Ice	N/A

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: **Piezometer PZ-24 Ponds WAFR # 43786 GMS # G-II**

Monitoring Period From: JULY- 2008 TO: SEPT- 08
Method Used: Pump

Date Sample Obtained: N/A

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66'	DRY	72.66'	70.56'

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: **Piezometer PZ-8**
Ponds
WAFR # 43785
GMS # G-11

Monitoring Period From: JULY-08 TO: SEPT- 08
Method Used: Pump

Date Sample Obtained: NA

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00 *	DRY	77.00*	72.95 *

10/31/2005
COMMENTS AND EXPLANATION:

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME:		SITE LOCATION: Pembroke	
WELL NO: MW-C1	SAMPLE ID:		DATE: 07-01-08

PURGING DATA

WELL DIAMETER (inches): 2	TUBING DIAMETER (inches): O.D. 1/2	WELL SCREEN INTERVAL DEPTH: 18 feet to 20 feet	STATIC DEPTH TO WATER (feet): 4.40	PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH − STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)

= (18.00 feet − 4.40 feet) X 0.16 gallons/foot = 2.17 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)

= gallons + (0.006 gallons/foot X 10.00 feet) + 0.25 gallons = 0.31 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 6.00	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 6.00	PURGING INITIATED AT: 0850	PURGING ENDED AT: 0904	TOTAL VOLUME PURGED (gallons): 3.50

TIME	VOLUME PURGED (gallons)	CUMUL VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
0858	2.00	2.00	.25	4.40	4.81	22.03	482	0.69	1.19	clear	None
0901	.75	2.75	"	4.42	4.80	22.02	475	0.61	1.18	"	"
0904	.75	3.50	"	4.40	4.80	22.02	471	0.61	1.18	"	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./F.): 1/8" = 0.0005; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.005; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 0906	SAMPLING ENDED AT: 0908
PUMP OR TUBING DEPTH IN WELL (feet): 6.00	SAMPLE PUMP FLOW RATE (mL per minute): 0.25	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y N FILTER SIZE: ____ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):

pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table 4 FS 2200-3); otherwise ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTUs; otherwise ± 5 NTUs or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Pembrooke	SITE LOCATION:	
WELL NO: MW-01	SAMPLE ID:	DATE: 09-15-08

PURGING DATA

WELL DIAMETER (inches): 2	TUBING DIAMETER (inches): 1/4	WELL SCREEN INTERVAL DEPTH: 18 feet to 3 feet	STATIC DEPTH TO WATER (feet): 3.80	PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH − STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (18.00 feet − 3.80 feet) x 0.16 gallons/foot = 2.27 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (0.0026 gallons/foot X 10.00 feet) + 0.50 gallons = 0.52 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 4.80	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 4.80	PURGING INITIATED AT: 0845	PURGING ENDED AT: 0903	TOTAL VOLUME PURGED (gallons): 4.50

TIME	VOLUME PURGED (gallons)	CUMUL VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
0857	3.00	3.00	0.65	3.80	5.65	27.27	481	4.68	1.63	Slight yellow	None
0900	.75	7.75	"	3.83	5.62	27.35	490	2.61	1.58	"	"
0903	.75	6.50	"	3.83	5.70	27.30	492	1.90	1.51	"	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 0905	SAMPLING ENDED AT: 0907
PUMP OR TUBING DEPTH IN WELL (feet): 10.00	SAMPLE PUMP FLOW RATE (mL per minute): 0.25	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED Y N FILTER SIZE: ___ µm Filtration Equipment Type:	DUPLICATE Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212 SECTION 3):
pH: ± 0.2 unit; Temperature: ± 0.2°C; Specific Conductance: ± 5%; Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2) or ideally ± 0.3 mg/L or ± 10% (whichever is greater); Turbidity: all readings ≤ 20 NTU ideally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME:
SITE LOCATION: Pembrooke
WELL NO: MW-C3
SAMPLE ID:
DATE: 07-01-08

PURGING DATA

WELL DIAMETER (inches): 1
TUBING DIAMETER (inches): 1/4
WELL SCREEN INTERVAL DEPTH: 16 feet to 00 feet
STATIC DEPTH TO WATER (feet): 10.07
PURGE PUMP TYPE OR BAILER: PP

WELL VOLUME PURGE: (only fill out if applicable) 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
= (16.00 feet - 10.07 feet) x 0.04 gallons/foot = 0.23 gallons

EQUIPMENT VOLUME PURGE: (only fill out if applicable) 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
= gallons + (0.0026 gallons/foot X 15.00 feet) + 0.25 gallons = 0.28 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 11.00
FINAL PUMP OR TUBING DEPTH IN WELL (feet): 11.00
PURGING INITIATED AT: 0920
PURGING ENDED AT: 0940
TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (lpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
0925	500 ml	500 ml	100 ml	10.07	6.70	24.23	654	6.06	28.4	Clear	None
0928	300 "	800 ml		10.06	6.72	24.22	655	6.11	19.5		
0931	3.00 "	1.1		10.06	6.73	24.22	655	5.86	18.4		
0934	3.00 "	1.4		10.04	6.74	24.21	656	5.98	15.8		
0937	3.00 "	1.7		10.06	6.74	24.22	656	6.10	12.9		
0940	3.00 "	2.00		10.06	6.75	24.22	656	6.15	11.6		

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.89
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL
SAMPLER(S) SIGNATURES:
SAMPLING INITIATED AT: 0942
SAMPLING ENDED AT: 0944
PUMP OR TUBING DEPTH IN WELL (feet): 11.00
SAMPLE PUMP FLOW RATE (mL per minute): 100 ml
TUBING MATERIAL CODE: PE
FIELD DECONTAMINATION: Y (N)
FIELD-FILTERED: Y N FILTER SIZE: ____ µm
Filtration Equipment Type:
DUPLICATE: Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = Alternate Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RPPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)
pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.3 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU, optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME:		SITE LOCATION: Pembroke
WELL NO: MW P-24	SAMPLE ID:	DATE: 07-01-08

PURGING DATA

WELL DIAMETER (inches):	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet):	PURGE PUMP TYPE OR BAILER:

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH – STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)

= (feet – feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)

= gallons + (gallons/foot X feet) + gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (umhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

Dry Well

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (GAL/FT.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION:	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT:	SAMPLING ENDED AT:
PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:	
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N Filtration Equipment Type:	FILTER SIZE: ___ µm	DUPLICATE: Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon®; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):

pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally, ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU, optionally ± 5 NTU or ± 10% (whichever is greater).

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME:		SITE LOCATION: Pembroke	
WELL NO: MW P-8	SAMPLE ID		DATE: 07-01-08

PURGING DATA

WELL DIAMETER (inches):	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet):	PURGE PUMP TYPE OR BAILER:

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (feet - feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (gallons/foot X feet) + gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

DRY WELL

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION	SAMPLER(S) SIGNATURES	SAMPLING INITIATED AT:	SAMPLING ENDED AT:

PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N FILTER SIZE: µm Filtration Equipment Type:	DUPLICATE: Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS:

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING EQUIPMENT CODES: APP = Alkl Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. Stabilization Criteria for Groundwater Sampling: Three consecutive readings within the following limits: pH ± 0.2 units; Temperature ± 0.2° C; Specific Conductance ± 5%; Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2); Redox Potential ± 0.2mV or ± 10% whichever is greater; Turbidity: all readings ≤ 20 NTUs; if not, then ± 5 NTU or ± 10% whichever is greater.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 Expiration Date: November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001

FILE COPY

MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.080		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.018 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.049		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.038		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3	9.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				9.0			mg/L	1	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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)
Lead Operator: Steve Pfouts	Steve Pfouts	1-800-272-1919	08/11/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Filters were backwashed. On 10/27/08 to have a high TSS the next day sample was undetected.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Penabrooke WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				4.1			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				0.397			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				197			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				213			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.097		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090	0.092	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2		Sample Measurement	0.005		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2		Permit Requirement	0.030 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C		Sample Measurement				9.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1		Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement				8.3	9.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement				1.9			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1		Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement				1.7	2.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH		Sample Measurement				7.6	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1		Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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)
Lead Operator: Steve Pfouts	Steve Pfouts	1-800-272-1919	08/11/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembroke WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				4.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.6			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: October 1, 2008 To: October 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1	9.0	<1	4.2		7.7	2.0	5.0	1.0	0.397
2		<1			7.8		5.0	<1	0.377
3		<1			7.7		5.0		0.357
4					7.9		5.0		0.334
5					7.7		5.0		0.278
6		<1			7.6		5.0	<1	0.227
7		<1			7.7		5.0	<1	0.199
8		<1			7.7		5.0	<1	0.160
9		<1			7.8		5.0	<1	0.232
10					7.8		5.0		0.171
11					7.7		5.0		0.220
12					7.7		5.0		0.228
13		<1			7.7		5.0	<1	0.245
14		<1			7.7		5.0	<1	0.218
15	7.0	<1	6.6		7.7	2.0	5.0	<1	0.228
16		<1			7.7		5.0	<1	0.256
17					7.8		5.0		0.200
18					7.8		5.0		0.197
19					7.7		5.0		0.177
20		<1			7.7		5.0	<1	0.202
21		<1			7.7		5.0	<1	0.187
22		<1			7.7		5.0	<1	0.202
23		<1			7.7		5.0	<1	0.204
24					7.7		5.0		0.206
25					7.8		5.0		0.248
26					7.7		4.1		0.234
27		<1			7.7		4.3	9.0	0.274
28	9.0	<1	6.2		7.7	1.0	4.8	<1	0.258
29		<1			7.6		5.0	<1	0.248
30		<1			7.7		5.0	<1	0.153
31					7.8		5.0		0.332
Total	25	<1	17		239.4	5.0	153.2	10	7.449
Mo. Avg.	8.3	<1	5.7		7.7	1.7	4.9	0.3	0.240

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Andersen
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Plouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570
Monitoring Period From: October 1, 2008 To: October 31, 2008
Facility: Pennbrooke WWTF

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-3	INF-1	INF-1			
1	0.091	0.019	0.036	0.036	182	82			
2	0.073	0.037	0.000	0.036					
3	0.085	0.043	0.000	0.017					
4	0.103	0.054	0.000	0.049					
5	0.071	0.043	0.000	0.031					
6	0.109	0.062	0.000	0.047					
7	0.091	0.045	0.000	0.046					
8	0.097	0.023	0.037	0.037					
9	0.100	0.050	0.010	0.040					
10	0.106	0.055	0.009	0.042					
11	0.090	0.049	0.005	0.036					
12	0.066	0.041	0.000	0.028					
13	0.099	0.062	0.000	0.037					
14	0.100	0.054	0.000	0.046					
15	0.088	0.038	0.022	0.028	184	382			
16	0.099	0.055	0.005	0.039					
17	0.072	0.042	0.000	0.030					
18	0.095	0.055	0.000	0.039					
19	0.079	0.046	0.000	0.033					
20	0.094	0.056	0.000	0.038					
21	0.084	0.042	0.000	0.042					
22	0.081	0.061	0.000	0.031					
23	0.098	0.046	0.019	0.033					
24	0.098	0.059	0.000	0.042					
25	0.091	0.049	0.007	0.035					
26	0.079	0.047	0.000	0.032					
27	0.083	0.050	0.000	0.036					
28	0.089	0.044	0.000	0.046	225	176			
29	0.081	0.066	0.000	0.033					
30	0.091	0.058	0.000	0.042					
31	0.097	0.056	0.000	0.041					
Total	2.780	1.507	0.150	1.123	591	640			
Mo. Avg.	0.090	0.049	0.005	0.038	197	213			

1123 Should be 1173 per Steve P. 11/26 per Steve P. Typo in report - change to 1173

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allison McPhee
Day Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weatherstield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
Expiration Date: November 17, 2010

LIMIT: Final
REPORT: Monthly
CLASS SIZE: N/A
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.076		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.045		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An. Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.034		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.4			mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr, FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Every Two Weeks	8-hr, FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr, FPC
Solids, Total Suspended	Sample Measurement				7.2			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Lead Operator: Steve Pfouts	Steve Pfouts	1-800-272-1919	08/12/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Filters were backwashed at the wrong time. On 11/05/08 we have a high TSS, the next day sample was undetected.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA010570

MONITORING PERIOD From: November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100Ml.	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100Ml.		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				0.634			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon.Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				200			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.097		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.092	0.091	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities Inc. of Pembrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pembrooke WWTF
LOCATION: 501 SR 44 West

Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and #2

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.015			MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	0.030 (Mo. Avg.)			MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.4			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.0	9.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					1.9			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					1.0	1.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH	Sample Measurement					7.6	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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)
Lead Operator: Steve Pfouts	Steve Pfouts	1-800-272-1919	08/12/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pembrooke WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA010570

MONITORING PERIOD From: November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100&ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100&ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100&ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.3			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pembrooke WWTF
Monitoring Period From: November 1, 2008 To: November 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1					7.8		5.0		0.181
2					7.6		5.0		0.208
3		<1			7.6		5.0	<1	0.196
4		<1			7.6		4.6	<1	0.169
5		<1			7.6		5.0	7.2	0.237
6		<1			7.6		2.9	<1	0.263
7					7.7		5.0		0.229
8					7.6		3.3		0.181
9					7.6		5.0		0.169
10		<1			7.6		5.0	<1	0.178
11	9.0	<1	5.3		7.6	1.0	4.6	<1	0.160
12		<1			7.6		5.0	2.0	0.153
13		<1			7.6		4.0	1.0	0.121
14					7.7		3.6		0.191
15					7.7		5.0		0.105
16					7.6		5.0		0.118
17		<1			7.7		5.0	<1	0.165
18		<1			7.8		5.0	<1	0.213
19		<1			7.7		5.0	<1	0.176
20		<1			7.9		5.0	<1	0.130
21					7.8		5.0		0.157
22					7.9		5.0		0.151
23		<1			7.8		5.0	<1	0.357
24		<1			7.8		5.0	<1	0.161
25	9.0		4.6		7.7	<1	5.0		0.170
26					7.6		5.0		0.153
27					7.7		5.0		0.214
28					7.8		5.0		0.634
29					7.6		5.0		0.136
30					7.8		5.0		0.199
31									
Total	18.0	<1	9.9		231	2.0	145	10.2	5.875
Mo. Avg.	9.0	<1	5.0		7.7	1.0	4.8	0.72	0.196

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	Raymond Parrish
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF
Monitoring Period From: November 1, 2008 To: November 30, 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1			
1	0.093	0.054	0.000	0.038					
2	0.085	0.051	0.000	0.034					
3	0.101	0.061	0.000	0.041					
4	0.097	0.046	0.000	0.045					
5	0.106	0.068	0.000	0.038					
6	0.097	0.049	0.000	0.041					
7	0.090	0.052	0.000	0.037					
8	0.086	0.051	0.000	0.035					
9	0.088	0.054	0.000	0.041					
10	0.086	0.053	0.000	0.039					
11	0.086	0.053	0.000	0.038	225	286			
12	0.106	0.059	0.000	0.043					
13	0.130	0.072	0.000	0.052					
14	0.084	0.047	0.000	0.034					
15	0.089	0.048	0.000	0.035					
16	0.091	0.056	0.000	0.041					
17	0.088	0.053	0.000	0.039					
18	0.065	0.042	0.000	0.031					
19	0.091	0.058	0.000	0.043					
20	0.094	0.062	0.000	0.046					
21	0.101	0.060	0.000	0.044					
22	0.069	0.041	0.000	0.031					
23	0.095	0.058	0.000	0.042					
24	0.096	0.059	0.000	0.042					
25	0.102	0.037	0.034	0.031	191	114			
26	0.092	0.000	0.092	0.000					
27	0.085	0.000	0.066	0.019					
28	0.092	0.000	0.085	0.007					
29	0.080	0.000	0.071	0.009					
30	0.105	0.000	0.095	0.010					
31									
Total	2.770	1.343	0.443	1.026	419	400			
Mo. Avg.	0.092	0.045	0.015	0.034	210	200			

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Alben McPhee
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	Raymond Parrish
Lead Operator	Class:	B	Certificate No:	4509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FACILITY: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pennbrooke WWTF
LOCATION: SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570 **Expiration Date:** November 17, 2010

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FILE COPY

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2008 To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Public access reuse	Sample Measurement	0.025		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No FLW-2	Permit Requirement	0.180 (An Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, Public access reuse	Sample Measurement	0.055		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to RIBs 3 and 4	Sample Measurement	0.018		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	0.080 (An Avg.)		MGD						5 Days/Week	Flow Totalizers
Flow, to RIBs 3 and 4	Sample Measurement	0.041		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon Site No FLA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 1 Mon Site No FLA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<1			mg/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon Site No FLA-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Lead Operator: Steve Plouts	Steve Plouts	1-800-272-1919	09/01/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

LAUREL BAY Pembroke WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA010570
MONITORING PERIOD From: December 1, 2008 To December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			Percent	0	4 Days/Week	Grab
PARM Code 51040 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine For Disinfection	Sample Measurement				3.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				0.672			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 P Mon Site No. INF-1	Permit Requirement							mg/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				206			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 O Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				295			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 O Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.097		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon Site No. EFW-1	Permit Requirement	0.399 (Mo Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.097	0.093	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 O Mon Site No. EFW-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity (MAF) 0.2 Permitted Capacity (MGD)	Sample Measurement				52 %			Percent	0	Monthly	Calculated
PARM Code 00056 I Mon Site No. EFW-1	Permit Requirement				Report			Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Uniliters Inc. of Pembroke
MAILING ADDRESS: 3rd Westfieldfield Avenue
Altamonte Springs, FL 32714

FACILITY: Pembroke WWTF
LOCATION: 901 NE 11 Way
Lakeburg, FL 33748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: RIBs # 1 and # 2

NO DISCHARGE FROM SITE ☐
MONITORING PERIOD: From December 1, 2008 To December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, RIBs # 1 and # 2	Sample Measurement	0.034		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	0.050 (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
[B.O.D. Carbonaceous 5 day, 20C]	Sample Measurement				9.3			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 3 Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Every Two Weeks	8-hr. FPC
[B.O.D. Carbonaceous 5 day, 20C]	Sample Measurement				8.0	8.0		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 3 Mon Site No. EFA-3	Permit Requirement				20.0 (An Avg.)			mg/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.9	3.4		mg/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon Site No. EFA-3	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hr. FPC
pH	Sample Measurement				7.6	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 6 Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	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 AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Lead Operator: Steve Pfouts	Steve Pfouts	1-800-272-1919	09/01/15

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

FACILITY Pembroke WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R402
MONITORING PERIOD From: December 1, 2008 To: December 31, 2008

PERMIT NUMBER: FLA010570

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No FLA-1	Permit Requirement				200 (An Avg)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	100 %	<1	#/100ML	0	Every Two Weeks	Grab
PARM Code 74056 X Mon Site No FLA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (for Disechlorination) PARM Code 50060 X Mon Site No FLA-1	Sample Measurement				3.5			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate Total (as N) PARM Code 00620 X Mon Site No FLA-1	Sample Measurement				11.8			mg/L	0	Every Two Weeks	8-hr, FPC
	Permit Requirement				12.0 (Max)			mg/L		Every Two Weeks	8-hr, FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLV010570 Facility: Pendleton WWTP
Monitoring Period From: December 1, 2008 To: December 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, total (as N) (mg/L)	pH (Min)	pH (Max)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Code	80082	74055	00620	00400	00400	00530	50060	00530	00070
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1
1		<1	11.8		7.8		5.0	<1	0.272
2		<1			7.7		5.0	<1	0.154
3		<1			7.6		5.0	<1	0.144
4		<1			7.7		5.0	<1	0.316
5					7.8		5.0		0.672
6					7.7		5.0		0.205
7					7.8		5.0		0.198
8		<1			7.8		5.0	<1	0.231
9		<1			7.7		5.0	<1	0.294
10	8.0	<1	8.7		7.7	3.4	5.0	<1	0.275
11		<1			7.8		5.0	<1	0.288
12					7.8		5.0		0.215
13					7.8		5.0		0.198
14					7.7		5.0		0.206
15		<1			7.6		5.0	<1	0.212
16		<1			7.6		5.0	<1	0.312
17		<1			7.6		5.0	<1	0.432
18		<1			7.6		5.0	<1	0.231
19					7.7		5.0		0.282
20					7.7		5.0		0.210
21	8.0	<1	4.5		7.7	2.4	5.0	<1	0.176
22		<1			7.6		5.0	<1	0.285
23		<1			7.8		5.0	<1	0.240
24		<1			7.7		5.0	<1	0.390
25					7.7		5.0		0.230
26					7.6		5.0		0.190
27					7.6		5.0		0.289
28		<1			7.7		5.0	<1	0.235
29		<1			7.6		3.5	<1	0.357
30		<1			7.7		5.0	<1	0.275
31		<1			7.6		5.0	<1	0.285
Total	16	<1	25		238.5	5.8	155.5	<1	8.309
Mo. Avg.	8.0	<1	8.3		7.7	2.9	5.0	<1	0.268

PLANT STAFFING

Day Shift Operator	Class	A	Certificate No	8122	Name	Daniel Anderson
Day Shift Operator	Class	C	Certificate No	[illegible]	Name	Allison McDuff
Day Shift Operator	Class	C	Certificate No	12930	Name	Raymond Parrish
Lead Operator	Class	A	Certificate No	9503	Name	Steve Pfeil

DAILY SAMPLE RESULTS - PART B

Permit Number: HAA010570 Facility: Pembroke WWTF
Monitoring Period From: December 1, 2008 To: November 30, 2008

	Flow (MGD) Total through Treatment plant	Flow (MGD) Public Access	Flow (MGD) RIBs #1 and #2	Flow (MGD) RIBs #3 and #4	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	TLW-1	TLW-2	TLW-3	TLW-3	INF-1	INF-1			
1	0.102	0.000	0.083	0.019					
2	0.100	0.048	0.016	0.036					
3	0.083	0.056	0.000	0.041					
4	0.085	0.050	0.000	0.036					
5	0.088	0.053	0.000	0.037					
6	0.096	0.054	0.001	0.041					
7	0.097	0.056	0.000	0.041					
8	0.083	0.055	0.000	0.041					
9	0.102	0.058	0.002	0.042					
10	0.098	0.057	0.000	0.042	201	386			
11	0.104	0.055	0.009	0.040					
12	0.095	0.056	0.000	0.041					
13	0.086	0.055	0.000	0.040					
14	0.095	0.057	0.000	0.042					
15	0.110	0.062	0.003	0.045					
16	0.100	0.057	0.002	0.041					
17	0.102	0.059	0.001	0.042					
18	0.105	0.061	0.000	0.044					
19	0.096	0.057	0.000	0.041					
20	0.100	0.060	0.000	0.044					
21	0.100	0.058	0.000	0.042	211	204			
22	0.091	0.060	0.000	0.033					
23	0.102	0.062	0.000	0.045					
24	0.088	0.049	0.003	0.035					
25	0.104	0.059	0.003	0.042					
26	0.108	0.061	0.004	0.044					
27	0.107	0.061	0.000	0.044					
28	0.092	0.053	0.002	0.038					
29	0.093	0.057	0.001	0.041					
30	0.109	0.065	0.001	0.043					
31	0.085	0.058	0.000	0.032					
Total	3.012	1.709	0.130	1.259	412	590			
Mo. Avg	0.097	0.055	0.004	0.041	206	295			

PLANT STAFFING:

Day Shift Operator	Class: A	Certificate No: 8122	Name:	Daniel Anderson	
Day Shift Operator	Class: C	Certificate No: 6498	Name:	Alison M. Pike	
Day Shift Operator	Class: C	Certificate No: 12563	Name:	Raymond Parisi,	
Lead Operator	Class: B	Certificate No: 9501	Name:	Steve Hoots	

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

Florida Department of Environmental Protection

Central District (FDP Mayaro FNS) (Volusia) 386-329-4797

Form 1 on Ground Water Monitoring Report
Effective Date Dec. 2002
DEP Application No. FLA010570

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address 200 Weathersfield Ave.

City Altamonte Springs FL Zip 23714

Telephone Number (800) 272-1919

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Steve Pfouts

Address 200 Weathersfield Ave.

City Altamonte Springs FL. Zip 32714

Telephone Number (800) 272-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basin

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 01/15/09

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 900405G

Analytical Lab Comp QAP # /HRS Certification # E83294

*Comp QAP # /HRS Certification #

Lab Name Tn – Tech Laboratories, Inc.

Address 7240 Old Cheney Highway Orlando, FL. 32807

Phone Number (407) 275 - 8463

4/14/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWB-1**
Well Type: **Background**
Description: **Well Name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period: From October, 2008 To December, 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used: Pump

Date Sample Obtained: 10/02/2008
Time Sample Obtained: 2:18 am
Elevation: 78.13 Ft

Parameter	Permit Holder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NAVD	82315	--	73.33 Ft.	Feet	Report	NA	Field	N/A	N
Nitrate as NO3	00620	--	2.72 mg/L	mg/L	<10	0.10	353.2	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	332.0 mg/L	mg/L	<500	1.0	160.1	Ice	N
Chloride as Cl	00440	--	34.2 mg/L	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	--	10 #/100	#/100	<4	1.0	9222D	Ice	N
pH	00403	--	5.68 SU	SU	6.5-8.5	NA	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	2.25 NTU	NTU	Report	1.0	180.1	N/A	N

Rev. 5/1/2003
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: **FLA010570** **GMS# 3035P01549**

Permit Builder MW ID: **MWC-1**
Well Type: **Compliance**
Description: **Well Name MWC-1**
Ponds
WAFR # 33638
GMS # N/A

Monitoring Period: From: October, 2008 To: December, 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used: Pump

Date Sample Obtained: 10/02/2008
Time Sample Obtained: 9:50 am
Elevation: 74.08 Ft

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82535	--	71.68 Ft.	Feet	Report	NA	Field	N/A	N
Nitrate, as N	00620	--	0.10 U mg/L	mg/L	<10	0.10	353.2	Ice	N
Solids - Total Dissolved (TDS)	70295	70295	228.0 mg/L	mg/L	<500	1.0	160.1	Ice	N
Chloride (as Cl)	00940	--	111.3 mg/L	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	--	1U #/100	#/100	<4	1.0	9222D	Ice	N
pH	00400	--	4.8 SU	SU	6.5-8.5	NA	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	1.0 U NTU	NTU	Report	1.0	180.1	N/A	N

Rev 01/2005
COMMENTS AND EXPLANATIONS

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWC-3**
Well Type: **Compliance**
Description: **Well Name MWC-3**
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period: From October 2008 To December 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used: _____

Date Sample Obtained: 10/02/2008
Time Sample Obtained: 1041 am
Elevation: 75.00 Ft

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/F/N)
Water Level Relative to Last MSVD	82345	--	67.20 Ft.	Feet	Report	NA	Field	N/A	N
Nitrate, (as N)	00620	--	3.67 mg/L	mg/L	<10	0.10	353.2	Ice	N
Solids, Total Dissolved (TDS)	70295	70295	248.0 mg/L	mg/L	<500	1.0	160.1	Ice	N
Chloride (as Cl)	00940	--	64.95 mg/L	mg/L	<250	5.0	325.2	Ice	N
Coliform, Fecal	74055	--	1U #/100	#/100	<4	1.0	9222D	Ice	N
pH	00400	--	6.51 SU	SU	6.5-8.5	NA	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	11.64 NTU	NTU	Report	1.0	180.1	N/A	N

rev 1/2005

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: Piezometer PZ-8 Ponds WAFR # 43785 GMS # ---

Monitoring Period: From October 2008 To December 2008

Date Sample Obtained: 10/02/2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00"	Dry	Dry	72.95"

10/31/2008
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:	Lake County		Permit Builder MW ID:	MWP-24
Facility Name:	Pennbrooke Utilities, Inc.		Well Type:	Piezometer
Permit Number:	FLA010570	GMS# 3035P01549	Description:	**Piezometer PZ-24 Ponds** WAFR # 43786 GMS # —
Monitoring Period	From: October 2008	To: December 2008	Date Sample Obtained:	10/02/2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66'	Dry	Dry	70.56'

DEP Form
COMMENTS AND EXPLANATION

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2008

660 19.1 [illegible]

Florida Department of Environmental Protection

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

[illegible]
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

[illegible] 2007

April 27, 2007

Patrick Flynn, Regional Director
Lake Utility Services Inc
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-SS-07-0161

Lake County – PW

PWS Name	PWS ID Number
Lake Utility Services Inc South	3354881
Four Lakes and Harbor Oaks Subdivision	3354647
Lake Saunders Acres	3354695
Pennbrooke Fairways	3354853
Clermont #2/Carr Water System	3350153

Dear Mr. Flynn:

This confirms a visit to the subject community public water system on January 18, 2007, by Danielle Owens to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 4, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

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

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo
Enclosures

cc: Danielle Owens, DEP Drinking Water Compliance

PWS ID # 3350153
Date 01/18/07

DEFICIENCIES:

All Plants

1. **Failure to provide a written preventive maintenance program.**

   Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

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

   Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

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

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

Lake Utility Services Inc South (3354881)

4. **Failure to operate the water treatment plant within the designated maximum-day operating capacity.** A review of records indicates flows exceeded the total maximum-day operating capacity during March–July 2006 and September 2006–January 2007.

   No supplier of water shall operate any drinking water treatment plant at a capacity greater than the plant's permitted operating capacity except with the Department's prior approval, which shall be given when such operation will not cause a violation of a maximum contaminant level, a treatment technique requirement, or other operating requirements and is for no more than three months, or under circumstances that the supplier of water documents as highly unusual and nonrecurring. [Rule 62-555.350(4), F.A.C.]

   Flushing activities, leaks, and/or breaks shall be recorded on monthly operation reports (MOR). For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions on the MOR (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance on the MOR (attach additional sheets as necessary). [Rule 62-555.900(3), F.A.C.]

   Suppliers of water seeking to have the permitted operating capacity of a water treatment plant re-rated shall submit to the appropriate Department of Environmental Protection District Office a construction permit application using Form 62-555.900(1), Application for a Specific Permit to Construct PWS Components, as incorporated into subsection 62-555.520(2), F.A.C. [Rule 62-555.528(2), F.A.C.]

   Note: Permit issued 10/02/06 for water treatment plant expansion. The design capacity will increase to 6.0 million gallons per day after completion.

5. **The maximum contaminant level for total coliform bacteria was exceeded during February 2007.** For a system that collects fewer than 40 samples per month, if no more than one sample collected during a month is total coliform-positive, the system is in compliance with the maximum contaminant level for total coliforms. [Rule 62-550.310(5)(a)2, F.A.C.]

DEFICIENCIES (Continued):

Four Lake and Harbor Oaks S/D (3354647)

6. **Failure to maintain public water system components.** The hydropneumatic tank is showing signs of corrosion. ***REPEAT VIOLATION**

   Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Treat and paint the affected areas as needed. Ensure the paint products used comply with ANSI/AWWA quality standards and ANSI/NSF standard safety specifications. [Rule 62-555.350 & *AWWA Recommended Standards for Water Works*, Section 7.0.17 as incorporated into Rule 62-555.330(3), F.A.C.]

   Note: Operator indicated a tank inspection was done in 2006. Submit tank inspection report to the Department.

7. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records.** Max-day design capacity, plant category and plant class differs from Department records.

   Provide the correct information on future MORs. [Rule62-555.350 (12)(b), F.A.C]

Lake Saunders Acres (3354695)

8. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records.** Max-day design capacity, plant category and plant class differs from Department records.

   Provide the correct information on future MORs. [Rule 62-555.350 (12)(b), F.A.C]

Pennbrooke Fairways (3354653)

9. **Failure to operate the water treatment plant within the designated maximum-day operating capacity.** A review of records indicates flows exceeded the total maximum-day operating capacity during March–July 2006 and September 2006–January 2007.

   No supplier of water shall operate any drinking water treatment plant at a capacity greater than the plant's permitted operating capacity except with the Department's prior approval, which shall be given when such operation will not cause a violation of a maximum contaminant level, a treatment technique requirement, or other operating requirements and is for no more than three months, or under circumstances that the supplier of water documents as highly unusual and nonrecurring. [Rule 62-555.350(4), F.A.C.]

   Provide a report evaluating the supply and demand situations, and raise recommendations towards increasing the capacity of the plant as may be needed to meet the projected demand in the next five years. The report shall analyze the capacity of each of the water treatment plant's source, treatment, and storage facilities and assess compliance with 62-555.320(6), F.A.C., *Capacity of Drinking Water Source and Treatment Facilities*, and 62-555.320(19), F.A.C., *Finished-Drinking-Water Storage Capacity*. [Rule 62-555.350(4), F.A.C.]

   Flushing activities, leaks, and/or breaks shall be recorded on monthly operation reports (MOR). For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions on the MOR (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance on the MOR (attach additional sheets as necessary). [Rule 62-555.900(3), F.A.C.]

   Suppliers of water seeking to have the permitted operating capacity of a water treatment plant re-rated shall submit to the appropriate Department of Environmental Protection District Office a construction permit application using Form 62-555.900(1), Application for a Specific Permit to Construct PWS Components, as incorporated into subsection 62-555.520(2), F.A.C. [Rule 62-555.528(2), F.A.C.]

10. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. PWS name differs from Department records.**

    Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C]

PWS ID # 3350153
Date 01/18/07

Reminders/Comments:

- **Provide dates of the last cleaning and inspection of storage facilities.**

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

  Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

  All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

  The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

- In the event that a plant is not used, a MOR indicating 0 flow must be submitted with a written explanation of why there was no flow.
- Lead and copper tap sampling must be conducted during the following monitoring periods:
  - 3354695 Lake Saunders Acres — June-September 2008
  - 3354653 Pennbrooke Fairways — June-September 2008
  - 3354881 Lake Utility Services Inc South — June-September 2009
  - 3354647 Four Lakes and Harbor Oaks Subdivision — June-September 2009
  - 3350153 Clermont #2/Carr Water System — June-September 2009

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

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

Inspector Danielle D Owens Title Environmental Specialist I Date 04/16/07

Approved by _____ Title Environmental Manager Date 4/27/07

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: _____

PWS Name: _____

_____

Mailing Address: _____

_____

Date: _____

Business Name: _____

_____

Owner(s) Name: _____

_____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: **Danielle D. Owens, Environmental Specialist**

In response to the Department's **Sanitary Survey Report** for the subject public water system dated January 18, 2007, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name Lake Utility Service Inc South County Lake PWS ID # 3354881
Plant Location 2425 U.S. Highway 27, Clermont, FL 34714 Phone (407) 869-1919
Owner Name Lake Utility Services Inc., Attn: Patrick Flynn, Regional Director Phone (407) 869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Bryan Gongre Title Regional Manager Phone (407) 869-1919
This Survey Date 01/18/07 Last Survey Date 01/27/04 Last C.I. Date 11/24/98

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

PWS STATUS
☒ Approved system with approval number & date
WC35-300382

☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Steve Pfouts C-14204 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No
O & M Manual ☒ Yes ☐ No
Emergency Response Plan: ☒ Yes ☐ No ☐ N/A
Operator Visitation Frequency
Hrs/day: *Required* 1 *Actual* 1
Days/wk: *Required* 5+1 *Actual* 5+1
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 2,844
Population Served 9,954 Basis Operator
Average Day (from MORs) 3,461,098 gpd
Max. Day (from MORs) 6,108,000 gpd 10/06
Max-day Design Capacity 4,320,000 gpd
Comments Exceeding max-day design capacity. Permit issued 10/02/06 for plant expansion, design capacity will increase to 6.0 mgd after completion.

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Onan Diesel Generator
Capacity of Standby (kW) 150
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk
What equipment does it operate?
☒ Well pumps Both
☐ High Service Pumps
☒ Treatment Equipment Chlorine pumps
Satisfy average daily demand? ☒ Yes ☐ No ☐ Unk
Comments 2nd generator for high service pumps – Kohler 500kw

TREATMENT PROCESSES IN USE
Disinfection

What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Water Specialties
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing Program: ☐ Yes ☒ No ☐ N/A
Valve Maintenance Program: ☐ Yes ☒ No ☐ N/A
Up-to-Date Distribution Map: ☒ Yes ☐ No ☐ N/A
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Meter sizes: well #1-10", well #2-12" POE –24".

PWS ID # 3354881
Date 01/18/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1 (AAH6688)	2 (AAH6687)	3 (AAI5838)	
Year Drilled		1991	1992	2005	
Depth Drilled		740'	750'	Not cleared for service	
Drilling Method		Rotary	Rotary		
Type of Grout		Neat cement	Neat cement		
Static Water Level		43'	29'		
Pumping Water Level		47'	35'		
Design Well Yield		1,250 gpm	1,250 gpm		
Test Yield		1,200 gpm	1,200 gpm		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Open	Unknown		
Length (outside casing)		170'	277'		
Diameter (outside casing)		24"	18"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	> 200'	> 200'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vertical turbine	Vertical turbine		
	Manufacturer Name	Peerless	Peerless		
	Model Number	12LD	14LD		
	Rated Capacity (gpm)	2,100	2,100		
	Motor Horsepower	100	100		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Fence	Fence		
Well Vent Protection		Yes	Yes		

COMMENTS: Wells #1 and #2 pumps were re-rated on 11/20/02 from 1,500 gpm to 2, 100 gpm based on pump test. Well #3 has not been cleared for service and is not in use at this time. Due to repeated total-coliform positive raw water samples, disinfection 20 sample bacteriological surveys were required to determine if the wells are susceptible to microbial contamination. Results of the January 2006 bacteriological surveys were satisfactory.

PWS ID # 3354881
Date 01/18/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner x3 Capacity 170* gpd
Chlorine Feed Rate 55* gpd
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.52 Remote 2.03
Remote tap location Booster station
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments Conversion from gas chlorination to hypochlorination cleared for service 05/26/04.
*Total capacity and feed rate.
Loss of chlorination alarm system present.

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

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

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

Tank Type/Number	H	G	G/2
Capacity (gal)	12,000	500,000	1 MG
Material	Steel	Concrete	Not cleared for service
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	N/A	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	Yes	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	N/A	
On/Off Pressure	60/72	N/A	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Ground storage tank #2 has not been cleared for service and is not in use at this time. Operator indicated a tank inspection was conducted on February 17, 2006. Submit findings to the Department. A malfunction report and satisfactory bacteriological results were submitted to the Department.

HIGH SERVICE PUMPS

Pump Number	1-3	4
Type	Vertical turbine	Vertical turbine
Make	Goulds	Fairbanks
Model	1218-2	841706
Capacity (gpm)	1,500	1,500
Motor HP	75	75
Date Installed	1999	2000
Maintenance	As needed	As needed

Comments _____

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name Four Lakes and Harbor Oaks S/D County Lake PWS ID # 3354647
Plant Location Lot #33 Alpha Avenue, Montverde, FL 34756 Phone (407) 869-1919
Owner Name Lake Utility Services Inc., Attn: Patrick Flynn, Regional Director Phone (407) 869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Bryan Gongre Title Regional Manager Phone (407) 869-1919
This Survey Date 01/18/07 Last Survey Date 01/28/04 Last C.I. Date 05/31/00

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

PWS STATUS
- ☒ Approved system with approval number & date WC35-2062 – 10/14/82
- ☐ Unapproved system

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

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Steve Pfouts C-14204 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No
O & M Manual ☒ Yes ☐ No
Emergency Response Plan: ☐ Yes ☐ No ☒ N/A
Operator Visitation Frequency
Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Max-day design capacity, plant category, and plant class differs from Department records.

Number of Service Connections 65
Population Served 228 Basis Operator
Average Day (from MORs) 33,353 gpd
Max. Day (from MORs) 80,000 gpd 04/06
Max-day Design Capacity 151,200 gpd
Comments

RAW WATER SOURCE
- ☒ GROUND; Number of Wells 2
- ☐ SURFACE/UDI; Source
- ☐ PURCHASED from PWS ID #
- ☐ Emergency Water Source
- Emergency Water Capacity

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load hrs/wk.
What equipment does it operate?
- ☐ Well pumps
- ☐ High Service Pumps
- ☐ Treatment Equipment

Satisfy average daily demand? ☐ Yes ☐ No ☐ Unk
Comments

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

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" ABD
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing Program: ☐ Yes ☒ No ☐ N/A
Valve Maintenance Program: ☐ Yes ☒ No ☐ N/A
Up-to-Date Distribution Map: ☐ Yes ☐ No ☒ N/A
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Disinfectants/Disinfection Byproduct Rule Monitoring Plan available on-site for review.

PWS ID # 3354647
Date 01/18/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1 (AAH6673)	2 (AAH6672)		
Year Drilled		1980	1980		
Depth Drilled		190'	190'		
Drilling Method		Rotary	Rotary		
Type of Grout		Neat cement	Neat cement		
Static Water Level		12'	12'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Open	Unknown		
Length (outside casing)		58'	51'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		No	No		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	> 200'	> 200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	> 100'	> 100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Berkeley	Berkeley		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	90	90		
	Motor Horsepower	7.5	7.5		
Well casing 12" above grade?		No	No		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Housed	Housed		
Well Vent Protection		N/A	N/A		

COMMENTS Department will accept the well casing upper terminus unless the well is shown to be chemically or microbially contaminated.

PWS ID # 3354647
Date 01/18/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 15% Stroke
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.99 Remote 1.80
Remote tap location: 16220 Four Lakes Lane
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

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

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

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

Tank Type/Number	H		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	48/70		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Hydropneumatic tank showing sign of corrosion. Operator indicated a tank inspection was conducted on February 21, 2006. Submit findings to the Department. A malfunction report and satisfactory bacteriological results were submitted to the Department.

HIGH SERVICE PUMPS

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

Comments

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name Lake Saunders Acres County Lake PWS ID # 3354695
Plant Location Corner Alane Court and Carrolls Court, Tavares, FL 32778 Phone (407) 869-1919
Owner Name Lake Utility Services Inc., Attn: Patrick Flynn, Regional Director Phone (407) 869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Bryan Gongre Title Regional Manager Phone (407) 869-1919
This Survey Date 01/18/07 Last Survey Date 01/28/04 Last C.I. Date 10/11/99

PWS TYPE & CLASS
☒ Community (4C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
WC35-2084 09/11/84
☐ Unapproved system

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

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Steve Pfouts C-14204 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No
O & M Manual ☒ Yes ☐ No
Emergency Response Plan: ☐ Yes ☐ No ☒ N/A
Operator Visitation Frequency
Hrs/day: *Required* 1 Visit *Actual* 1 Visit
Days/wk: *Required* 5+1 *Actual* 5+1
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Max-day design capacity, plant category, and plant class reported on MORs differs from Department records.
Number of Service Connections 45
Population Served 157 Basis Operator
Average Day (from MORs) 14,505 gpd
Max. Day (from MORs) 62,000 gpd 02/06
Max-day Design Capacity 432,000 gpd
Comments

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

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

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

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" Water Specialties
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing Program: ☐ Yes ☒ No ☐ N/A
Valve Maintenance Program: ☐ Yes ☒ No ☐ N/A
Up-to-Date Distribution Map: ☐ Yes ☐ No ☒ N/A
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Disinfectants/Disinfection Byproduct Rule Monitoring Plan available on-site for review.

PWS ID # 3354695
Date 01/18/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1 (AAH6670)	2 (AAH6671)		
Year Drilled		1984	1984		
Depth Drilled		324'	324'		
Drilling Method		Combination	Combination		
Type of Grout		Neat cement	Neat cement		
Static Water Level		18'	18'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Open	Open		
Length (outside casing)		101'	101'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	> 200'	> 200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	> 100'	> 100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Goulds	Goulds		
	Model Number	22H20	22H20		
	Rated Capacity (gpm)	300	300		
	Motor Horsepower	20	20		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Fence	Fence		
Well Vent Protection		N/A	N/A		

COMMENTS _____

PWS ID # 3354695
Date 01/18/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 40 gpd
Chlorine Feed Rate 80% stroke
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.57 Remote 1.72
Remote tap location: 31530 Alane Street
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

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

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

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

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	42/56		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Operator indicated a tank inspection was conducted on February 21, 2006. Submit findings to the Department. A malfunction report and satisfactory bacteriological results were submitted to the Department

HIGH SERVICE PUMPS

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

Comments

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name CLERMONT #2/ CARR WATER SYSTEM County Lake PWS ID # 3350163
Plant Location Corner of Sunset Avenue & Ridge Street, Clermont, FL Phone 407/869-1919
Owner Name Lake Utility Services Inc., Attn: Patrick Flynn, Regional Director Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Bryan Gongre Title Regional Manager Phone 407/869-1919
This Survey Date 01/18/07 Last Survey Date 01/29/04 Last C.I. Date 1/28/99

PWS TYPE & CLASS
- [x] Community (5D)
- [ ] Non-transient Non-community
- [ ] Non-Community

PWS STATUS
- [x] Approved system with approval number & date WC35-2098, 4/10/86. WC35-271683, 12/15/95
- [ ] Unapproved system

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: [ ] Yes [ ] No [x] N/A

OPERATION & MAINTENANCE
Certified Operator: [x] Yes [ ] No [ ] Not required
Operator(s) & Certification Class-Number
Steve Pfouts C-14204 Lead/Chief Operator
See MOR for complete list of operator
O & M Log: [x] Yes [ ] No
O & M Manual [x] Yes [ ] No
Emergency Response Plan: [ ] Yes [ ] No [x] N/A
Operator Visitation Frequency
Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 3 *Actual* 6
Non-consecutive Days? [x] Yes [ ] No [ ] N/A
MORs submitted regularly? [x] Yes [ ] No [ ] N/A
Data missing from MORs? [x] No [ ] Yes [ ] N/A

Number of Service Connections 40
Population Served 140 Basis Operator
Average Day (from MORs) 5,259 gpd
Max. Day (from MORs) 42,000 MGD 10/06
Max-day Design Capacity 86,400 gpd
Comments

RAW WATER SOURCE
- [x] GROUND; Number of Wells 2
- [ ] SURFACE/UDI; Source
- [ ] PURCHASED from PWS ID #
- [ ] Emergency Water Source
  Emergency Water Capacity

AUXILIARY POWER SOURCE
[ ] Yes [ ] None [x] Not Required
Source
Capacity of Standby (kW)
Switchover: [ ] Automatic [ ] Manual
Standby Plan: [ ] Yes [ ] No
Hrs Operated Under Load
What equipment does it operate?
- [ ] Well pumps
- [ ] High Service Pumps
- [ ] Treatment Equipment

Satisfy 1/2 max-day demand? [ ] Yes [ ] No [ ] Unk
Comments

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

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Badger
Backflow Prevention Devices: [x] Yes [ ] No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing Program: [ ] Yes [x] No [ ] N/A
Valve Maintenance Program: [ ] Yes [x] No [ ] N/A
Up-to-Date Distribution Map: [ ] Yes [ ] No [x] N/A
Coliform Sampling Plan: [x] Yes [ ] No [ ] N/A
Comments Disinfectants/Disinfection Byproduct Rule Monitoring Plan available on-site for review.

PWS ID # 3350153
Date 01/18/07

GROUND WATER SOURCE

Well Number (FLUWID No.)		1 (AAH6677)	2 (AAH6676)		
Year Drilled		1939	1963		
Depth Drilled		243'	332'		
Drilling Method		Unknown	Unknown		
Type of Grout		Unknown	Unknown		
Static Water Level		Unknown	95'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		206'	120'		
Diameter (outside casing)		4"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	> 200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-rite	Sta-rite		
	Model Number	VIP4H02-01	CPAJO2		
	Rated Capacity (gpm)	45	75		
	Motor Horsepower	3	5		
Well casing 12" above grade?		No	Yes		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Fence	Fence		
Well Vent Protection		Yes	Yes		

COMMENTS Department will accept the well casing upper terminus unless the well is shown to be chemically or microbially contaminated.

PWS ID # 3350153
Date 01/18/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 40% stroke
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.81 Remote .77
Remote tap location 12921 Sunset
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments Stenner mod 45MHP10 - 10 gpd for Aqua-mag

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

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

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

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	50/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Dates of last cleaning and inspection are unknown.

HIGH SERVICE PUMPS

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

Comments

LAKE UTILITY SERVICES, INC.

AND AFFILIATED COMPANIES
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@ulwater.com

May 31, 2007

Ms. Kim Dodson, Environmental Manager
Florida Department of Environmental Protection
3319 Maguire Boulevard – Suite 232
Orlando, FL 32803-3767

RE: Lake County – PW

Lake Utility Services, Inc. – South	PWS ID Number 3354881
Four Lakes & Harbor Oaks Subdivision	PWS ID Number 3354647
Lake Saunders Acres	PWS ID Number 3354695
Pennbrooke Fairways	PWS ID Number 3354653
Clermont #2/Carr Water System	PWS ID Number 3350153

Dear Ms. Dodson:

This office has received your correspondence dated April 27, 2007 regarding the sanitary survey inspection conducted by Ms. Danielle Owens on January 18, 2007. The Utility offers the following information in response to the deficiencies noted therein. For Purposes of clarification, the Departments comments have been reiterated in bold with the Utility's response thereafter.

DEFICIENCIES:

All Plants

1. **Failure to provide a written preventative maintenance program.**

   The Utility has operations and maintenance manuals in place for each treatment facility that describe the maintenance task and frequency associated with various plant components. However, we will acknowledge the absence of records other than those retained in the plant log books. In order to resolve this item, a written schedule of events shall be placed at each facility by no later than July 31, 2007. Verification that specific events occurred can be derived by reviewing the plant log books.

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

   Facility isolation valves and distribution system valves have been exercised over time but admittedly so, records of this activity have not been routinely maintained. In order to resolve this item, the Utility will begin the process of labeling every valve and placing each one on a routine schedule in accordance with the manufacturer's recommendations. Records shall be maintained at a predetermined location and made readily accessible to Department personnel. This process will be lengthy with an anticipated inception date of September 30, 2007.

Re: 19.1 – 675/2007 Dreater Drawer

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

   All dead end blow-offs are flushed on a routine basis as needed to maintain water quality and chlorine residual. However, record keeping has not been as accurately maintained as required. In order to resolve this item, staff will maintain a listing of all dead -end mains and flushing activities associated with each. This listing shall be compiled and in place by no later than August 31, 2007. Records for inspection shall be maintained at a predetermined location and made readily accessible to Department personnel.

LAKE UTILITY SERVICES, INC. - SOUTH (3354881)

4. **Failure to operate the water treatment plant within the designed maximum-day operating capacity.**

   The Utility acknowledges the fact that this facility has exceeded the maximum-day operating capacity on a monthly basis but has managed to keep the monthly average day operating capacity within specified limits. As well the Department has noted that this facility is permitted to increase capacity to 6.0 MGD. We anticipate the completion of this expansion at the end of June 2007.

   The Lake Utility Services, Inc.-South system is fully interconnected as mentioned in the survey creating certain challenges related to pressure zones. This requires the Utility to make manual adjustments to operating pressures throughout the system to insure that maximum-day design criteria are met. Our vigilance in operating the facilities under these conditions is obvious when considering the average-day values. To enhance this process and improve operations, the Utility is currently evaluating engineering proposals to design, permit and install a SCADA operating system. This will allow the overall system to be efficiently monitored and adjusted accordingly.

5. **The maximum contaminant level for total coliform bacteria was exceeded during February 2007.**

   The Utility acknowledges this comment.

FOUR LAKES AND HARBOR OAKS S/D (3354647)

6. **Failure to maintain public water system components.**

   The tank exterior will be cleaned and painted in accordance with the Department's criteria. We anticipate completion to be by July 31, 2007.

   - A copy of the tank inspection report has been enclosed for your review.

7. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from Department records.**

   The Utility acknowledges this comment and insures the Department that future submittals will be accurately reported.

LAKE SAUNDERS ACRES (3354695)

8. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from Department records.**

   The Utility acknowledges this comment and insures the Department that future submittals will be accurately reported.

PENNBROOKE FAIRWAYS (3354653)

9. **Failure to operate the water treatment plant within the designated maximum-day operating capacity.**

   The Utility acknowledges the fact that this facility has exceeded the maximum-day operating capacity during the described period but has managed to keep the monthly average day operating capacity within specified limits. Additionally, there are certain conditions relative to this issue such as a shortage of rainfall and flushing of hydrants to maintain water quality.

10. **Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from Department records.**

    The Utility acknowledges this comment and insures the Department that future submittals will be accurately reported.

REMINDERS/COMMENTS

Provide dates of the last cleaning and inspection of storage facilities.

Lake Saunders inspected on 2/9/06.
Lake Utility Services – South inspected on 2/9/06
Four Lakes & Harbor Oaks inspected on 2/9/06
Clermont #2/Carr System inspected on 2/9/06
Pennbrooke Fairways inspected on 2/11, 12 and 14/06

We hope this information satisfactorily addresses the Department's comments relative to the inspection. Should you have any questions or require additional information, please call me directly at 407.869.8588, extension 226.

Sincerely,

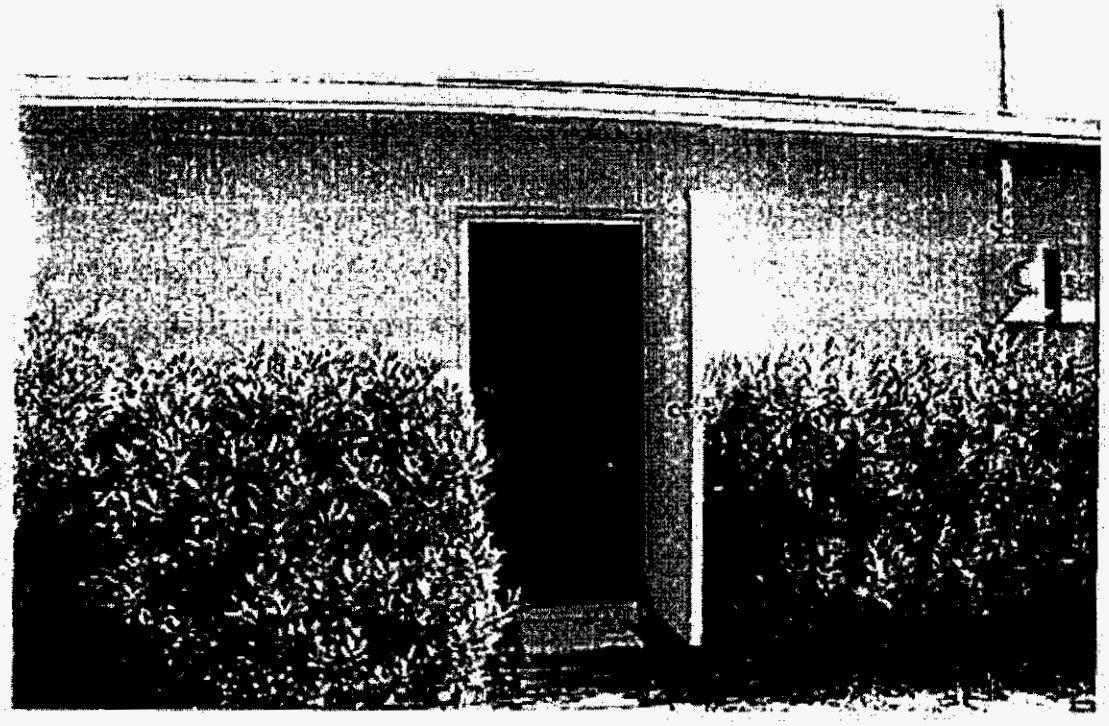
LAKE UTILITY SERVICES, INC.

Bryan K. Gongre
Regional Manager

Enclosures: Four Lakes Tank Inspection report

Ec: Patrick Flynn, Regional Director, LUSI
Scotty Haws, Regional Compliance & Safety Manager, LUSI
Domenic Gentilucci, Area Manager, LUSI

Foor Lakes



Utilities Incorporated District Office
200 Weathersfield Avenue
Altamonte Springs, FL 32714
2,000 Gallon Pressure Tank
February 9, 2006
Bryan Gongre, Primary Contact
(407) 869-1919 ext 226
Liquid Engineering Corporation (LEC) Job No. 23352-M

If there are any questions concerning the information contained within this report, please call Liquid Engineering Corp. at 1-800-438-2187

Due to the heightened awareness of the possibility of unauthorized access to water tanks and water contamination, ladder guards, locks on manways and locks on all valves should be considered a public safety requirement.

We recommend installing an electronic monitoring system on the roof hatch and replacing all standard air vents with Security Vent Shrouds.

Utilities Incorporated District Office
2,000 Gallon Pressure Tank
(LEC) Job No. 23352-M

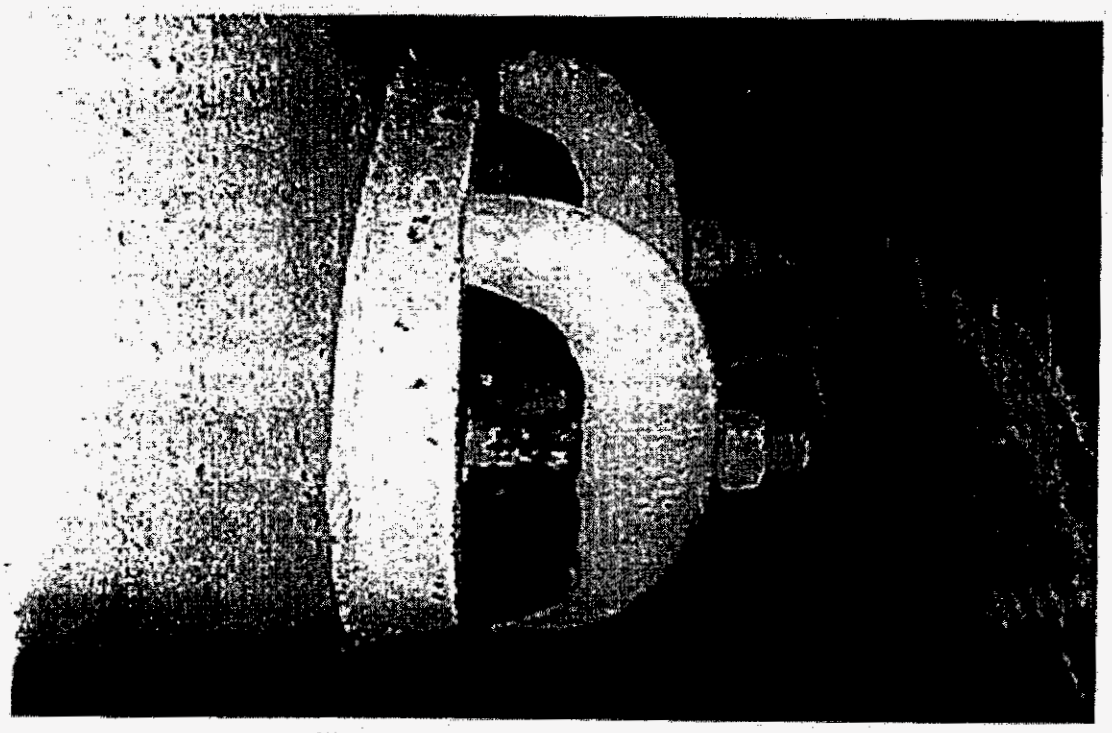


Photo shows the condition of the existing shell manway. The following items are required to bring tank in compliance with AWWA D100-96, section 7.1: Shell manways, OSHA and TSS, (see glossary pg. 8).

We recommend:

Post **Confined Space Entry** sign

Utilities Incorporated District Office
2,000 Gallon Pressure Tank
(LEC) Job No. 23352-M



Photos show the condition of the exterior paint system. We recommend pressure washing the tank exterior, then hand-tool cleaning, spot priming and applying one (1) finish coat of alkyd.

Utilities Incorporated District Office
2,000 Gallon Pressure Tank
(LEC) Job No. 23352-M



Photos show the condition of the tank interior. We recommend pressure washing the tank interior, hand tool clean, then apply one (1) coat of AWWA approved of cold applied wax.

Revised By August 29, 2008

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA E-MAIL TO: pcflynn@uiwater.com

August 15, 2008

UTILITIES INC OF PENNBROOKE
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

OCD-C-WW-08-0636

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Lake County - DW
Pennbrooke WWTF
Wastewater Facility - Permit No. FLA010570
Noncompliance Letter

Dear Mr. Flynn:

On July 1, 8 and 9, 2008, Department personnel conducted a Performance Audit Inspection (PAI) of your wastewater facility and contract laboratory. Copies of the inspection reports are enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. A review of the ground water files for this facility indicates the following deficiencies:
    a. The Department has not received the ground water monitoring reports for the third and fourth quarters of 2007. Please submit these reports as soon as possible.
    b. For the first quarter of 2008 the certification form did not contain Part II Quality Assurance Requirements. An up to date form is attached. Please use this form with all future submittals.
    c. For the first quarter of 2008 depth to water measurements were reported instead of ground water elevations for all well locations. Please submit the ground water elevation data.
2. An audit of the contract laboratory revealed the following deficiencies:
    a. The thermometers used for daily temperature checks were not calibrated or verified using an NIST traceable thermometer as required.
    b. The laboratory DI water was not analyzed for metals and organic nitrogen.
    c. The Inhibitory Residue Test analytical bench sheets did not contain sufficient information.
    d. The conductivity meter was not able to be calibrated according to the method-specified requirements.
    e. The digital thermometer brand on the calibration document was mislabeled.

f. The light on the DI Water System was out for one week. No water quality checks were performed to verify the quality of the DI water.

g. The laboratory did not always assign a unique identification (ID) code to each sample container received in the laboratory. This deficiency was noted during September 2003 and November 2005 audits.

h. The laboratory records for standards, reagents, and reference materials were not complete.

i. The 0.025N Sodium Thiosulfate was used to de-chlorinate Carbonaceous Biochemical Oxygen Demand ($CBOD_5$) samples instead of Sodium Sulfite as required.

j. The HACH Pocket Colorimeter was not verified with QC standards before each use.

k. Duplicate samples were not analyzed as required for $CBOD_5$ analysis. This deficiency was noted during the September 2003 and November 2005 audits.

l. The temperature of the drying oven for the Total Suspended Solids (TSS) was listed on all bench sheets and on the drying oven as 105+/-1°C instead of 104 +/-1°C.

m. TSS results were rounded to the nearest whole number which does not meet Department's Wastewater Program data quality objective.

n. The time of TSS sample analyses, weighing, and drying were unrealistic.

o. No precision or accuracy for nitrite+nitrate and nitrite were calculated and reported.

p. The nitrite+nitrate and nitrite calibration curves had unknown data points. In addition, on some occasions no stable baseline was established before the analytical run.

q. 100 mL of wastewater effluent samples was analyzed instead of multiple dilutions that are required in order to obtain countable plates. Several months of records of Fecal Coliform (FC) daily analysis were reviewed during the audit. According to the laboratory records, effluent samples yield none or only few colonies. This is unrealistic. This deficiency was noted during the September 2003 and November 2005 audits.

r. Fecal coliform plates were not read correctly. Blue colonies were being overlooked and not reported. No optical devise was used to count colonies; instead, a very brief visual check of a plate was being performed. Similar deficiency was noted during the September 2003 audit when it was noted that only dark blue colonies were counted rather than all blue colonies.

s. Chlorinated FC samples were not properly checked for the absence of chlorine to confirm that dechlorination process was satisfactory. This deficiency was noted in the September 2003 and November 2005 audits.

t. Confirmation procedures were not performed correctly; FC plates were swabbed resulting in many colonies being confirmed in one tube rather than one colony per confirmation tube.

u. Records of Residual Chlorine Colorimeters verifications and secondary Gel Standards verifications were not complete.

v. Laboratory reports did not meet requirements of the F.A.C., Rule 62-160 Quality Assurance and/or NELAC Standards, Quality System 5.5.10.2. The following information was missing: sample matrix, sample type, sample receipt conditions, type

of chemical and/or physical sample preservation, method detection limit and practical quantitation limit, dilution factor, matrix spike concentration level, matrix spike recovery, matrix spike precision limits, and laboratory blank results. In addition, pages of the reports were not clearly identified. See Rule 62-160.340 and NELAC Standards Quality System 5.5.10.2 for additional reporting requirements.

w. The laboratory did not arrange for annual internal audits to verify that its operations continue to comply with the requirements of the laboratory's quality system. This deficiency was noted during the September 2003 and November 2005 audits.

x. Relative Standard Deviations (RSD%) and Relative Percent Difference (RPD%) were calculated incorrectly for the $CBOD_5$ and TSS tests resulting in precision range between 90 to 100%.

y. The out-of-range RSD%s and RPD%s were noted on all $CBOD_5$ and TSS bench sheets, yet results were reported without a qualifier code.

z. The laboratory did not follow Standard Operating Procedures to ensure that the reported data are free from transcription and calculation errors and that quality control measures are reviewed and evaluated before data are reported. This deficiency was noted during the September 2003 and November 2005 audits; some improvement was noted, but new deficiencies were identified.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Ground water questions should be directed to Marsha Johnson at (407) 893-3308, Ext. 2275. Laboratory inspection questions should be directed to Jenny Farrell at (407) 893-3313. Any other questions should be addressed to Blake Vahlsing at (407) 893-3313.

Sincerely,

Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

GM/bv/ar

Enclosures: Facility Inspection Report
Laboratory Audit Report
Pennbrooke Certification Form

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us
Anil Desai, Program Manager, Ground Water Section, anil.desai@dep.state.fl.us
Allson McPhee, operator, asmcphee@UiWater.com

COMET ENTRY DATE
--/--/--

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Pembrooke WWTF	FLA010570	Lake	07/01/2008 @ 1:15:00 PM
501 SR 44 West		Phone	@ Exit Date/Time
Leesburg, FL 34748			07/01/2008 @ 2:30:00 PM

Name(s) of Field Representative(s)	Title	Phone
Allison McPhee	Operator	(407) 383-0339

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Patrick Flynn	Regional Director	(407) 869-1919	
Utilities Inc of Pembrooke			
200 Weathersfield Avenue	Email		
Altamonte Springs, FL 32714	p.c.flynn@utilitiesinc.com		

Inspection Type: P | A | 1 — Samples Taken(Y/N): N — @ Sample ID#: — Samples Split (Y/N):

☒ Domestic ☐ Industrial — Were Photos Taken(Y/N): N — @ Log book Volume: VII — @ Page: 46-47

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF-MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL
IC	1.♦ Permit	SC	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NA	2.♦ Compliance Schedules	NC	4. Sampling	IC	7. Flow Measurement	IC	10.♦ Effluent Disposal
		IC	5.♦ Records & Reports	IC	8.♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NC	12. Groundwater

Facility and/or Order Compliance Status: ☐ In Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Noncompliance Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Blake W. Valsing	Central District Office 407 – 893-3313	August 1, 2008
@ Signature of Reviewer: Kalina Warren	District Office/Phone Number: Central District Office 407 – 893-3313	Date: August 7, 2008

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		1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V: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

INSPECTION FINDINGS

Facility Name: Pennbrooke WWTF
Facility ID: FLA010570
Inspection Type: PAI
Date: 7/1/2008 1:15:00 PM

FACILITY BACKGROUND:

Address: 501 SR 44 West, Leesburg, FL 34748, LAKE COUNTY
Permit Information: Wastewater Permit issued: 11/18/2205, and expires: 11/17/2010.
Treatment Summary: Extended aeration treatment plant with effluent to public access reuse.
Permitted Capacity: 0.180 MGD

1. **Permit:** IN COMPLIANCE
   - 1.1 Observation: A copy of the permit was on-site. It expires November 17, 2010.
2. **Compliance Schedules:** NOT APPLICABLE
3. **Laboratory:** SIGNIFICANT OUT OF COMPLIACE
   - 3.1 Observation: **A Performance Audit Inspection was performed on Tri-Tech Laboratories on July 8, and 9, 2008. Please see the attached Laboratory Inspection Report.**
4. **Sampling:** OUT OF COMPLIANCE
   - 4.1 Observation: The pH meter is being calibrated daily. The pH buffer lot numbers are written in the daily log. Buffers of 7.0, 4.0, and 10.0 are being used. The buffers expire in April 2010 and February 2009.
   - 4.2 Observation: The chlorine meter is calibrated daily. The secondary gels appeared in good condition.
   - 4.3 Observation: Turbidity is calibrated daily. The primary standards appeared in good condition.
   - 4.4 Observation: The handheld turbidity, and TRC meters were last calibrated March 30, 2008.
   - 4.5 Observation: *Effluent sampler*: The composite sampler was set on eight hour flow-proportional sampling. The sampler is set to take a 300 mL sample. The tubing was slightly worn, and there was a thermometer with a traceable serial number inside the sampler. The temperature was 3°C.
   - 4.6 Observation: *Thermometers*: The thermometers in the composite samplers and holding refrigerator are replaced annually. The temperature certification stated they were calibrated August 9, 2007.
   - 4.7 **See additional comment about field meter calibration in the Laboratory Inspection Report.**
5. **Records and Reports:** IN COMPLIANCE
   - 5.1 Observation: Entries in the operator log were clear, concise, informative, and relevant.
   - 5.2 Observation: The logbook was bound with numbered pages.
   - 5.3 Observation: A copy of the laboratory certifications were on-site (Tri-Tech Laboratories and Plant Technicians Laboratory). They expired June 30, 2008.
   - 5.4 Observation: Copies of the operator certification were on-site. They expire April 30, 2009.
   - 5.5 Observation: A copy of the Standard Operating Protocol was kept on-site.
   - 5.6 Observation: A copy of the Annual Reuse Report was kept on-site.
   - 5.7 DMR review: August 2007 – May 2008: All DMRs were received by the Department on time.
   - 5.8 DMR review: **The following discrepancy was noted during the period reviewed:**
     - October 2007: Fecal Coliform max was reported as <1 fec/100mL on Part A and 3 fec/100mL on Part B
6. **Facility Site Review:** IN COMPLIANCE
   - 6.1 Observation: The facility grounds were clean and well maintained.

6.2 Observation: The facility grounds were secured properly.

6.3 Observation: *Headworks* – The bar-screen and surge tank appeared in good condition. The screenings are bagged and put in a dumpster.

6.4 Observation: *Aeration/Basins/Act.Sludge* - The contents in the aeration chambers appeared to be adequately mixed. The bays were receiving sufficient air.

6.5 Observation: *Blowers/Motors* – (2) Working well. Both motors have are covered.

6.6 Observation: *Clarifiers* - Clarifiers #1and #2 had some minor grease and pop-ups. The skimmer and weir appeared in good condition.

6.7 Observation: Filters – The filters appeared in good condition. No deficiencies were noted.

6.8 Observation: *Disinfection* - The chlorine contact chamber was very clean and the effluent leaving the plant was clear.

6.9 Observation: The generator is tested every Tuesday at 8:10 AM for an hour. Tests are noted in the logbook.

7. **Flow Measurement:** IN COMPLIANCE

7.1 Observation: All flow meters were last calibrated on May 12, 2008.

7.2 Observation: Flow meter FLW-3 has been installed.

8. **Operation and Maintenance:** IN COMPLIANCE

8.1 Observation: No problems or deficiencies were observed.

9. **Effluent Quality:** IN COMPLIANCE

9.1 DMR review: No violations were reported during the review period.

9.2 Field sample: In-line turbidity: 0.465 NTU

10. **Effluent Disposal:** IN COMPLIANCE

10.1 Observation: The four percolation ponds were well cut. There was some water in percolation pond #1. The other ponds were completely dry.

10.2 Observation: The ponds were fenced and locked.

10.3 Observation: Advisory signs were posted around the percolation ponds.

10.4 Observation: Reuse signs were posted around the golf course.

11. **Residuals/Sludge:** IN COMPLIANCE

11.1 Observation: The digesters appeared in good condition.

11.2 Observation: The facility has a hauling contract with American Pipe & Tank. The last haul from the facility was June 12, 2008 of 35,500 gallons.

12. **Groundwater Quality:** OUT OF COMPLIANCE

12.1 Observation: **A review of the ground water files for this facility indicates the following deficiencies:**

- The Department has not received the ground water monitoring reports for the third and fourth quarters of 2007. Please submit these reports as soon as possible.
- For the first quarter of 2008 the certification form did not contain Part II Quality Assurance Requirements. An up to date form is attached. Please use this form with all future submittals.
- For the first quarter of 2008 depth to water measurements were reported instead of ground water elevations for all well locations. Please submit the ground water elevation data

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 29, 2008

Performance Audit Inspection

Tri-Tech Analytical Laboratories, Inc
P.O. Box 140966
7420 Old Cheney Hwy
Orlando, Florida 32814-0966

Laboratory Evaluation

The Performance Audit Inspection (PAI) examines the self monitoring procedures of the permittee, particularly the laboratory operations. The purpose of the laboratory evaluation is to determine whether the laboratory is performing analyses and reporting analytical results in a manner consistent with permit requirements and applicable regulations. The PAI is conducted in accordance with F.A.C. Rule 62-160.650, Quality Assurance Chapter.

On July 8, and July 9, 2008, a Performance Audit Inspection (PAI) was conducted of Tri-Tech Analytical Laboratories, Inc., which is a contract laboratory for several wastewater permittees in Central District, including Utilities, Inc., Boggy Creek WWTF, The Meadows WWTF, Lake Yale Baptist WWTF, Baywood Condominium WWTF, Fisherman's Wharf WWTF, and Fisherman's Cove.

The self monitoring analyses conducted by the contract laboratory and audited in July 2008 were: Carbonaceous Biochemical Oxygen Demand ($CBOD_5$), Total Suspended Solids (TSS), Fecal Coliform (FC), and Nitrate-Nitrogen (NO_3 - N). The laboratory also performed calibration verification of portable residual chlorine meters and verified values of secondary gel standards for several wastewater facilities and collected effluent samples for Giardia and Cryptosporidium.

Summary

Due to several minor and major deficiencies in the laboratory records and procedures, the laboratory provides marginal data for FC-membrane filter technique and nitrate. Minor deficiencies were noted in TSS and $CBOD_5$ procedures and verification of residual chlorine colorimeters and secondary gel standards. Several deficiencies were noted in Quality Assurance/Quality Control records and procedures and reporting affecting reliability of all reported data. Many of the same deficiencies were noted during previous FDEP audits performed in September 2003 and November 2005. Improvement was noted in data transfer

but new deficiencies were noted that were not previously present. According to the reply letters submitted by Linda Trytek all deficiencies were corrected.

I. Personnel

During the inspection of the laboratory the following were present:

Kalina Warren	DEP/Central District	(407) 893-3313
Jenny Farrell	DEP/Central District	(407) 893-3313
Tamara Lal	Tri-Tech/Quality Assurance Officer	(407) 275-8463
Doreen Barrowman	Tri-Tech/Lab Technician	(407) 275-8463
Chris Haynes	Tri-Tech/Login	(407) 275-8463
Maria Long	Tri-Tech/Lab Tech, Microbiology	(407) 275-8463

The laboratory was briefly visited on July 2, 2008, but due to a family emergency of laboratory personnel, the auditors were asked to reschedule the inspection for the following day. The audit continued the following week.

The laboratory personnel were cooperative and gave access to the information necessary to conduct the PAI. Most samples are analyzed by a laboratory technician. The analyst in the microbiology laboratory had been with the lab for approximately 6 months and was in the process of being trained. Another trainee is accepting and logging samples and also being introduced to analytical procedures. The laboratory staff demonstrated poor technical skills while performing some of laboratory tests. Since the last audit there was some improvement in the laboratory documentation; however, several problems were not corrected and new problems were discovered.

II. Certification

The laboratory is accredited by the Department of Health Environmental Laboratory Certification Program (DOH ELCP) to analyze samples in support of the Domestic Wastewater Program. Tri-Tech Analytical Laboratories, Inc. certification number is E83294.

III. Facilities and Equipment

The laboratory appeared cleaned and well organized. Sufficient analytical equipment and bench space were available for processing samples.

1. **Refrigerators**
   There are four refrigerators, three in the storage room and one in the microbiology laboratory, used for storage of samples, reagents, standards, and media. The temperature was recorded daily as required. At the time of the inspection temperature of three refrigerators in the storage room was between 4 and 6°C. The refrigerator in the microbiology lab had two thermometers, the digital thermometer read 6°C and the mercury thermometer inside the refrigerator read 5°C. According to laboratory personnel the digital thermometer is used to verify the temperature in this refrigerator. Both thermometers had record of being calibrated with a NIST traceable thermometer, but were overdue for the annual check. The digital thermometer (5°C) was also listed as a different brand (Fisher Scientific) in the laboratory thermometer records. The digital thermometer's brand read VWR instead of Fisher Scientific.

2. **pH meter**
A Corning Scholar 425 pH meter was used to check pH of samples, DI water, media, etc. It was noted during the inspection the pH of laboratory DI water was always above 7.0 SU. Based on the records, the ph meter was calibrated daily with two pH buffers (7.00 and 4.00) and checked with the pH buffer 10.00.

Based on the pH buffer container labels, the buffers were expired. According to the laboratory personnel, the buffers are bought in larger containers and poured into smaller bottles for easier handling. The expiration dates on smaller bottles were not accurate.

3. **Thermometers**
According to the laboratory records, the annual check of thermometers used for temperature monitoring of refrigerators, incubators and water bath were performed 06/05/07. The annual check for the digital thermometer in the microbiology lab was last performed 01/08/07. The **NIST traceable thermometer was not on-site** since it was recently sent out to be calibrated (according to onsite records was last performed 06/26/06), as a result **all thermometers were overdue for their annual check.**

4. **DI Water System**
Siemens' Water Technology provided service for the DI Water. During a brief visit on July 2, it was noted that the **light was off** suggesting the system needs service. **The issue was not resolved as of July 9.** During that time, the DI water was used for microbiological medium and reagent/standard preparations. Siemens' Water Technology was contacted on 07/22/2008 to verify that DI water service had been restored. According to Siemens' records, the laboratory staff requested service on 07/07/2008, which was at least five days after the check light was off. The lab technician was asked to check the pH, residual chlorine, and conductivity of the DI water during audit. The results were pH 7.2 SU, 0.06 mg/L TRC, and 455 umho/cm respectively, showing poor quality of the DI water. The metal analysis for the DI water system was last analyzed May 1, 2007; this is an annual requirement. Organic Nitrogen analysis has never been performed on the DI water system; this is a monthly requirement. The Inhibitory Residue Test analytical bench sheets were very vague in content.

5. **Conductivity**
This laboratory is referencing EPA Method 120.1 for Conductivity measurement.
It appeared the analyst was not familiar with the conductivity meter (Orion, Model 122). The temperature was not checked when analyzing the DI water sample or the conductivity standards (99.4 umho/cm & 1403 umho/cm). The 99.4 standard read 109 umho/cm during the audit. It appeared the analyst was also uncertain with what setting (uS vs mS) was to be used with each measurement read. According to the analyst this particular model of meter could not be calibrated onsite; it would have to be shipped to the manufacture for calibration.

6. **Deficiencies**

   a. **The thermometers used for daily temperature checks were not calibrated or verified using an NIST traceable thermometer as required.** (2003 NELAC Standards, Quality Systems 5.5.5.2.1.)

   b. **The laboratory DI water was not analyzed for metals and organic nitrogen.** (2003 NELAC Standards, Microbiology D.3.6(c))

c. **The Inhibitory Residue Test analytical bench sheets did not contain sufficient information.** (2003 NELAC Standards, Quality Systems 5.4.12.2.1)

d. **The conductivity meter was not able to be calibrated according to the method-specified requirements.** (2003 NELAC Standards, Microbiology D.3.8(b)(5))

e. **The digital thermometer brand on the calibration document was mislabeled.** (2003 NELAC Standards, Quality System 5.5.5.8))

f. **The light on the DI Water System was out for one week. No water quality checks were performed to verify the quality of the DI water.** (2003 NELAC Standards, Quality System 5.4.6.2))

IV. Sample Handling and Preservation

According to the laboratory records, the DEP requirements for sample containers, holding time, and preservation were followed. The nitrite+nitrate samples were not preserved with acid; instead samples were analyzed for total nitrite+nitrate and for nitrite within 48 hours of sample collection; nitrate results were calculated. Plastic sample containers were used for the $CBOD_5$, NO_3 - N, and TSS tests. Sterile plastic containers with sodium thiosulfate were used for FC samples.

Sample integrity and preservation were checked during sample acceptance. The temperature control bottles were used very seldom. According to the analyst, temperature of samples received by the laboratory was checked with the infrared thermometer.

V. Sample Custody and Documentation

Laboratory documentation procedures improved since last inspection; however, many deficiencies were still noted.

1. **Sample Log-In**
   The laboratory personnel stated that a unique ID number was assigned to each container received in the laboratory except for samples brought by War on Waters. This was due to how the chains of custody records were filled out by the operator. This problem was previously noted and according to the response to the last PAI it was corrected.
   Sample preservation was documented during sample acceptance in the computer log. In general, sample log-in records improved since last audit.

2. **Records of sample analysis**
   The laboratory did have a separate logbook for each test performed. Records of daily analyses were dated and initialed. Records included analytical method and information about lot number of standards/media used.
   Records for $CBOD_5$ and TSS tests were handwritten in a logbook. Once the test was completed, all results were transferred into a computer spreadsheet that was used for calculation of results. Several records were reviewed and with a couple of small exceptions, the data was transferred correctly.

3. **Reagents receipts and traceability**

The laboratory maintained records of standards, reagents and reference materials purchases and preparation except for the BT Sure Biological Test which was used to check the effectiveness of the autoclave.

4. **Deficiencies**

a. **The laboratory did not always assign a unique identification (ID) code to each sample container received in the laboratory.** (2003 NELAC Standards, Quality System 5.5.8.2.a.) This deficiency was noted during September 2003 and November 2005 audits.

b. **The laboratory records for standards, reagents, and reference materials were not complete.** (2003 NELAC Standards, Quality System 5.5.6.4.)

VI. Methodology

Table 1 reflects the tests required by the Domestic Wastewater permits that were reviewed during audit, the status of the laboratory methods used for the self monitoring program and the data quality assessment.

1. **$CBOD_5$**: A few deficiencies were noted in the $CBOD_5$ analysis.
Samples were seeded with influent. Samples were set up in three dilutions. A Thermo Orion DO meter was used for the DO determination. The presence and absence of residual chlorine was determined with a HACH Pocket Colorimeter. The absence of residual chlorine after the dechlorination of the sample was not recorded on the bench sheet. Samples were de-chlorinated with 0.025N Sodium Thiosulfate, SM 5210 B lists that Sodium Sulfite be used for dechlorination. The HACH Pocket Colorimeter was not verified with secondary gel standards before each use. The pH was checked for each sample to make sure it was within the acceptable range (6.5 SU to 8.0 SU).

Review of the $CBOD_5$ bench sheets revealed that usually sample duplicates were analyzed by duplicating only one dilution. Also, relative standard deviations (RSD%) were calculated incorrectly resulting in RSD% values between 90% to 100%. For example, the RSD% for the $CBOD_5$ analysis run initiated on 07/03/2008 was reported as 96%. These RSD% values were observed on multiple bench sheets and no results were reported with a qualifier.

Deficiencies

a. **0.025N Sodium Thiosulfate was used for dechlorination instead of Sodium Sulfite as required.** (Standard Methods 5210 B 4.2)

b. **The HACH Pocket Colorimeter was not verified with QC standards before each use.** (DEP SOP FT2000 3.2.5)

c. **Duplicate samples were not analyzed as required.** (2003 NELAC Standards, Quality System 5.D.1.1.3.2.) This deficiency was noted during the September 2003 and November 2005 audits.

2. TSS: Usually 500 - 1000 mL of effluent and 50 mL of influent was filtered for the TSS determination. Pre-weighed filters were used. A Denver Instrument XE Series analytical balance was calibrated within the last year. A duplicate sample, laboratory blank and a standard were analyzed with each set of samples. The drying oven was used for both TSS and TDS analysis. The TSS drying temperature was listed on all bench sheets and the oven as 105+/-1°C, which was incorrect, according to EPA 160.2 the drying temperature is 104+/-1°C.

   Review of the TSS bench sheets revealed that the relative percent difference (RPD%) were calculated incorrectly resulting in RPD%s from 90% to 100%. For example, the RPD% for the TSS analysis run on 07/03/2008 was reported as 98%. These RPD% values were observed on multiple bench sheets and no results were reported with a qualifier.

   Filters were dried in two, one-hour, cycles as required by the method. Between the drying, filters were cooled and weighed. According to the laboratory bench sheets, this cooling and weighing always took exactly 15 minutes, which is unrealistic considering the large set of samples, blanks and standards (up to 40 filters total). The cooling process by itself should take at least 15 minutes.

   On the bench sheets, results were rounded to the nearest whole number, yet final reports listed result with one decimal point, which was *0*. TSS results must be reported to the Department with a decimal point to meet the Wastewater Program data quality objective.

   Deficiencies

   a. **The drying oven temperature for TSS was listed on all bench sheets and the drying oven as 105+/-1°C.** (EPA Method 160.2 7.1)

   b. **Results were rounded to the nearest whole number which does not meet Department's Wastewater Program data quality objective.** (2003 NELAC Standards, 5.5.10.1. and Rule 62-160.670(1))

   c. **The time of sample analyses, weighing, and drying were unrealistic.** (2003 NELAC Standards, 5.4.12.1.5.)

3. Nitrate: The laboratory used Lachat Quick-Chem 8000 for the determination of nitrates. Based on the record review of daily runs, a blank, a 6-point curve, and curve verification were analyzed with each run. A spike and a duplicate sample were analyzed every 10 samples. The cadmium reduction column was observed to be in fair condition with no air bubbles in it. The proper reagents per EPA Method 353.2 were prepared. Samples were not filtered before analysis. **The samples pH was not checked and documented prior to analysis.** The pH check is recorded prior to the $CBOD_5$ test. If the $CBOD_5$ is set up prior to nitrate run, then this check may be used to document that sample pH is in the appropriate range.

   Review of the NOX and NO2 bench sheets revealed that precision and accuracy were not calculated. **Also, the calibration curve for both NOX and NO2 had numerous points along with the actual curve. When the analyst was questioned about these extra data points, the analyst did not know where they came from. In addition, based on records, lines were not routinely flushed before a sample run causing an unstable baseline.**

Deficiencies

a. **No precision or accuracy for nitrite+nitrate and nitrite were calculated and reported.** (2003 NELAC Standards, Chemistry D.1.1.3.1(d), D.1.1.2(d), and D.1.1.3.2(d))

b. **The calibration curve had un-known data points. In addition, on some occasions no stable baseline was established before the analytical run.** (2003 NELAC Standards, Chemistry D.1.6)

4. <u>Fecal Coliform:</u> All effluent samples were set up in a single dilution of 100 mL, except duplicate samples which were set up in the two - 50 mL increments. The analyst stated that samples were checked for presence of residual chlorine with the chlorine strips. No chlorine was ever detected. However, the laboratory staff stated during the audit that the CBOD samples are often delivered to the laboratory with a very high content of chlorine. For example, on July 7, 2008, an effluent sample from Lake Yale WWTF was delivered to the laboratory. This sample had a very high chlorine content which was brought to the attention of auditors on July 9, yet, FC sample was set up on July 7, and FC reported as "<1" . According to the bench sheet, the chlorine concentration of this sample was checked and it was no-detect.

   The M-FC agar media was prepared in-house from commercial dehydrated powders and stored up to two weeks. The Microbiology Lab Technician stated that the FC growth media *was boiled*, rather than brought to a boiling point. She corrected herself promptly when prompted by an auditor. Based on records, each new batch of media was checked with known positive and negative cultures.

   Positive and some atypical colonies were verified on a monthly basis but the test was not performed correctly. All positive colonies were confirmed in one tube rather than each colony in a separate tube. Follow requirements specified in Standard Methods 20th Edition the frequency of verification should be as follow:
   - Verify at least 10 (all if there are fewer) blue colonies on one positive sample per month
   - Adjust counts based on percent verified. (If there are fewer than ten, adjustment is necessarily on a one-to-one basis.)
   - Verify representative atypical colonies.

   Efficiency of the autoclave was checked monthly with BT Sure capsules. Records of traceability for BT Sure were not maintained.

   A duplicate sample (two 50 mL aliquots) was set up with each set of samples .

   During the audit, it was requested that the auditors be present when FC plates are read. Several FC plates were read and results were recorded, before the auditors were informed about these samples being read. Upon request, the plates were read again and it was discovered that one of the plates which was **recorded as " <1" actually had four dark blue colonies.** The Microbiology Technician did not have a good explanation why these colonies were overlooked; however, it was apparent that plates were being opened and closed very fast by the analyst without much attention.

Deficiencies

a. **100 mL of wastewater effluent samples was analyzed instead of multiple dilutions that are required in order to obtain countable plates. Several months of records of FC daily analysis were reviewed during the audit. According to the laboratory records, effluent samples yield none or only few colonies. This is unrealistic.** (SM 9222 D. 2.a.) This deficiency was noted during the September 2003 and November 2005 audits.

b. **Fecal coliform plates were not read correctly. Blue colonies were being overlooked and not reported. No optical devise was used to count colonies; instead, a very brief visual check of a plate was being performed.** Similar deficiency was noted during the September 2003 audit when it was noted that only dark blue colonies were counted rather than all blue colonies. (SM 9222 D. 2.e.)

c. **Chlorinated samples were not properly checked for the absence of chlorine to confirm that dechlorination process was satisfactory.** (SM 9060 A.2.) This deficiency was noted in the September 2003 and November 2005 audits.

d. **Confirmation procedures were not performed correctly; FC plates were swabbed resulting in many colonies being confirmed in one tube rather than one colony per confirmation tube.** (SM 9222 D. 2.f.)

5. <u>Fecal Coliform – Multiple-Tube-Fermentation:</u> Residuals samples were analyzed using Multiple-Tube-Fermentation technique. Samples were always analyzed in three dilutions: 10^{-2}, 10^{-3} and 10^{-4}. According to the laboratory record, all tubes were incubated at 35±0.5°C in the LSB broth. After 24 hours of incubation, positive tubes were transferred to the EC broth and incubated at 44.5±0.2°C in a water bath. The LSB tubes were continued to be incubated for the additional 24 hours and again, all positive tubes were transferred to the EC broth. It was not clear why the positive tubes were transferred twice to the EC broth. Blanks were not analyzed with each set of samples, instead, according to the laboratory records, each batch of growth medium was check for sterility, and positive and negative responses soon after preparation.
   The % Total Solids (TS) was analyzed by ENCO – Orlando Laboratory. ENCO laboratory was not visited during the audit. Fecal coliform counts were calculated based on the TS results and MPN results. There were no records of these calculations; the QA officer stated that calculations were performed on a calculator and recorded directly in the final laboratory report. Seven sample results were reviewed during the audit. No errors in calculations were found, however, two out of seven final reports issued by Tri-Tech laboratory had a wrong %TS result. Since FC calculations were being done based on %TS reported by ENCO, these calculations were correct.
   During the audit it was discussed that the holding time for fecal coliform test in residuals is 24 hours.

6. <u>Calibration Verification of Residual Chlorine Colorimeters:</u> Tri-Tech Laboratory performs quarterly calibration/calibration verifications of residual chlorine colorimeters for several facilities. Requirements on how to perform these tests are specified in the DEP-SOP-01/001, 2004 Revision, FT 2000. The laboratory also performs quarterly checks of secondary gel standards that are used on a daily basis by facilities to verify accuracy of the colorimeters. Chlorine primary standards were used for these checks/verifications. The

laboratory secondary standards and meter were checked against the Chlorine primary standards at least on a quarterly basis.

Review of the residual chlorine verifications revealed that both Total and Free Chlorine were reported on all reports. The Wastewater Program only requires that Total Chlorine for meters and gels be verified. The final verification forms submitted to each facility were difficult to decipher. In particular, the headings that listed "certified value" and "mean value". These two headings were not clear. In addition, the analyst stated that several readings are performed and average is reported. No records of each reading were maintained.

Deficiency

a. **Records of Residual Chlorine Colorimeters verifications and secondary Gel Standards verifications were not complete.** (DEP SOP FT2000 5.2)

VII. Quality Assurance and Reporting

According to the laboratory staff, the laboratory's Quality Manual and Standard Operating Procedures (SOPs) were written but needed to be updated. Quality control (QC) steps consisted of the analyses of blanks, duplicates, spikes, calibration standards, and calibration verification when appropriate, but several deficiencies were noted.
Final reports issued to clients did not have all the information required by the F.A.C. Chapter 62-160 Quality Assurance and NELAC Standards. The first page of a report was always marked as *Page 1 of 2* and listed analytical results. A chain-of-custody form was attached to the first page but it was not numbered. If more than one sampling events were reported, then several chain-of-custody records were attached to the first page of the report, yet the first page noted total number of pages as 2.

Several DMRs were reviewed during the audit and data was compared to the laboratory records. Documentation of all analyses were maintained in the laboratory records. Some errors were found. A nitrite result (0.14 mg/L) was reported instead of nitrate (5.5 mg/L) for sample collected on May 28, 2008 at Shadow Hills WWTF (Longwood) . Also see the TSS , $CBOD_5$, and Nitrate for additional reporting deficiencies.

Deficiencies

a. **Laboratory reports did not meet requirements of the F.A.C., Chapter 62-160 Quality Assurance and/or NELAC Standards, Quality System 5.5.10.2. The following information was missing: sample matrix, sample type, sample receipt conditions, type of chemical and/or physical sample preservation, method detection limit and practical quantitation limit, dilution factor, matrix spike concentration level, matrix spike recovery, matrix spike precision limits, and laboratory blank results. In addition, pages of the reports were not clearly identified. See Rule 62-160.340 and NELAC Standards Quality System 5.5.10.2 for additional reporting requirements.**

b. **The laboratory did not arrange for annual internal audits to verify that its operations continue to comply with the requirements of the laboratory's quality system.** (2003 NELAC Standards, Quality System 5.4.13.) This deficiency was noted during the September 2003 and November 2005 audits.

c. **Relative Standard Deviations (RSD%) and Relative Percent Difference (RPD%) were calculated incorrectly for the $CBOD_5$ and TSS tests resulting in precision range between 90 to 100%.** (2003 NELAC Standards, Quality System 5.5.9.2(a)(5)).

d. **The out-of-range RSD%s and RPD%s were noted on all $CBOD_5$ and TSS bench sheets, yet results were reported without a qualifier code.** (2003 NELAC Standards, Chemistry Technology Checklist D.1.1.3.2(d) and F.A.C., Chapter 62-160 Quality Assurance, Table 1, data Qualifier Codes)

e. **The laboratory did not follow Standard Operating Procedures to ensure that the reported data are free from transcription and calculation errors and that quality control measures are reviewed and evaluated before data are reported.** (2003 NELAC Standards, Quality System 5.5.4.7.1.) This deficiency was noted during the September 2003 and November 2005 audits; some improvement was noted, but new deficiencies were identified.

f. **The laboratory had a log of names, initials and signatures of all individuals who are responsible for signing or initialing any laboratory records; however, Doreen Barrowman's initials were different than what was on the bench sheets.** (2003 NELAC Standards, Quality System 5.4.12.2.5.4.c)

Kalina Warren
Environmental Supervisor

Jenny Farrell
Environmental Specialist II

TABLE 1
METHODS STATUS

Tri-Tech Analytical Laboratories, Inc
P.O. Box 140966
7420 Old Cheney Hwy
Orlando, Florida 32814-0966

Parameter	Reference Method	40 CFR Approved	Deficiencies	Data Quality
$CBOD_5$	SM 5210 B	yes	minor	Mi
TSS	EPA 160.2	yes	minor	Mi
NO_3 - N	EPA 353.2	yes	major	M
FC	SM 9222 D	yes	major	M
FC-MPN	SM 9221 E	yes	minor	Mi
TRC Colorimeter Check	DEP-SOP-001/01	NA	minor	Mi
TRC Secondary Standard Check	DEP-SOP-001/01	NA	minor	Mi

S = Satisfactory Mi = Minor M = Marginal U = Unsatisfactory

SM - Standard Methods for the Examination of Water and Wastewater, 18 - 20th Edition (1998)

EPA- Methods for Chemical Analysis of Water and Wastes, EPA 600/4-79-020, EPA 600/R-93/100 and all current revisions

DEP-SOP-001/01 - Florida Department of Environmental Protection, Standard Operating Procedures, Revision 2004.

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date May 2005
DEP Application No FLA010570

Florida Department of Environmental Protection
Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address

City Zip

Telephone Number ( )

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name

Address

City Zip

Telephone Number ( )

(5) Type of Discharge

(6) Method of Discharge

Certification
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date:

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ( )

4/14/2003

Utilities, Inc.

August 22, 2008

COPY

Mr. Gary P. Miller, Program Manager
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, Florida 32803-3767

RE: Pennbrooke WWTF
Wastewater Facility Permit No. FLA010570
Response to Noncompliance Letter

Dear Mr. Miller:

This letter is in response to your recent correspondence concerning those items noted during a routine compliance inspection held on July 1, 2008 at the above referenced facility. For your reference, the deficiency has been re-typed in bold with the response immediately following. The following deficiencies have been or are being addressed as follows:

1. A review of the ground water files for the facility indicates the following deficiencies:

a. **The Department has not received the ground water monitoring report for the third and fourth quarters of 2007. Please submit these reports as soon as possible.**

Please find the enclosed copy of the third and forth quarter Ground Water monitoring reports.

b. **For the first quarter of 2008 the certification form did not contain Part II Quality Assurance Requirements. An up to date form is attached. Please use this form with all future submittals.**

Please find the enclosed copy of the completed first quarter of 2008 Quality Assurance Form.

c. **For the first quarter of 2008 depth to water measurements were reported instead of ground water elevations for all well locations. Please submit the ground water elevation data.**

Please find the enclosed copy of the first quarter of 2008 Ground Water monitoring report.

2. An audit of the contract laboratory revealed the following deficiencies:

The utility acknowledges these comments.

3. The effluent sampler tubing was slightly worn.

Tubing ordered 8/18/08 and will be replaced by 8/25/08. This will be consistently maintained going forward.

a UI Inc. company Utilities, Inc. of Pennbrooke
200 Weathersfield Ave. / Altamonte Springs, FL 32714-4027 / P:407-869-1919 / F:407-869-6961 / www.uiwater.com

File. 691.19.2 - MGI Pennbrooke WWTF

I anticipate this response adequately addresses the Department's comments. If you have any questions or require additional information, please contact me at 407-869-8588, extension 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Regional Manager

Enclosures: Third and fourth quarter 2007 monitoring well reports
First quarter 2008 Quality Assurance Form
First quarter 2008 water elevation data

Ec: Patrick Flynn, Regional Director, UIOP
Scotty Haws, Regional Compliance Manager, UIOP
Domenic Gentilucci, Area Manager, UIOP

Advanced Environmental Laboratories, Inc.

Advanced Environmental Laboratories, Inc
9610 Princess Palm Avenue
Tampa, FL 33619
Phone: (813)630-9616
Fax: (813)630-4327

ANALYTICAL RESULTS

Workorder: T0763517 Quarterly

Lab ID: T0763517001 Date Received: 10/15/2007 14:15 Matrix: Water
Sample ID: Monitoring Wells Date Collected: 10/15/2007 11:10
Sample Description Location MWB-1

Parameters	Results	Units	Qual	DF	Adjusted POL	Adjusted MDL	Analyzed	Lab
WET CHEMISTRY								
Analysis Desc: Turbidity,E160.1,Water	Analytical Method: EPA 160.1							
Turbidity	3.2	NTU		1	0.53	0.13	10/16/2007 14:45	T
Analysis Desc: Total Dissolved Solids,E160.1,Water	Analytical Method: EPA 160.1							
Total Dissolved Solids	390	mg/L		1	10	8.0	10/18/2007 12:00	T
Analysis Desc: Chlorides,E325.2,Water	Analytical Method: EPA 325.2							
Chloride	38	mg/L		1	10	3.6	10/24/2007 15:10	T
Analysis Desc: Nitrate,SM4500NO3F,Water	Analytical Method: SM 4500NO3-F							
Nitrate	0.1	mg/L		5	1.0	0.24	10/17/2007 09:15	T
Analysis Desc: Fecal Coliform, MF,SM9222D,Water	Analytical Method: SM 9222D							
Fecal Coliform	1.0	Col/100mL MF	U	1	1.0	1.0	10/15/2007 15:15	T

Lab ID: T0763517002 Date Received: 10/15/2007 14:15 Matrix: Water
Sample ID: Monitoring Wells Date Collected: 10/15/2007 10:09
Sample Description Location MWC-1

Parameters	Results	Units	Qual	DF	Adjusted POL	Adjusted MDL	Analyzed	Lab
WET CHEMISTRY								
Analysis Desc: Turbidity,E160.1,Water	Analytical Method: EPA 160.1							
Turbidity	0.35	NTU	I	1	0.53	0.13	10/16/2007 14:45	T
Analysis Desc: Total Dissolved Solids,E160.1,Water	Analytical Method: EPA 160.1							
Total Dissolved Solids	280	mg/L		1	10	8.0	10/18/2007 12:00	T
Analysis Desc: Chlorides,E325.2,Water	Analytical Method: EPA 325.2							
Chloride	110	mg/L		1	10	3.6	10/24/2007 15:10	T
Analysis Desc: Nitrate,SM4500NO3F,Water	Analytical Method: SM 4500NO3-F							

CERTIFICATE OF ANALYSIS

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Advanced Environmental Laboratories, Inc.

Advanced Environmental Laboratories, Inc
9610 Princess Palm Avenue
Tampa, FL 33619
Phone: (813)630-9616
Fax: (813)630-4327

November 2, 2007

Stephen Szczepkowski
Utilities, Inc.

RE: Workorder: T0763517 Quarterly

Dear Stephen Szczepkowski:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday, October 15, 2007. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Tammie Heslin
theslin@aeilab.com

Enclosures

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Advanced Environmental Laboratories, Inc.

Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: Utilities Project name: Quarterly

Date/Time Rcvd: 10/5/07 14:45 Log-In request number: T0713517

Received by: KB Completed by: AL

Cooler/Shipping Information:

Courier: ☑ AEL ☐ Client ☐ UPS ☐ Blue Streak ☐ FedEx ☐ Other (describe): _____

Type: ☑ Cooler ☐ Box ☐ Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	0				
Temp taken from	☐ Temp blank ☑ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle
Temp measured with	☑ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE		✓	
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts*	✓		
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		

Comments:

Advanced
Environmental Laboratories, Inc.

LAB NUMBER: 10763517

Page ____ of ____

CLIENT NAME	Utilities, Inc.
ADDRESS	200 Weathersfield Ave.
	Altamonte Springs, FL 32714
PHONE	800-272-1919
CONTACT	Scotty Haws
TURN AROUND TIME	☑ STANDARD ☐ RUSH ____
PROJECT NAME	Quaterly
P.O. NUMBER/PROJECT NUMBER	
PROJECT LOCATION	Pennebrook
FAX	
SAMPLED BY:	S. BEAMAN
REMARKS/SPECIAL INSTRUCTIONS	Field Perameters: pH, Con, Temp, Turb, DO

SAMPLE ID	SAMPLE DESCRIPTION	Grab/Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	250 ml Plastic NO3	500 ml Plastic TDS/CL	250 mL Plastic Turbidity	100 mL Plastic Fecal	Water depth			LAB NUMBER
							ANEQUSRIES								
							Preserv	Ice	Ice	Ice	T				
	MWB-1	G	10/15/07	1110	W	4		X	X	X	X				31
	MWC-1	G		1105	W	4		X	X	X	X				32
	MWC-3	G		1205	W	4		X	X	X	X				33
	EQ BLANK	G		0951	W	4		X	X	X	X				34
	PZ-8			1025		0						X			35
	PZ-24			1020		0						X			36

Matrix: W=Water, S=Soil, SW=Surface Water, GW=Ground water, SW=Wastewater, O=Other, Air, Sludge

Preservative: HCl, H2SO4, None=NP, NaOH, ZnAc+NaOH, NaHSO4, HNO3, Other=Sodium Thiosulfate

Relinquished by:	Date	Time	Received by:	Date	Time
1	10/15/07			10/15/07	1415
2					
3					
4					

Ship via: ____ Method: SAMPLED

Via: ____ Via: ____

Sample Kit: ____ Cooler #: ____

RB: ____ D/T: ____

AB: ____ D/T: ____

Trip BL: ____

Received on Ice: ☑ Yes ☐ No

Bottles: ____ Received

revised 9/01

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 11/09/2007 10:09 #059 P.023/023

Advanced Environmental Laboratories, Inc.

Advanced Environmental Laboratories, Inc
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Tampa, FL 33619
Phone: (813)630-9616
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ANALYTICAL RESULTS

Workorder: T0763517 Quarterly

Lab ID: T0763517002 Date Received: 10/15/2007 14:15 Matrix: Water
Sample ID: Monitoring Wells Date Collected: 10/15/2007 10:09
Sample Description Location MWC-1

Parameters	Results	Units	Qual	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
Nitrate	0.047	mg/L	U	1	0.20	0.047	10/17/2007 09:15	T
Analysis Desc: Fecal Coliform MF,SM9222D,Water	Analytical Method: SM 9222D							
Fecal Coliform	1.0	Col/100mL MF	U	1	1.0	1.0	10/15/2007 15:15	T

Lab ID: T0763517003 Date Received: 10/15/2007 14:15 Matrix: Water
Sample ID: Monitoring Wells Date Collected: 10/15/2007 12:05
Sample Description Location MWC-3

Parameters	Results	Units	Qual	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
WET CHEMISTRY								
Analysis Desc: Turbidity,E180.1,Water	Analytical Method: EPA 180.1							
Turbidity	4.2	NTU		1	0.53	0.13	10/16/2007 14:45	T
Analysis Desc: Total Dissolved Solids,E160.1,Water	Analytical Method: EPA 160.1							
Total Dissolved Solids	440	mg/L		1	10	8.0	10/18/2007 12:00	T
Analysis Desc: Chloride,E325.2,Water	Analytical Method: EPA 325.2							
Chloride	84	mg/L		1	10	3.6	10/24/2007 15:10	T
Analysis Desc: Nitrate,SM4500NO3F,Water	Analytical Method: SM 4500NO3 F							
Nitrate	5.8	mg/L		5	1.0	0.24	10/17/2007 09:15	T
Analysis Desc: Fecal Coliform MF,SM9222D,Water	Analytical Method: SM 9222D							
Fecal Coliform	1.0	Col/100mL MF	U	1	1.0	1.0	10/15/2007 15:15	T

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GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: MW-1	SAMPLE ID: T0703517-001		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C DEPTH (ft): 20	STATIC DEPTH FROM T.O.C. TO WATER (ft): 4.61	TOTAL WELL VOLUME (FT): 13.39

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 2.14

FIELD REMARKS:

PURGE METHOD: Peristaltic Pump | PURGE INITIATED AT: 1105 | PURGE ENDED AT: 1118 | TOTAL VOL. PURGED (gal): 1110

TIME	1113	1115	1117				
VOL. PURGED (gal)	3.00 gal.	3.60 gal.	3.60 gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	.30 gal.	.30 gal.	.30 gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	.2 gpm.	.25 gpm.	.25 gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	5.53 ft.	6.57 ft.	6.62 ft.	ft.	ft.	ft.	ft.
PH	10.07	5.96	5.91				
TEMP. DEGREE CEL.	26.8 °C	26.8 °C	26.8 °C	°C	°C	°C	°C
COND. (umhos)	403 (umhos)	402 (umhos)	401 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	1.65 (mg/L)	1.70 (mg/L)	1.71 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	7.51 (NTUs)	6.27 (NTUs)	4.26 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	(Y) or N	(Y) or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	Y or (N)	Y or (N)	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump	SAMPLING INITIATED AT: 1118	SAMPLING ENDED AT: 1110
FIELD DECONTAMINATION: Y (N)	FIELD FILTERED: Y (N)	DUPLICATE: Y (N)

FIELD CONDITION CIRCLE ONE: CLEAR (CLOUDY) RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	1000 = 10/15/07	4 =	
TW1-19N1	7 =	~~2D697-19~~ TW1-15Q2b		
~~TW1-18R1~~ Read	10 =	282 = 2D701-49	40 =	

SAMPLED BY (PRINT): / SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS
SAMPLER(S) SIGNATURE(S):

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GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: MW-1	SAMPLE ID: TO7635 17-052		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C. DEPTH (ft): 20	STATIC DEPTH FROM T.O.C. TO WATER (ft): 2,54	TOTAL WELL VOLUME (FT): 15,46

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 2,47

FIELD REMARKS:

PURGE METHOD: Peristaltic Pump	PURGE INITIATED AT: 0915		PURGE ENDED AT: 1009		TOTAL VOL. PURGED (gal): 4,60	
TIME	0915	1001	1004			
VOL. PURGED (gal)	2,50 gal.	3,10 gal.	3,70 gal.	4,30 gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	,60 gal.	,60 gal.	,60 gal.	,60 gal.	gal.	gal.	gal.
PURGE RATE (gpm)	,10 gpm.	,10 gpm.	,10 gpm.	,10 gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	3,26 ft.	3,27 ft.	3,29 ft.	3,33 ft.	ft.	ft.	ft.
PH	4,91	4,90	4,90	4,90			
TEMP. DEGREE CEL.	23,8 °C	23,8 °C	23,8 °C	23,8 °C	°C	°C	°C
COND. (umhos)	392 (umhos)	391 (umhos)	390 (umhos)	380 (umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	0,50 (mg/L)	0,58 (mg/L)	0,65 (mg/L)	0,65 (mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	0,53 (NTUs)	1,0 (NTUs)	0,52 (NTUs)	0,71 (NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	(Y) or N	(Y) or N	(Y) or N	Y or N	Y or N	Y or N
ODOR	(Y) or N	(Y) or N	(Y) or N	(Y) or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16, 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump		SAMPLING INITIATED AT: 1007	SAMPLING ENDED AT: 1009
FIELD DECONTAMINATION: Y N	FIELD FILTERED: Y N		DUPLICATE: Y N

FIELD CONDITION CIRCLE ONE: CLEAR (CLOUDY) RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	1000 =	4 =	
TW1-19N1	7 =	2D807-49	TW1-15Q2b	
TW1-18R4 Read	10 =	282 =	40 =	
		2D701-49		

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S):

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GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: MW-3	SAMPLE ID: T0703517-003		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL DEPTH (ft): 16.00	STATIC DEPTH TO WATER (ft): 7.58	TOTAL WELL VOLUME (FT): 8.32

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 0.32

FIELD REMARKS:

PURGE METHOD: Peristaltic Pump		PURGE INITIATED AT: 1130		PURGE ENDED AT: 1207		TOTAL VOL. PURGED (gal): 8.00	
TIME	1134	1138	1142	1150	1157	1155	1206
VOL. PURGED (gal)	1.00 gal.	2.00 gal.	3.00 gal.	5.00 gal.	6.00 gal.	7.00 gal.	8.00 gal.
CUMUL. VOL. PURGED (gal)	1.00 gal.	1.00 gal.	1.00 gal.	1.00 gal.	1.00 gal.	1.00 gal.	1.00 gal.
PURGE RATE (gpm)	.25 gpm.	.25 gpm.	.25 gpm.	.25 gpm.	.25 gpm.	.25 gpm.	.25 gpm.
DEPTH TO WATER (ft)	NA ft.	NA ft.	NA ft.	NA ft.	NA ft.	NA ft.	NA ft.
PH	7.00	6.97	6.93	6.91	6.87	6.87	6.82
TEMP. DEGREE CEL	26.5 °C	26.5 °C	26.5 °C	26.4 °C	26.4 °C	26.4 °C	26.4 °C
COND. (umhos)	594 (umhos)	586 (umhos)	585 (umhos)	590 (umhos)	591 (umhos)	592 (umhos)	595 (umhos)
D.O. (mg/L)	6.53 (mg/L)	6.54 (mg/L)	6.55 (mg/L)	6.50 (mg/L)	6.41 (mg/L)	6.39 (mg/L)	6.34 (mg/L)
TURBIDITY (NTUs)	2.0 (NTUs)	1.0 (NTUs)	0.45 (NTUs)	1.50 (NTUs)	56.4 (NTUs)	2.12 (NTUs)	4.86 (NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump	SAMPLING INITIATED AT: 1207	SAMPLING ENDED AT: 1205
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N	DUPLICATE: Y N
FIELD CONDITION CIRCLE ONE	CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	1000 =	4 =	
TW1-19N1	7 =	2D807-19	TW1-19Q2b	
TW1-18R1 Read 10	=	282 = 40 =		
		2D701-49		

SAMPLED BY (PRINT) / SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S)

10/15/07

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GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: EQBlnk	SAMPLE ID: T07103517-004		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL DEPTH (ft):	STATIC DEPTH FROM T.O.C. TO WATER (ft):	TOTAL WELL VOLUME (FT):

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY =

FIELD REMARKS: RB 10/15/07

PURGE METHOD: Peristaltic Pump		PURGE INITIATED AT:		PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME							
VOL. PURGED (gal)	NA gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	7.77						
TEMP, DEGREE CEL.	21.2 °C	°C	°C	10/15/07 °C		°C	°C
COND. (umhos)	1.2 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	4.71 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	0.20 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47, 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump		SAMPLING INITIATED AT: 0914	SAMPLING ENDED AT: 0951
FIELD DECONTAMINATION: Y N	FIELD FILTERED: Y N		DUPLICATE: Y N

FIELD CONDITION CIRCLE ONE: CLEAR CLOUDY RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 = 4.07	1000 = 1052	4 = 4.21	7.50
TW1-19N1	7 = 7.03	2D807-19	TW1-15Q2b	
TW1-18R1 Read 10	= 9.76	282 = 264	40 = 43.6	23.5°C
		2D701-19		

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S):

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ANALYTICAL RESULTS

Workorder: T0763517 Quarterly

Lab ID: T0763517004 Date Received: 10/15/2007 14:15 Matrix: Water
Sample ID: Monitoring Wells Date Collected: 10/15/2007 09:51
Sample Description Location Equipment Blank

Parameters	Results	Units	Qual	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
WET CHEMISTRY								
Analysis Desc: Turbidity,E180.1,Water	Analytical Method: EPA 180.1							
Turbidity	0.22	NTU	I	1	0.53	0.13	10/15/2007 14:45	T
Analysis Desc: Total Dissolved Solids,E160.1,Water	Analytical Method: EPA 160.1							
Total Dissolved Solids	8.0	mg/L	U	1	10	8.0	10/18/2007 12:00	T
Analysis Desc: Chlorides,E325.2,Water	Analytical Method: EPA 325.2							
Chloride	3.6	mg/L	U	1	10	3.6	10/24/2007 15:10	T
Analysis Desc: Nitrate,SM4500NO3F,Water	Analytical Method: SM 4500NO3-F							
Nitrate	0.047	mg/L	U	1	0.20	0.047	10/17/2007 09:15	T
Analysis Desc: Fecal Coliform MF,SM9222D,Water	Analytical Method: SM 9222D							
Fecal Coliform	1.0	Col/100mL MF	U	1	1.0	1.0	10/15/2007 15:15	T

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SAMPLE SUMMARY

Workorder: T0763517 Quarterly

Lab ID	Sample ID	Matrix	Date Collected	Date Received
T0763517001	Monitoring Wells	Water	10/15/2007 11:10	10/15/2007 14:15
T0763517002	Monitoring Wells	Water	10/15/2007 10:09	10/15/2007 14:15
T0763517003	Monitoring Wells	Water	10/15/2007 12:05	10/15/2007 14:15
T0763517004	Monitoring Wells	Water	10/15/2007 09:51	10/15/2007 14:15
T0763517005	Monitoring Wells	Water	10/15/2007 10:25	10/15/2007 14:15
T0763517006	Monitoring Wells	Water	10/15/2007 10:20	10/15/2007 14:15

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ANALYTICAL RESULTS QUALIFIERS

Workorder: T0703517 Quarterly

PARAMETER QUALIFIERS

U The compound was analyzed for but not detected.

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

LAB QUALIFIERS

T DOH Certification #E84589(AEL-T)(FL NELAC Certification)

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QUALITY CONTROL DATA

Workorder: T0763517 Quarterly

QC Batch: WCAV4299 Analysis Method: EPA 180.1
QC Batch Method: EPA 180.1 Prepared:
Associated Lab Samples: T0763517001 T0763517002 T0763517003 T0763517004

METHOD BLANK: 81292

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Turbidity	NTU	0.13U	0.13	

QC Batch: WCAV4318 Analysis Method: SM 4500NO3-F
QC Batch Method: SM 4500NO3-F Prepared:
Associated Lab Samples: T0763506001 T0763507001 T0763517001 T0763517002 T0763517003 T0763517004 T0763522001 T0763536002 T0763543001 T0763548001 T0763549001 T0763557001 T0763562001

METHOD BLANK: 81817

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrate	mg/L	0.047U	0.047	

QC Batch: WCAV4331 Analysis Method: EPA 180.1
QC Batch Method: EPA 180.1 Prepared:
Associated Lab Samples: T0763469001 T0763473001 T0763474001 T0763475001 T0763476001 T0763477001 T0763517001 T0763517002 T0763517003 T0763517004 T0763522001 T0763527001 T0763528001 T0763529001 T0763530001 T0763531001 T0763532001 T0763533001 T0763536001

METHOD BLANK: 82183

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Dissolved Solids	mg/L	8.0U	8.0	

QC Batch: MICV1546 Analysis Method: SM 9222D
QC Batch Method: SM 9222D Prepared:
Associated Lab Samples: T0763483002 T0763484001 T0763485001 T0763486001 T0763490001 T0763502001 T0763503001 T0763504001 T0763505001 T0763506001 T0763507001 T0763508001 T0763508002 T0763508003 T0763508004 T0763510002 T0763511001 T0763511002 T0763512002 T0763513001 T0763514002 T0763515002 T0763516001 T0763517001
Associated Lab Samples: T0763517003 T0763517004

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QUALITY CONTROL DATA

Workorder: T0763517 Quarterly

METHOD BLANK: 82206

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Fecal Coliform	Col/100m	1.0U	1.0	

QC Batch: WCAU4436 Analysis Method: EPA 325.2
QC Batch Method: EPA 325.2 Prepared:
Associated Lab Samples: T0763517001 T0763517002 T0763517003 T0763517004 T0763636001 T0763636002 T0763636003 T0763636004 T0763636005 T0763675001 T0763675002 T0763675003 T0763675004 T0763675005 T0763689001 T0763689002 T0763689003

METHOD BLANK: 84516

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Chloride	mg/L	3.6U	3.6	

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Workorder: T0763517 Quarterly

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
T0763517001	Monitoring Wells	EPA 160.1	WCAI/4299		
T0763517002	Monitoring Wells	EPA 160.1	WCAI/4299		
T0763517003	Monitoring Wells	EPA 160.1	WCAI/4299		
T0763517004	Monitoring Wells	EPA 160.1	WCAI/4299		
T0763517001	Monitoring Wells	SM 4500NO3-F	WCAI/4318		
T0763517002	Monitoring Wells	SM 4500NO3-F	WCAI/4318		
T0763517003	Monitoring Wells	SM 4500NO3-F	WCAI/4318		
T0763517004	Monitoring Wells	SM 4500NO3-F	WCAI/4318		
T0763517001	Monitoring Wells	EPA 160.1	WCAI/4331		
T0763517002	Monitoring Wells	EPA 160.1	WCAI/4331		
T0763517003	Monitoring Wells	EPA 160.1	WCAI/4331		
T0763517004	Monitoring Wells	EPA 160.1	WCAI/4331		
T0763517001	Monitoring Wells	SM 9222D	MICI/1546		
T0763517002	Monitoring Wells	SM 9222D	MICI/1546		
T0763517003	Monitoring Wells	SM 9222D	MICI/1546		
T0763517004	Monitoring Wells	SM 9222D	MICI/1546		
T0763517001	Monitoring Wells	EPA 325.2	WCAI/4436		
T0763517002	Monitoring Wells	EPA 325.2	WCAI/4436		
T0763517003	Monitoring Wells	EPA 325.2	WCAI/4436		
T0763517004	Monitoring Wells	EPA 325.2	WCAI/4436		

CERTIFICATE OF ANALYSIS

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without the written consent of Advanced Environmental Laboratories, Inc.

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: P2-8	SAMPLE ID: T0703577-005		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C. DEPTH (ft):	STATIC DEPTH FROM T.O.C. TO WATER (ft): 9.26	TOTAL WELL VOLUME (FT):

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY

FIELD REMARKS:

PURGE METHOD: Peristaltic Pump	PURGE INITIATED AT:			PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME							
VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH							
TEMP. DEGREE CEL.	o C	o C	o C	o C	o C	o C	o C
COND. (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump	SAMPLING INITIATED AT:	SAMPLING ENDED AT:
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N	DUPLICATE: Y N

FIELD CONDITION CIRCLE ONE: CLEAR CLOUDY RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	1000 =	4 =	
TW1-19N1	7 =	2D807-19	D#1-19Q26	
TW1-18R1 Read 10	=	282 =	40 =	
		2D701-49		

SAMPLED BY (PRINT) / SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S):

P.20

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrook	
WELL NUMBER: P2-24	SAMPLE ID: T0703517-006		SAMPLE DATE: 10/15/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C. DEPTH (ft):	STATIC DEPTH FROM T.O.C. TO WATER (ft):	TOTAL WELL VOLUME (FT):

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY =

FIELD REMARKS:

PURGE METHOD: Peristaltic Pump		PURGE INITIATED AT:		PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME							
VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH							
TEMP. DEGREE CEL.	o C	o C	o C	o C	o C	o C	o C
COND. (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Peristaltic Pump	SAMPLING INITIATED AT:	SAMPLING ENDED AT:
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N	DUPLICATE: Y N

FIELD CONDITION CIRCLE ONE: CLEAR CLOUDY RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	1000 =	4 =	
TW1-19N1	7 =	2D807-19	TW1-15Q2b	
TW1-18R1 Read	10 =	282 =	40 =	
		2D701-49		

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S):

P.21

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date Nov. 2005
DEP Application No FLA010570

Florida Department of Environmental Protection
Central District, 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address 501 SR 44 West

City Leesburg FL. Zip 34748

Telephone Number (800) 272-1919

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Allson McPhee

Address 200 Weathersfield Ave.

City Altamonte Springs FL. Zip 32714

Telephone Number (800) 272-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 04-16-08 Allson D. McPhee c6490

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 900405G

Analytical Lab Comp QAP # /HRS Certification # E83294

*Comp QAP # /HRS Certification #

Lab Name Tri-Tech Laboratories, Inc

Address 7240 Old Cheney Highway Orlando, FL 32807

Phone Number (407) 275-8463

4/14/2003

Tri-Tech Analytical Laboratories, Inc.

P.O. Box 140966 • Orlando, FL 32814-0966 • (407) 375-8463
Email: ttlab@bellsouth.net

REPORT OF ANALYSIS

Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PROJECT NAME:
Pennbrooke Monitoring Well Analysis

Test results contained in this package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs, as applicable.

Reviewed By :
Title : Quality Control Director
Date Reviewed : March 04, 2008

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH" CALL TTA TODAY!
DOH #E83294

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Well Name MWC-3**
Golf Course Holding Pond
WAFR # 69507
GMS # N/A

Monitoring Period From: January 2008 To: March 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used _____

Date Sample Obtained: 2/25/2008
Time Sample Obtained: 8:47 am

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.85	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	7.7	mg/L	<10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	392.0	mg/L	<500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	147.98	mg/L	<250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1U	#/100	<4	1.0	9222D	NA	N
pH	00400	--	6.33	SU	6.5-8.5	NA	Field	NA	N
Turbidity, Lab - Nephelometric	00070	82079	9.97	NTU	Report	1.0	180.1	NA	N

10/31/2005
COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWC-1**
Well Type: **Compliance**
Description: **Well Name MWC-1**
Ponds
WAFR # 33638
GMS # N/A

Monitoring Period From: January 2008 To: March 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used: Pump

Date Sample Obtained: 2/19/2008
Time Sample Obtained: 11:55 am

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	70.37	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	0.10U	mg/L	<10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	208.0	mg/L	<500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	125.51	mg/L	<250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1U	#/100	<4	1.0	9222D	NA	N
pH	00400	--	4.97	SU	6.5-8.5	NA	Field	NA	N
Turbidity, Lab - Nephelometric	00070	82079	1.0U	NTU	Report	1.0	180.1	NA	N

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Lake County**
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: **MWB-1**
Well Type: **Background**
Description: **Well Name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period From January 2008 To: March 2008
Was the well purged before sampling? X Yes ___ No
Sampling Method Used: Pump

Date Sample Obtained: 2/19/2008
Time Sample Obtained: 12:55 pm

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	71.90	Feet	Report	NA	Field	NA	N
Nitrate, (as N)	00620	--	1.76	mg/L	<10	0.10	353.2	NA	N
Solids, Total Dissolved (TDS)	70295	70296	256.0	mg/L	<500	1.0	160.1	NA	N
Chloride (as Cl)	00940	--	5.29	mg/L	<250	5.0	325.2	NA	N
Coliform, Fecal	74055	--	1U	#/100	<4	1.0	9222D	NA	N
pH	00400	--	5.76	SU	6.5-8.5	NA	Field	NA	N
Turbidity, Lab - Nephelometric	00070	82079	6.7	NTU	Report	1.0	180.1	NA	N

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Monitoring Period From: January 2008 To: March 2008

Permit Builder MW ID: MWP-S
Well Type: Piezometer
Description: Piezometer PZ-8
PondsWAFR # 43785 GMS # —
Date Sample Obtained: February 19, 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00"	Dry	Dry	72.95"

10/31/2005
COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: Piezometer PZ-24
PondsWAFR # 43786 GMS # ---
Date Sample Obtained: February 19, 2008

Monitoring Period From: January 2008 To: March 2008

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66'	Dry	Dry	70.56'

10/31/2005
COMMENTS AND EXPLANATION:

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Wilkes Inc	SITE LOCATION: Pembroke	
WELL NO: MW D-1	SAMPLE ID: T0760420001	DATE: 02-19-08

PURGING DATA

WELL DIAMETER (inches): 2	TUBING O.D. DIAMETER (inches): 1/2	WELL SCREEN INTERVAL DEPTH: 18 feet to 0 D feet	STATIC DEPTH TO WATER (feet): 6.23	PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH − STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)
= (18.00 feet − 6.23 feet) x 0.16 gallons/foot = 1.89 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)
PL = gallons + (0.006 gallons/foot x 11.00 feet) + 0.25 gallons = 0.31 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 17.00	FINAL PUMP OR TUBING DEPTH IN WELL (feet): 17.00	PURGING INITIATED AT: 12:50	PURGING ENDED AT: 12:58	TOTAL VOLUME PURGED (gallons): 3.50

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (umhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
12:58	2.00	2.00	0.25	6.40	5.96	21.42	295	8.300	8.2	Clear	None
13:01	.75	2.75	"	6.42	5.68	21.34	296	9.401	7.1	Yellow	"
13:04	.75	3.50	"	6.41	5.70	21.32	296	9.305	7.9	Yellow	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL / C. SILAS	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 13:06	SAMPLING ENDED AT: 13:08
PUMP OR TUBING DEPTH IN WELL (feet): 7.00	SAMPLE PUMP FLOW RATE (mL per minute): 0.25	TUBING MATERIAL CODE: PE	
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y N FILTER SIZE: ___ µm Filtration Equipment Type:	DUPLICATE: Y N	

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION			INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH		

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)
pH: ± 0.2 units **Temperature:** ± 0.2 °C **Specific Conductance:** ± 5% **Dissolved Oxygen:** all readings ≤ 20% saturation (see Table FS 2200-2) optionally, ± 0.2 mg/L or ± 10% (whichever is greater) **Turbidity:** all readings ≤ 20 NTU, optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc | SITE LOCATION: Pembroke
WELL NO: MW-C1 | SAMPLE ID: T0760420002 | DATE: 02-19-08

PURGING DATA

WELL DIAMETER (inches): 2 | TUBING DIAMETER (inches): O.D. 2 | WELL SCREEN INTERVAL DEPTH 18 feet to 20 feet | STATIC DEPTH TO WATER (feet): 3.71 | PURGE PUMP TYPE OR BAILER: ESP

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY (only fill out if applicable)
= (18.00 feet - 3.71 feet) x 0.16 gallons/foot = 2.28 gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME (only fill out if applicable)
= gallons + (0.006 gallons/foot x 8.00 feet) + 0.25 gallons = 0.29 gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet): 5.00 | FINAL PUMP OR TUBING DEPTH IN WELL (feet): 5.00 | PURGING INITIATED AT: 12.04 | PURGING ENDED AT: 12.16 | TOTAL VOLUME PURGED (gallons): 3.50

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)
12.08	2.00	2.00	0.25	3.71	4.98	20.04	397	8.009	1.8	Clear	None
12.11	.75	2.75	"	3.70	4.99	20.48	401	7.898	1.9	"	"
12.14	.75	3.50	"	3.81	4.97	20.62	402	8.001	1.4	"	"

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 6" = 1.02; 8" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL / C. SILAS | SAMPLER(S) SIGNATURES: | SAMPLING INITIATED AT: 12.17 | SAMPLING ENDED AT: 12.20
PUMP OR TUBING DEPTH IN WELL (feet): 5.00 | SAMPLE PUMP FLOW RATE (mL per minute): 0.25 | TUBING MATERIAL CODE: PE
FIELD DECONTAMINATION: Y (N) | FIELD-FILTERED: Y N FILTER SIZE: ____ µm Filtration Equipment Type: | DUPLICATE: Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)
SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)
pH: ± 0.2 units Temperature: ± 0.2 °C Specific Conductance: ± 5% Dissolved Oxygen: all readings ≤ 20% saturation (see Table FS 2200-2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) Turbidity: all readings ≤ 20 NTU optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc		SITE LOCATION: Pembrooke	
WELL NO. PZ-24	SAMPLE ID: 107604200 06		DATE: 02-19-08

PURGING DATA

WELL DIAMETER (inches):	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet): 3.70	PURGE PUMP TYPE OR BAILER:

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH - STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)

* (feet - feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)

= gallons + (gallons/foot X feet) + gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP. (°C)	COND (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

DRY WELL

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. Lal C. Sinal	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 1225	SAMPLING ENDED AT: 1230
PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:	
FIELD DECONTAMINATION Y N	FIELD-FILTERED Y N Filtration Equipment Type:	FILTER SIZE ____ µm	DUPLICATE Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)

pH: ± 0.2 units **Temperature:** ± 0.2 °C **Specific Conductance:** ± 5% **Dissolved Oxygen:** all readings ≤ 20% saturation (see Table FS 2200-2); optionally ± 0.2 mg/L or ± 10% (whichever is greater) **Turbidity:** all readings ≤ 20 NTU; optionally ± 5 NTU or ± 10% (whichever is greater)

DEP-SOP-001/01
FS 2200 Groundwater Sampling -
Form FD 9000-24

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Dpc		SITE LOCATION: Pembrooke	
WELL NO. P2-8	SAMPLE ID: T076042000S		DATE: 02-19-08

PURGING DATA

WELL DIAMETER (inches): 2	TUBING DIAMETER (inches):	WELL SCREEN INTERVAL DEPTH: feet to feet	STATIC DEPTH TO WATER (feet):	PURGE PUMP TYPE OR BAILER

WELL VOLUME PURGE: 1 WELL VOLUME = (TOTAL WELL DEPTH – STATIC DEPTH TO WATER) X WELL CAPACITY
(only fill out if applicable)
= (feet – feet) X gallons/foot = gallons

EQUIPMENT VOLUME PURGE: 1 EQUIPMENT VOL. = PUMP VOLUME + (TUBING CAPACITY X TUBING LENGTH) + FLOW CELL VOLUME
(only fill out if applicable)
= gallons + (gallons/foot X feet) gallons = gallons

INITIAL PUMP OR TUBING DEPTH IN WELL (feet):	FINAL PUMP OR TUBING DEPTH IN WELL (feet):	PURGING INITIATED AT:	PURGING ENDED AT:	TOTAL VOLUME PURGED (gallons):

TIME	VOLUME PURGED (gallons)	CUMUL. VOLUME PURGED (gallons)	PURGE RATE (gpm)	DEPTH TO WATER (feet)	pH (standard units)	TEMP (°C)	COND. (µmhos/cm or µS/cm)	DISSOLVED OXYGEN (circle mg/L or % saturation)	TURBIDITY (NTUs)	COLOR (describe)	ODOR (describe)

DRY WELL

WELL CAPACITY (Gallons Per Foot): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88
TUBING INSIDE DIA. CAPACITY (Gal./Ft.): 1/8" = 0.0006; 3/16" = 0.0014; 1/4" = 0.0026; 5/16" = 0.004; 3/8" = 0.006; 1/2" = 0.010; 5/8" = 0.016

SAMPLING DATA

SAMPLED BY (PRINT) / AFFILIATION: P. LAL / C. SILAS	SAMPLER(S) SIGNATURES:	SAMPLING INITIATED AT: 1145	SAMPLING ENDED AT: 1150
PUMP OR TUBING DEPTH IN WELL (feet):	SAMPLE PUMP FLOW RATE (mL per minute):	TUBING MATERIAL CODE:	
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N Filtration Equipment Type:	FILTER SIZE: ____ µm	DUPLICATE: Y N

SAMPLE CONTAINER SPECIFICATION				SAMPLE PRESERVATION				
SAMPLE ID CODE	# CONTAINERS	MATERIAL CODE	VOLUME	PRESERVATIVE USED	TOTAL VOL ADDED IN FIELD (mL)	FINAL pH	INTENDED ANALYSIS AND/OR METHOD	SAMPLING EQUIPMENT CODE

REMARKS

MATERIAL CODES: AG = Amber Glass; CG = Clear Glass; PE = Polyethylene; PP = Polypropylene; S = Silicone; T = Teflon; O = Other (Specify)

SAMPLING/PURGING EQUIPMENT CODES: APP = After Peristaltic Pump; B = Bailer; BP = Bladder Pump; ESP = Electric Submersible Pump; PP = Peristaltic Pump; RFPP = Reverse Flow Peristaltic Pump; SM = Straw Method (Tubing Gravity Drain); VT = Vacuum Trap; O = Other (Specify)

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.
2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3):
pH: ± 0.2 units **Temperature:** ± 0.2 °C **Specific Conductance:** ± 5% **Dissolved Oxygen:** all readings ≤ 20% saturation (see Table FS 2200.2), optionally ± 0.2 mg/L or ± 10% (whichever is greater) **Turbidity:** all readings ≤ 20 NTU; optionally ± 5 NTU or ± 10% (whichever is greater)

Tri-Tech Laboratories, Inc.
P.O. Box P.O. Box 140966
Orlando, Florida 32814-0966
(407)275-8463 Fax (407)281-9187
(877)275-8463

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CALL TTA TODAY! Page____ Of____

Work Order #: 0802-577

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.	Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714	Invoicing Address: Same	Attention: Same
Contact Person: Domenic Gentilucci	Project or address of sample site: Pennbrooke Utilities	Phone Number: 407-948-9839	Fax Number: 352-242-0565
Sampler's Signature:		(REQUEST ANALYSIS WRITE DOWN BELOW)	

SAMPLE ID	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION CL PH	BOTTLE	NO3	TDS	CL	FECAL	TURB					REMARKS
[redacted] MWC-3	02-25-08 0847			✓				2	X	X	X	X	X					
[redacted]																		
[redacted]																		
[redacted]																		
[redacted]																		
6.																	08 02	
7.																	577	
8.																		
9																		
10.																		
11																		
12.																		
13.																		

Relinquished Sample Kit Date/Time:	Delivered Sample Kit to Lab Date/Time: 02-25-08 1100	Bottle #: 40C 2-2 01
Accepted in lab:	Date/Time: 2-25-08 1115	

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CALL TTA TODAY! Page____ Of____

Work Order #: 08.02-424

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.	Mailing Address: 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Invoicing Address: Same	Attention: Same
Contact Person: Domenic Gentilucci	Project or address of sample site: Pennbrooke Utilities
Phone Number: 407-948-9839	Fax Number: 352-242-0565
Sampler's Signature:	(REQUEST ANALYSIS WRITE DOWN BELOW)

SAMPLE ID	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION CL / PH	BOTTLES	NO3	TDS	CL	FECAL	TURB	REMARKS
1. MWC3	02-19-08			✓				2	X	X	X	X	X	DID NOT SAMPLE 1" CASING
2. MWB-1	1255			✓				2	X	X	X	X	X	
3. MWC-1	1155			✓				2	X	X	X	X	X	
4. MWP-24	1225													Dry Well
5. MWP-8	1145													Dry Well
6.														
7.														
8.														
9														
10.														
11														
12.														
13.														

08 02 424

Relinquished Sample Kit Date/Time:	Delivered Sample Kit to Lab Date/Time: 02-19-08 1550	Bottle #: 32 01 21
Accepted in lab:	Date/Time: 2-19-08 1600	

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-9217

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrooke	
WELL NUMBER: MW-1	SAMPLE ID: TG7100420001		SAMPLE DATE: 8/9/2007

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL DEPTH (ft): 18.00	STATIC DEPTH TO WATER (ft): 8.34	TOTAL WELL VOLUME (FT): 9.66

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 1.55

FIELD REMARKS:

PURGE METHOD: PERISTALTIC PUMP	PURGE INITIATED AT: 1100		PURGE ENDED AT: 1125		TOTAL VOL. PURGED (gal): 3.625	
TIME	1108	1113	1116	1120	1124	
VOL. PURGED (gal)	1.50 gal.	2.00 gal.	2.50 gal.	3.00 gal.	3.50 gal.	gal. gal.
CUMUL. VOL. PURGED (gal)	.50 gal.	.50 gal.	.50 gal.	.50 gal.	.50 gal.	gal. gal.
PURGE RATE (gpm)	.15 gpm.	.125 gpm.	.125 gpm.	.125 gpm.	.125 gpm.	gpm. gpm.
DEPTH TO WATER (ft)	10.32 ft.	10.24 ft.	10.27 ft.	10.29 ft.	10.31 ft.	ft. ft.
PH	5.76	5.73	5.73	5.73	5.71	
TEMP. DEGREE CEL.	26.7° C	26.7° C	26.8° C	26.8° C	26.9° C	°C °C
COND. (umhos)	284 (umhos)	279 (umhos)	276 (umhos)	276 (umhos)	276 (umhos)	(umhos) (umhos)
D.O. (mg/L)	1.23 (mg/L)	1.12 (mg/L)	0.94 (mg/L)	1.01 (mg/L)	1.00 (mg/L)	(mg/L) (mg/L)
TURBIDITY (NTUs)	7.91 (NTUs)	8.37 (NTUs)	7.80 (NTUs)	7.14 (NTUs)	7.37 (NTUs)	(NTUs) (NTUs)
COLOR	(Y) or N	(Y) or N	(Y) or N	(Y) or N	(Y) or N	Y or N Y or N
ODOR	(N) or N	(N) or N	(N) or N	(N) or N	(N) or N	Y or N Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.00; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): PERISTALTIC PUMP		SAMPLING INITIATED AT: 1125	SAMPLING ENDED AT: 1135
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y (N)		DUPLICATE: Y (N)

FIELD CONDITION CIRCLE ONE: CLEAR (CLOUDY) RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	70.5 =	4 =	
TW1-19N1	7 =	2D701-48	TW1-19D15	
TW1-19R1 Read	10 =	262 =	40 =	
		2D701-49		

SAMPLED BY (PRINT) / SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS
SAMPLER(S) SIGNATURE(S)

Advanced Environmental Laboratories
4019 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-9617

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrooke	
WELL NUMBER: MW-1	SAMPLE ID: [illegible]		SAMPLE DATE: 8/9/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C. DEPTH (ft): 18.0	STATIC DEPTH FROM T.O.C. TO WATER (ft): 5.64	TOTAL WELL VOLUME (FT): 12.36

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) x WELL CAPACITY = 2.01

FIELD REMARKS:

PURGE METHOD: PERISTALTIC PUMP	PURGE INITIATED AT: 1025		PURGE ENDED AT: 1054		TOTAL VOL. PURGED (gal): 3.25	
TIME	1029	1031	1037			
VOL. PURGED (gal)	2.63 gal.	2.50 gal.	3.00 gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	.50 gal.	.50 gal.	.50 gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	.25 gpm.	.25 gpm.	.25 gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	6.21 ft.	6.19 ft.	6.20 ft.	ft.	ft.	ft.	ft.
PH	4.55	4.94	4.80				
TEMP. DEGREE CEL.	23.7 °C	23.4 °C	23.4 °C	°C	°C	°C	°C
COND. (umhos)	851 (umhos)	851 (umhos)	848 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	0.34 (mg/L)	0.31 (mg/L)	0.31 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	1.62 (NTUs)	1.45 (NTUs)	1.10 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or (N)	Y or (N)	Y or (N)	Y or N	Y or N	Y or N	Y or N
ODOR	(Y) or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): PERISTALTIC PUMP		SAMPLING INITIATED AT: 1054	SAMPLING ENDED AT: 1137
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y		DUPLICATE: Y (N)
FIELD CONDITION CIRCLE ONE	CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	705 =	4 =	
TW1-19N1	7 =	2B0705-46	TW1-15Q3b	
TW1-19R1 Read 10 =		1413 =	40 =	
		2D701-49		

SAMPLED BY (PRINT): SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS
SAMPLER(S) SIGNATURE(S):

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)626-4137

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrooke	
WELL NUMBER: MW-3	SAMPLE ID: SS71004200103		SAMPLE DATE: 8/9/2007

PURGING DATA

WELL DIAMETER (in): 2	TOTAL WELL FROM T.O.C. DEPTH (ft): 16.0	STATIC DEPTH FROM T.O.C. TO WATER (ft): 11.31	TOTAL WELL VOLUME (FT): 4.65

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 0.75

FIELD REMARKS: Purged dry 4.65 actual 1st 30 gal.

PURGE METHOD: PERISTALTIC PUMP	PURGE INITIATED AT: 1141		PURGE ENDED AT: 1259 1401		TOTAL VOL. PURGED (gal): 3.0G	
TIME	1151	1155	1157	1159	1205	1210
VOL. PURGED (gal)	1.00 gal.	1.25 gal.	1.50 gal.	1.75 gal.	2.00 gal.	2.25 gal.	2.50 gal.
CUMUL. VOL. PURGED (gal)	.25 gal.	.50 gal.	.75 gal.	.50 gal.	.25 gal.	.50 gal.	.75 gal.
PURGE RATE (gpm)	.125 gpm.	.125 gpm.	.125 gpm.	.125 gpm.	.125 gpm.	.125 gpm.	.125 gpm.
DEPTH TO WATER (ft)	NA ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	6.80	6.71	6.74	6.71	6.75	6.57	6.55
TEMP. DEGREE CEL.	27.0 °C	27.1 °C	26.9 °C	26.9 °C	26.9 °C	26.5 °C	26.8 °C
COND (umhos)	564 (umhos)	564 (umhos)	563 (umhos)	564 (umhos)	564 (umhos)	562 (umhos)	561 (umhos)
D.O. (mg/L)	2.51 (mg/L)	2.24 (mg/L)	2.17 (mg/L)	3.08 (mg/L)	2.66 (mg/L)	2.71 (mg/L)	2.72 (mg/L)
TURBIDITY (NTUs)	63.3 (NTUs)	32.0 (NTUs)	33.7 (NTUs)	21.6 (NTUs)	22.7 (NTUs)	15.5 (NTUs)	14.11 (NTUs)
COLOR	Cloudy Y or N	Cloudy Y or N	Cloudy Y or N	Cloudy Y or N	Cloudy Y or N	Cloudy Y or N	Cloudy Y or N
ODOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or (N)	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" 90.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): PERISTALTIC PUMP		SAMPLING INITIATED AT: 1209	SAMPLING ENDED AT: 1210
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N		DUPLICATE: Y N
FIELD CONDITION CIRCLE ONE	CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =			
TW1-19N1	7 =	705 SB0705-44	4 = TW1-19Q2b	
TW1-18R1 Read 10 =		282 = UD701-49	40 =	

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS

SAMPLER'S SIGNATURE(S):

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-9617

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrooke	
WELL NUMBER: P2-8	SAMPLE ID: TO7080420005		SAMPLE DATE: 8/8/2007

PURGING DATA

WELL DIAMETER (IN.): 2	TOTAL WELL FROM T.O.C. DEPTH (ft):	STATIC DEPTH FROM T.O.C. TO WATER (ft):	TOTAL WELL VOLUME (FT):

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY =

FIELD REMARKS:

PURGE METHOD: PERISTALTIC PUMP	PURGE INITIATED AT:			PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME							
VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH							
TEMP. DEGREE CEL.	° C	° C	° C	° C	° C	° C	° C
COND. (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): PERISTALTIC PUMP		SAMPLING INITIATED AT:	SAMPLING ENDED AT: 1050
FIELD DECONTAMINATION: Y N	FIELD FILTERED: Y N		DUPLICATE: Y N
FIELD CONDITION CIRCLE ONE	CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-19M1	4 =	70.5 =	4 =	
TW1-19N1	7 =	CB0705-48	TW1-19Q2b	
TW1-19R1 Read 10		1413 =	40 =	
		20701-19		

SAMPLED BY (PRINT): SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS
SAMPLER(S) SIGNATURE(S):

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-9217

GROUNDWATER SAMPLING LOG

SITE NAME: Utilities Inc.		SITE LOCATION: Pennbrooke	
WELL NUMBER: PZ-24	SAMPLE ID: TO760420006		SAMPLE DATE: 8/8/2007

PURGING DATA

WELL DIAMETER (in.): 2	TOTAL WELL FROM T.O.C. DEPTH (ft):	STATIC DEPTH FROM T.O.C. TO WATER (ft):	TOTAL WELL VOLUME (FT):

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY =

FIELD REMARKS:

PURGE METHOD: PERISTALTIC PUMP		PURGE INITIATED AT:		PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME							
VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH							
TEMP. DEGREE CEL.	° C	° C	° C	° C	° C	° C	° C
COND. (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25" = 0.06; 2" = 0.16; 3" = 0.37; 4" = 0.65; 5" = 1.02; 6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): PERISTALTIC PUMP	SAMPLING INITIATED AT:	SAMPLING ENDED AT: 1041
FIELD DECONTAMINATION: Y N	FIELD-FILTERED: Y N	DUPLICATE: Y N
FIELD CONDITION CIRCLE ONE: CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	CONDUCTIVITY	TURBIDITY	DO
TW1-19M1	4 =	70.5 =	4 =	
TW1-19N1	7 =	2B0705-46	TW1-19Q26	
TW1-19R1 Read 10	=	282 =	40 =	
		2D701-49		

SAMPLED BY (PRINT): / SHANNON BEAMAN
AFFILIATION ADVANCED ENVIRONMENTAL LABS.
SAMPLER(S) SIGNATURE(S):

Advanced Environmental Lab, Inc.

Advanced Environmental Labs
9610 Princess Palm Ave
Tampa, FL 33619

Client: Utilities — Project name: Quarterly

Date Rcvd: 8/9/07 5:00 — Log-in request number: T070420

Received by: — Completed by:

Shipping Information:

☒ FED EX ☐ Client ☐ UPS ☐ Blue Streak ☐ Fed Ex ☐ Other (describe):

☒ Cooler ☐ Box ☐ Other (describe)

Temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler/Box ID:	7				
Temp (°C)	0				
Taken from:	☐ Temp blank ☒ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle
Temp measured with:	☒ IR gun (ID: 10K) ☐ Thermometer (ID):	☐ IR gun (ID: 10K) ☐ Thermometer (ID)	☐ IR gun (ID: 10K) ☐ Thermometer (ID):	☐ IR gun (ID: 10K) ☐ Thermometer (ID):	☐ IR gun (ID: 10K) ☐ Thermometer (ID)

Comments/Discrepancy Information:

Any discrepancies or discrepancies should be documented in the "Comments" section below.

CHECKLIST	YES	NO	NA
Were custody seals on shipping container(s) intact?			✓
Were custody papers properly included with samples?	✓		
Were custody papers properly filled out (ink, signed, match labels)?	✓		
Did all bottles arrive in good condition (unbroken)?	✓		
Were all bottle labels complete (sample #, date, signed, preservation, etc.)?	✓		
Did the sample labels agree with the chain of custody?	✓		
Were correct bottles used for the tests indicated?	✓		
Were proper sample preservation techniques noted on the label?	✓		
Were samples received within holding time?	✓		
Were all VOA vials checked for the presence of air bubbles?			✓
Are there air bubbles present in the VOA vials?			✓
Are samples in direct contact with wet ice? If "No" check one ☐ NO ICE ☐ BLUE ICE	✓		
Is the cooler temperature less than 6°C?	✓		
Were sample pHs checked and recorded by Sample control? NOTE: VOA samples are checked by laboratory analysts	✓		
Are the sample containers provided by AEL?	✓		■
Were samples accepted into the laboratory?	✓		

Comments

Advanced Environmental Laboratories, Inc.

Page ____ of ____

Utilities, Inc.	Quaterly
200 Weathersfield Ave.	
Altamonte Springs, FL 32714	Pennebrook
800-272-1919	
Scotty Rawls	S. BEAMAN
	Field Peramaters: pH, Con, Temp, Turb, DO

SAMPLE DESCRIPTION	Grab/Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT	Preserv	NO3 (250 ml Plastic) Ice	TDS/CL (500 ml Plastic) Ice	Turbidity (250 mL Plastic) Ice	Fecal (100 mL Plastic) T	Water depth			
MWB-1	G	8/9/07	1129	W	4		X	X	X	X				01
MWC-1	G		1037	W	4		X	X	X	X				02
MWC-3	G		1214	W	4		X	X	X	X				03
EQ BLANK	G		1019	W	4		X	X	X	X				04
PZ-8			1150		0						X			05
PZ-24			1014		0						X			06

Relinquished by:	Date	Time	Received by:	Date	Time
1	8/9/07				
2					
3					
4					

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date Nov. 2005
DEP Application No FLA010570

Florida Department of Environmental Protection
Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address 501 SR 44 West

City Leesburg FL. Zip 34748

Telephone Number (800) 272-1919

(2) The GMS Identification Number 333SP01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Alison McPhee

Address 200 Weathersfield Ave.

City Altamonte Springs FL. Zip 32714

Telephone Number (800) 272-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 12/10/07 Alison S. McPhee c6490

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # E84659

Analytical Lab Comp QAP # /HRS Certification # E84659

*Comp QAP # /HRS Certification #

Lab Name Advanced Environmental Laboratories, Inc.

Address 9610 Princess Palm Ave. Tampa, FL 33619

Phone Number (813) 630-9616

4/14/2003

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1205
Purged Before Sampling? (X) Yes ( ) No
Elevation: 75.0

Lab Sample ID: T0763517003
Test Site ID:
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-3

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft NGVD)	82545	Pump	N	N/A	Field	67.02		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	5.8 / mg/L		0.24 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	440 / mg/L		8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	84 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	6.82		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	4.2 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

10/19/2008 10:45 3527281005 FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 PENNBROOKE 08/19/2008 09:54 #003 P.012/023 PAGE 04

P12

Advanced Environmental Laboratories, Inc.
610 Princess Palm Avenue
Tampa, FL 33619

Groundwater

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1009
Purged Before Sampling? (X) Yes ( ) No
Elevation: 74.08

Parameter Monitored	Storet Code	Sampling Methods
Water Level (ft. NGVD)	82545	Pump
Nitrate (mg/L as N)	00620	Pump
TDS (mg/L)	70304	Pump
Chloride (mg/L)	00940	Pump
Fecal Coliform (# / 100mL)	311611	Pump
pH (Standard Units)	00406	Pump
Turbidity (NTU)	82079	Pump

Comments and Explanations: U= Not Detected Above The Detection Limit

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1009
Purged Before Sampling? (X) Yes ( ) No
Elevation: 74.08

Lab Sample ID: T0763517002
Test Site ID: 33638
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	71.54		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	280 / mg/L		8.0/ mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	110 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	4.9		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.35 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

08/19/2008 10:45 3527281005 FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 PENNBROOKE 08/19/2008 09:54 #008 P.011/023 PAGE 03

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Date Sampled Obtained: 10/15/2007 1110
Purged Before Sampling? (X) Yes ( ) No
Elevation: 78.13

Lab Sample ID: T0763517001
Test Site ID: 33637
Well Type: Background
Ground Water Class: G-II
Well Name: MWB-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	73.52		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	6.1 / mg/L		0.24 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	390 / mg/L		8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	38 / mg/L		3.6 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	5.9		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	3.2/ NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

0.10

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 10/19/2008 09:54 #008 P.010/023
08/15/2008 10:45 3527281005 PENNBROOKE PAGE 03

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: Oct. 2007 To: Dec. 2007
Data Sampled Obtained: 10/15/07 0951
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0763517004
Test Site ID: N/A
Well Type: N/A
Ground Water Class: N/A
Well Name: Equipment Blank

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft NGVD)	82545	Pump	N	N/A	Field	N/A		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	8.0 / mg/L	U	8.0 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	3.6 / mg/L	U	3.6/ mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	7.77		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.22 / NTU	I	0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

08/19/2008 10:45 3527281005 PENNBROOKE PAGE 01
From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 08/19/2008 09:55 #003 P.013/023

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-8
Well Type: Piezometer
Description: Piezometer PZ-8 Ponds WAFR # 43785 GMS # G-II

Monitoring Period From: To: OCT, 2007 to: DEC, 2007

Date Sample Obtained: 10-15-07

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.00 '	4.26'	72.73'	72.95 '

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: Piezometer PZ-24 Ponds WAFR # 43786 GMS # G-II

Monitoring Period From: To: OCT. 2007 to: DEC. 2007

Date Sample Obtained: 10-15-07

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	FARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66'	DRY	72.66'	70.56'

10/31/2005
COMMENTS AND EXPLANATION

DEP Form # 62-522.900(3)
Form Title Ground Water Monitoring Report
Effective Date Nov. 2006
DEP Application No FLA010570

Florida Department of Environmental Protection
Central District 3319 Maguire Blvd Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Pennbrooke Utilities, Inc./ Lake County

Address 501 SR 44 West

City Leesburg FL. Zip 34748

Telephone Number (800) 272-1919

(2) The GMS Identification Number 3035P01549

(3) DEP Permit Number FLA010570

(4) Authorized Representative Name Allson McPhee

Address 200 Weathersfield Ave.

City Altamonte Springs FL. Zip 32714

Telephone Number (800) 272-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 10/02/07

Allson S McPhee CGMP

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # E84859

Analytical Lab Comp QAP # /HRS Certification # E84859

*Comp QAP # /HRS Certification #

Lab Name Advanced Environmental Laboratories, Inc.

Address 9610 Princess Palm Ave. Tampa, FL 33619

Phone Number (813) 630-9616

4/14/2003

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pembrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 08/09/2007 1129
Purged Before Sampling? (X) Yes ( ) No

Elevation: 78.13

Lab Sample ID: T0760420001
Test Site ID: 33637
Well Type: Background
Ground Water Class: G-II
Well Name: MWB-1
Date Amended: 10/3/07

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	69.79 / ft		N/A / Ft
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	6.8 / mg/L		0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	200 / mg/L		8 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	23 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	31161	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	5.7		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	8.1 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit
* = Depth below top of casing

Advanced Environmental Laboratories, Inc.
9618 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 08/09/2007 1037
Purged Before Sampling? (X) Yes ( ) No

Elevation: 74.08

Lab Sample ID: T0760420002
Test Site ID: 33638
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-1
Date Amended: 10/2/07

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	68.64 / ft		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70300	Pump	N	4 deg. C	EPA 160.1	220 / mg/L		10 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	160 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	31616T	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	4.9		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	1.1 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit
*= Depth below top of casing

PAGE 24
10/17/2007 12:52 8136261030 L NEAL
10/17/2007 15:27 4078660951 UTILITIES INC OF FL PAGE 12/60

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 08/09/2007 1214
Purged Before Sampling? (X) Yes ( ) No
Elevation: 75

Lab Sample ID: T0760420003
Test Site ID:
Well Type: Compliance
Ground Water Class: G-II
Well Name: MWC-3
Date Amended: 10/3/07

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	72545	Pump	N	N/A	Field	63.69 / ft		N/A / FL
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM4500NO3F	3.2 / mg/L		0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	330 / mg/L		8 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	140 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	311611	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	6.55		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	4.3 / NTU		0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit
*= Depth below top of casing

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 05/07/07 1014
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0736262804
Test Site ID: N/A
Well Type: N/A
Ground Water Class: N/A
Well Name: Equipment Blank
Date Amended: 10/3/07

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	N/A		N/A / Ft.
Nitrate (mg/L as N)	00620	Pump	N	4 deg. C	SM 4500NO3F	0.047 / mg/L	U	0.047 / mg/L
TDS (mg/L)	70304	Pump	N	4 deg. C	EPA 160.1	8 / mg/L	U	8 / mg/L
Chloride (mg/L)	00940	Pump	N	4 deg. C	EPA 325.2	1.2 / mg/L	U	1.2 / mg/L
Fecal Coliform (# / 100mL)	31161	Pump	N	4 deg. C	SM 9222D	1 / #/100mL	U	1.0 cfu's
pH (Standard Units)	00406	Pump	N	N/A	Field	7.77		N/A
Turbidity (NTU)	82079	Pump	N	N/A	EPA 180.1	0.27 / NTU	I	0.13 / NTU

Comments and Explanations: U= Not Detected Above The Detection Limit

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: Piezometer PZ-8 Ponds WAFR # 43785 GMS # G-II

Monitoring Period From: To: JULY, 2007 to: SEPT. 2007

Date Sample Obtained: 08-09-2007

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.0 *	DRY	77.0*	72.95 *

10/31/2005
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: Pennbrooke Utilities, Inc.
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWP-24
Well Type: Piezometer
Description: Piezometer PZ-24
Ponds
WAFR # 43786
GMS # G-II

Monitoring Period From: To: JULY. 2007 to: SEPT. 2007

Date Sample Obtained: 08-09-2007

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66'	DRY	72.66'	70.56'

10/31/2005
COMMENTS AND EXPLANATION:

[illegible] Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part B (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 08/09/2007 1045
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0760420006
Test Site ID: 43786
Well Type: Piezometer
Ground Water Class: G-II
Well Name: PZ-24

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft NGVD)	82545	Pump	N	N/A	Field	DRY		N/A / FT.

Comments and Explanations

Advanced Environmental Laboratories, Inc.
5610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Pennbrooke Utilities)

Permit Number: FLA010570
Monitoring Period: From: July 2007 To: September 2007
Date Sampled Obtained: 08/09/2007 1050
Purged Before Sampling? (X) Yes ( ) No

Lab Sample ID: T0708420005
Test Site ID: 43785
Well Type: Piezometer
Ground Water Class: G-II
Well Name: PZ-8

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	82345	Pump	N	N/A	Field	DRY		N/A / Ft.

Comments and Explanations:

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (6)
PERMITS

Test Year Ended December 31, 2008

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

NOTICE OF PERMIT ISSUANCE

Sent via e-mail: p.c.flynn@utilitiesinc-usa.com

UTILITIES INC OF PENNBROOKE
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Lake County - DW
Pennbrooke WWTF
Wastewater Permit Application
File Number: FLA010570-006-DW2P

Dear Mr. Flynn:

Enclosed is Permit Number FLA010570 to operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

(a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
(b) A statement of how and when each petitioner received notice of the Department action;
(c) A statement of how each petitioner's substantial interests are affected by the Department action;
(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
(e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
(f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767
Phone: (407) 894-7555

Date: November 18, 2005

FILING AND ACKNOWLEDGMENT FILED, on this date, under Section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Therese Baldin
Clerk

Nov. 18, 2005
Date

CCF/trw/cs/ply

Enclosures: Permit and DMR

Copies furnished to:
Steve Romano, P.E. (via e-mail: sromano@cphengineers.com)
Compliance Section (via e-mail)
Groundwater Section (via e-mail)
Lake County Water Resource Management (via e-mail: ahewitt@co.lake.fl.us)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of business on November 18, 2005 to the listed persons, by _____.

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities Inc. of Pennbrooke

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

PERMIT NUMBER: FLA010570
PA FILE NUMBER: FLA010570-006-DW2P
ISSUANCE DATE: November 18, 2005
EXPIRATION DATE: November 17, 2010

FACILITY:

Pennbrooke WWTF
501 SR 44 West
Leesburg, FL 34748
Lake County
Latitude: 28° 49' 37" N Longitude: 81° 57' 12" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.180 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, aeration, secondary clarification, chemical feed, filtration, chlorination, and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.180 MGD AADF permitted capacity slow-rate public access system (R-001) consisting of irrigation of the golf course, landscape and common areas, with a total of 72.3 acres of irrigated area, and RIBs 3 & 4, with a wetted area of 2.4 acres and a capacity of 0.080 MGD AADF.

Land Application: An existing 0.030 MGD monthly average daily flow (MADF) permitted capacity rapid infiltration basin system (R-002). R-002 consists of two RIBs (Ponds 1 & 2) with a total wetted area of 0.75 acres, that are also used for reject water, located approximately at latitude 28° 49' 37" N, longitude 81° 57' 12" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 19 of this permit.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, total to public access irrigation system	MGD	Maximum	0.180	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-2	See Cond. I.A.3.
Flow, total to RIBs 3 and 4	MGD	Maximum	0.080	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-3	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFB-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal, % less than detection	Percent	Minimum	See Permit Condition I.A.4.				4 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				4 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-1	See Cond. I.A.5.
Turbidity	NTU	Maximum	See Permit Condition I.A.6.				Continuous	Meter	EFB-1	
Giardia	CYSTS/ 100 L	Maximum	-	-	-	Report	Five years	Filtered	EFA-1	
Cryptosporidium	OOCYSTS/ 100 L	Maximum	-	-	-	Report	Five years	Filtered	EFA-1	

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact tank effluent
EFB-1	Filter effluent prior to chlorination
FLW-2	Elapsed time meter pumps at the reuse water pump station
FLW-3	In line propeller meter to RIBs

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(5)(f)]*

5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. *[62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]*

6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. *[62-610.463(2)]*

7. 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-002. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			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	-	0.030	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-3	See Cond. I.A.9.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.10.				Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.11.
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	See Cond. I.A.12.

8. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 7. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact tank effluent
FLW-3	In line propeller meter to RIBs

9. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

10. 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)]*

11. 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)]*

12. Nitrate nitrogen (NO_3) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. *[62-610.510, 8-8-99]*

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, total through treatment plant	MGD	Maximum	0.180	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond. I.B.4.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Solids, Total Suspended	mg/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	Percent	Maximum	-	Report	-	-	Monthly	Calculated	FLW-1	

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Elapsed time meter pumps at the headworks lift station
INF-1	Raw influent to splitter box

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. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to the following permitted alternate discharge system: RIBs # 1 and # 2. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. *[62-610.320(6) and 62-610.463(2)]*

6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. *[62-610.463(2) & .865(8)(d)]*

7. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. *[62-610.463(4)]*

8. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *[62-620.320(6)]*

9. 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)]*

10. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	First day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 14 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

11. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by March 1 of each year. *[62-601.300(4)][62-601.500(3)]*

12. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*

13. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5)]*

14. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

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

    Phone Number - (407) 894-7555
    FAX Number - (407) 897-2966
    All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Central Process RMF or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility
1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility
1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Construction Requirements

1. The new ground water monitoring well shall be installed within 90 days of the Department's issuance of this permit.
2. The permittee shall give at least 72-hours notice to the Department's Central District Ground Water Section, prior to the installation of the new monitoring well detailed below. [62-4.070]
3. The monitoring well shall be constructed per the proposed well construction drawing as approved by the Department.
4. Prior to construction of the new ground water monitoring well, a soil boring shall be made at the monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
5. Within 30 days after installation of the new monitoring well, the permittee shall submit to the Department's Central District Ground Water Section detailed information on the well's location and construction on the attached DEP Form 62-522.900(3), Monitor Well Completion Report. [62-522.600]

Operational Requirements

6. All ground water quality standards including the minimum criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. *[62-520.200(23)][62-522.400 and 62-522.410]*
7. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. *[62-522.600][62-610.510]*
8. The following monitoring wells and piezometers shall be sampled quarterly. Sampling must be reasonably spaced to be representative of potentially changing conditions.

Facility MW Name	Permit Builder MW ID	WAFR ID/#	Well Type	Depth (Feet)	Aquifer Monitored	New or Existing
Pond Site						
MWB-1	MWB-1	33637	Background	10	Surficial	Existing
MWC-1	MWC-1	33638	Compliance	10	Surficial	Existing
PZ-8	MWP-8	43785	Piezometer	10	Surficial	Existing
PZ-24	MWP-24	43786	Piezometer	10	Surficial	Existing
Golf Course Holding Pond						
MWC-3*	MWC-3	69507	Compliance	--	Surficial	New

MWB = Background; MWC = Compliance; MWP = Piezometer
*MWC-2 is closed.

[62-522.600][62-610.510(3)]

9. For piezometers, monitoring and reporting is required only for water level information. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 8:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to Feet, NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Turbidity	Report	NTU	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

10. If the concentration for any constituent listed in Permit Condition III. 9. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. *[62-520.420(2)]*

11. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (Feet, NGVD) at a precision of plus or minus 0.1 foot. *[62-610.510(3)(b)]*

12. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5)]*

13. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Central District, Ground Water Section as being more representative of ground water conditions. *[62-520.300(9)]*

14. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

15. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). A completed Certification Page shall accompany each quarter of monitoring data. For reuse or land application projects, the quarterly ground water monitoring results shall be submitted with the DMR as shown in the following schedule. *[62-4.070(3)] [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]*

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

16. If any monitoring well becomes damaged or cannot be sampled for any reason, the permittee shall notify the Department's Central District, Ground Water Section within 24 hours of the permittee becoming aware of the situation and shall follow with a written report within seven days that details the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Central District, Ground Water Section. *[62-522.600][62-4.070(3)]*

17. The Permittee shall provide verbal notice to the Department's Central District, Ground Water Section as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District, Ground Water Section in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. Cross-connections to the potable water system are prohibited. *[62-610.469(7)]*

2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7)]*

3. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. *[62-610.469(7)(h)]*

4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:

   a. Immediately discontinue potable water and/or reclaimed water service to the affected area.

   b. If the potable water system is contaminated, clear the potable water lines.

   c. Eliminate the cross-connection.

   d. Test the affected area for other possible cross-connections.

   e. Within 24 hours, notify the Central District Office's domestic wastewater and drinking water programs.

   f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. *[62-555.350(3) and 62-555.360][62-620.610(20)]*

5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*

6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*

7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*

8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*

9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*

10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*

11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*

12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468 & 62-610.469]*

13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*

14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 & 62-610.464]*

15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

16. Reclaimed water may be released to the system storage or reuse system during periods when the operator is not in attendance, as long as all automatic monitoring, diversion and notification are in operation, in compliance with the approved operating protocol. *[62-610.462(2)]*

Part IV Rapid Infiltration Basins (R-002)

17. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*

18. The annual average hydraulic loading rate to the two RIBs used for reject water with a total wetted area of 0.7 acres shall be limited to a maximum of 1.6 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*

19. The two RIBs used for reject water with a total wetted area of 0.7 acres normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*

20. 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)]*

21. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*

22. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

   A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, 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 at 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 were 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 were 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. The modified portions of the existing Part III reuse system shall not be placed in service for any purpose without written approval from the Department. For projects identified in the permit as being constructed in phases, written permission is only required for the first phase. Application for approval shall be made to the Department on DEP Form 62-610.300(4)(a)3, Application for Permission to Place a Public Access Reuse System in Operation. *[62-610.800(7)]*

2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. *[62-620.630(7)]*

3. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

4. 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)]*

5. 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)]*

6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or

   e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

   [62-604.130(5)]

9. 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)]*

10. 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)]*

11. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

12. 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(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

    d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

    e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

    f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

    [62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

    a. The following shall be included as information which must be reported within 24 hours under this condition:

        1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

        2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

Date: November 18, 2005

Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

PATHOGEN MONITORING

Part I - Instructions

1. Completion of this report is required for all domestic wastewater facilities that provide reclaimed water to one or more reuse activities that require high-level disinfection. The schedule for sampling and reporting are contained in the permit for the facility.

2. Submit one copy to each of the following addresses:

   a. The appropriate DEP district office (attention Domestic Wastewater Program).

   b. DEP Reuse Coordinator
   Mail Station 3540
   2600 Blair Stone Road
   Tallahassee, Florida 32399-2400

3. Please type or print legibly.

4. In Part II, Items 6 through 10 need to be completed only if this is the first submittal of this report, or if the information in Items 6 through 10 has changed since the last submittal.

5. Part III - The Pathogen Monitoring Report is to be submitted when sampling for pathogens at the treatment plant. Part III is also to be used when sampling for pathogens in a supplemental water supply (see Rule 62-610.472, F.A.C

6. For each sample, record the sample volume obtained in liters.

7. For Giardia, record the concentrations in cysts per 100 liters. For Cryptosporidium, record the concentrations in oocysts per 100 liters. If an observation is less than the detection limit, make an entry in the form "<2" (where 2 per 100 liters is the detection limit in this example). The actual detection limit will be dictated by the volumes of sample obtained, filtered, and processed.

8. When sampling at the treatment facility, obtain a grab sample for total suspended solids (TSS) that is representative of the water leaving the filters at the treatment facility during the period when pathogen samples are being obtained. In addition, record the highest turbidity and the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

9. When sampling a supplemental water supply, obtain a grab sample for total suspended solids (TSS) that is representative of the surface water or treated stormwater as it is added to the reclaimed water system. This TSS sample shall be taken during the period when pathogen samples are being obtained. In addition, record the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

10. You must report data for total cysts of Giardia and for total oocysts of Cryptosporidium. Sufficient sample volumes shall be collected and processed such that the detection limit is no greater than 10 cysts or oocysts per 100 liters. Detection levels on the order of 1 cyst or oocyst per 100 liters are desirable.

11. In addition, you may choose to examine any detected cysts and/or oocysts for internal structure and report concentrations of viable cysts and oocysts. Reporting of viable cysts and oocysts is voluntary, but if done, shall be in addition to the reporting of total cysts and total oocysts. If you choose to report viable cysts and viable oocysts, attach a summary of the method used to differentiate between viable and nonviable cysts and oocysts.

Part II - General Information

1. DEP wastewater facility identification FLA 0 1 0 5 7 0

2. Person Completing This Form

   Name _____

   Telephone _____

3. Sampling and Analysis:

   Organization collecting the samples: _____

   Date samples delivered to laboratory: _____

   Laboratory doing the analysis: _____

   Date analytical work was done: _____

4. Is this the first time that this form has been submitted for the facility?

   ☐ Yes [Please complete Questions 6 through 10.]

   ☐ No [Proceed to Question 5.]

5. Has the information requested in Questions 6 through 10 (below) changed since the last submittal of this form?

   ☐ Yes [Please complete Questions 6 through 10.]

   ☐ No [Proceed to Part III of this form. You do not need to complete Questions 6 through 10.]

6. Type of secondary treatment system:

   ☐ Conventional activated sludge ☐ Extended aeration

   ☐ Contact stabilization ☐ Biological nutrient removal (such as Bardenpho)

   ☐ Other: _____

7. Does this treatment facility nitrify (convert ammonia nitrogen to nitrate)? ☐ Yes ☐ No

8. Filter type:

☐ Deep bed, single media ☐ Deep bed, multiple media

☐ Shallow bed, automatic backwash ☐ Upflow (including Dynasand)

☐ Slow rate sand filter ☐ Diatomaceous earth filter

☐ Fabric filter ☐ Cartridge filter

☐ Other: _____

9. Filter Media (complete for each type of media provided):

Top layer of media:

Media type: _____

Effective size: _____ mm

Uniformity coefficient: _____

Bed depth: _____ inches

Middle layer of media:

Media type: _____

Effective size: _____ mm

Uniformity coefficient: _____

Bed depth: _____ inches

Bottom layer of media:

Media type: _____

Effective size: _____ mm

Uniformity coefficient: _____

Bed depth: _____ inches

10. Disinfection system:

☐ Chlorination, gas ☐ Chlorination, other _____

☐ Ultraviolet ☐ Ozone

☐ Other: _____

PART III - PATHOGEN MONITORING REPORT

PERMITTEE NAME: Utilities Inc. of Pennbrooke
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714
FACILITY: Pennbrooke WWTF
LOCATION: Leesburg, FL 34748

PERMIT NUMBER: FLA010570
DATE OF SAMPLING:
FACILITY ID: FLA010570
REUSE SYSTEM: R-001

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No.				
Turbidity PARM Code 00070 EFB-1				NTU
TSS PARM Code 00530 EFB-1				mg/L
Treatment Plant: After Disinfection Monitoring Site No.				
Total Chlorine Residual PARM Code 50060 EFA-1				mg/L
Volume Collected PARM Code 71994 EFA-1		Liters		
Giardia (total count) * PARM Code GIARD EFA-1				total cysts/100 L
Giardia (viable cysts) ** PARM Code VGIAR EFA-1				viable cysts/100 L
Cryptosporidium (total count) * PARM Code CRYPT EFA-1				total oocysts/100 L
Cryptosporidium (viable oocysts) ** PARM Code VCRYP EFA-1				viable oocysts/100 L
Supplemental Water Supply After Treatment & Disinfection Monitoring Site No.				
TSS PARM Code 00530				mg/L
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
Giardia (total count) * PARM Code GIARD				total cysts/100 L
Giardia (viable cysts) ** PARM Code VGIAR				viable cysts/100 L
Cryptosporidium (total count) * PARM Code CRYPT				total oocysts/100 L
Cryptosporidium (viable oocysts) ** PARM Code VCRYP				viable oocysts/100 L

Notes: * Data entries must be made for total cysts and total oocysts.

** The permittee also may analyze and report for viable cysts and viable oocysts (in addition to total cysts and oocysts). If viable cysts and oocysts are reported, you must attach a summary of the method used to differentiate between viable and nonviable cysts and oocysts.

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

Name/Title of Principle Executive Officer or Authorized Agent (Type or Print)	Signature of Principle Executive Officer or Authorized Agent	Telephone No.	Date (YY/MM/DD)

FDEP MONITORING WELL COMPLETION REPORT

FACILITY NAME / COUNTY: **Pennbrooke WWTF / Lake County**

FDEP PERMIT NUMBER: FLA010570 GMS# Site Number: 3035P01549

FDEP WELL NUMBER: WAFR # 69507 WELL NAME: MWC-3 GC Holding Pond

AQUIFER MONITORED: Surficial WELL TYPE: Compliance

DATE INSTALLED: _____ DRILLING METHOD: _____

INSTALLED BY: _____

HOLE DIAMETER: _____ TOTAL DEPTH: _____ BLS**

CASING TYPE: _____ CASING DIAMETER / LENGTH: _____

SCREEN TYPE: _____ SCREEN SLOT SIZE / LENGTH: _____

FILTER PACK TYPE / SIZE: _____ INTERVAL: _____ to _____ BLS

SEALANT TYPE: _____ INTERVAL: _____ to _____ BLS

GROUT TYPE: _____ INTERVAL: _____ to _____ BLS

WELL MEASURING POINT: _____ ELEVATION (NGVD): _____

GROUND SURFACE ELEVATION (NGVD): _____

STATIC WATER LEVEL ELEVATION (NGVD): _____

WELL LATITUDE AND LONGITUDE: _____

DESCRIBE WELL DEVELOPMENT (METHOD, APPROXIMATE VOLUME REMOVED, FINAL WATER CLARITY, PROBLEMS?):

_____

_____

NAME / TITLE OF PERSON PREPARING REPORT: _____

ATTACH AS-BUILT MONITORING WELL CONSTRUCTION DIAGRAM AND LITHOLOGIC LOG FOR THIS INDIVIDUAL WELL.

** BLS = Below Land Surface.

DEP Form 62-522.900(3)
10/31/2005



Pennbrooke WWTF--MWC-3 Golf Course Holding Pond
Lake County
10/31/2005

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (7)
NOTICES

Test Year Ended December 31, 2008

NONE

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (8)
FIELD EMPLOYEES

Test Year Ended December 31, 2008

Employee	Job Title
Anderson, Daniel	Operator
Blasco, Christopher	Meter Reader
Bonagura, John	Business Manager
Carver, Nathaniel	Project Manager
Durham, Rick	Regional Vice President
Eubanks, Brian	Operator
Flynn, Patrick	Regional Director
Gentilucci, Domenic	Area Manager
Gongre, Bryan	Regional Manager
Haws, Scotty	Safety Manager
McPhee, Allson	Lead Operator
Overton, Michael	Field Technician
Parrish, Raymond	Operator
Richardson, James	Field Technician
Schwades, Charles	Area Manager
Smith, Donald	Field Technician
White, Ronald	Field Supervisor

** Allocation method for all employees is based on ERCs. Employee salary allocations by employee are attached. Please note Patrick Flynn's salary allocation is based off the FL ERC count, and John Bonagura's, Scotty Haws's, and Rick Durham's salary allocations are based off the FL and South ERC Count.*

Duties and Responsibilities

a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.

b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.

c) Submit complete, accurate and timely periodic plant operating reports.

d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.

e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.

f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.

g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.

h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.

i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

Rick Durham, Regional Vice President: Position is responsible for directing the safe, efficient and profitable operation of the company's assets.

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. Mike Wilson oversees the day-to-day operations within the West Coast, North and South Florida areas.

Nathaniel Carver, Project Manager: Manages all capital projects, inspects and monitors any developer activities or line extensions within the system.

Haws, Scotty, Safety and Compliance Manager: Assists the Regional Directors and Regional Managers in maintaining compliance and safe work practices while also acting as liaison to the Corporate Compliance and Safety Coordinator. This also includes staying abreast of the latest rules and regulations and updating and implementing current and future sampling plans as required by the states and EPA.

John Bonagura, Business Manager: Directs the budgeting process and five year capital planning process, performs variance analysis for budgeted, forecasted, and actual items, prepares monthly spending and budgeting reports, and helps operations maintain maintenance tracking schedules

	A	B	C	D	E	F	G
1	**ERC COUNT 12/08**						w/p d-3
2	**FLORIDA FIELD EMPLOYEES**						
3							
4							
5							
6	**Neal, William**	**System**			**ERC Count (1)**	**Percentage to Total**	
7	241100	Tierra Verde		S	2,093.2	14.07%	14.07%
8							
9	248100	Cypress Lakes	W		1,247.0	8.38%	
10	248101	Cypress Lakes		S	1,145.5	7.70%	16.09%
11							
12	250100	Mid-County		S	3,355.0	22.56%	22.56%
13							
14		Utilities, Inc. of Florida					
15	252106	Orangewood	W		1,788.3	12.02%	
16	252107	Orangewood		S	162.0	1.09%	
17	252125	Summertree	W		1,225.0	8.24%	
18	252126	Summertree		S	1,023.0	6.88%	
19	252128	Lake Tarpon	W		433.3	2.91%	31.14%
20							
21	257100	Bayside	W		242.0	1.63%	
22	257101	Bayside		S	241.0	1.62%	3.25%
23							
24	259100	Labrador	W		781.1	5.25%	
25	259101	Labrador		S	760.7	5.12%	10.37%
26							
27	262100	Sandy Creek	W		203.8	1.37%	
28	262101	Sandy Creek		S	171.0	1.15%	2.52%
29							
30					14,871.9	100.00%	100.00%
31							
32	**Finehirsh, Jeffrey**	**System**			**ERC Count (1)**	**Percentage to Total**	
33	241100	Tierra Verde		S	2,093.2	31.13%	31.13%
34							
35		Utilities, Inc. of Florida					
36	252106	Orangewood	W		1,788.3	26.59%	
37	252107	Orangewood		S	162.0	2.41%	
38	252125	Summertree	W		1,225.0	18.22%	
39	252126	Summertree		S	1,023.0	15.21%	
40	252128	Lake Tarpon	W		433.3	6.44%	68.87%
41							
42					6,724.8	100.00%	100.00%
43							
44	**Stewart, Malcolm**	**System**			**ERC Count (1)**	**Percentage to Total**	
45	242100	Lake Placid	W		130.7	3.39%	
46	242101	Lake Placid		S	130.7	3.39%	6.78%
47							
48	249100	Eagle Ridge		S	1,602.6	41.56%	
49	249101	Eagle Ridge		S	908.0	23.55%	65.11%
50							
51	256100	Sandalhaven		S	1,083.9	28.11%	28.11%

	A	B	C	D	E	F	G
52							
53					3,855.9	100.00%	100.00%
54							
55	**Chard, Ronald**	**System**			**ERC Count (1)**	**Percentage to Total**	
56	242100	Lake Placid	W		130.7	0.71%	
57	242101	Lake Placid		S	130.7	0.71%	1.42%
58							
59	248100	Cypress Lakes	W		1,247.0	6.78%	
60	248101	Cypress Lakes		S	1,145.5	6.23%	13.01%
61							
62	249100	Eagle Ridge		S	1,602.6	8.71%	
63	249101	Eagle Ridge		S	908.0	4.94%	13.65%
64							
65	250100	Mid-County		S	3,355.0	18.24%	18.24%
66							
67		Utilities, Inc. of Florida					
68	252106	Orangewood	W		1,788.3	9.72%	
69	252107	Orangewood		S	162.0	0.88%	
70	252125	Summertree	W		1,225.0	6.66%	
71	252126	Summertree		S	1,023.0	5.56%	
72	252128	Lake Tarpon	W		433.3	2.36%	25.18%
73							
74	253101	Miles Grant	W		1,104.7	6.01%	
75	253102	Miles Grant		S	1,030.2	5.60%	11.61%
76							
77	256100	Sandalhaven		S	1,083.9	5.89%	5.89%
78							
79	257100	Bayside	W		242.0	1.32%	
80	257101	Bayside		S	241.0	1.31%	2.63%
81							
82	259100	Labrador	W		781.1	4.25%	
83	259101	Labrador		S	760.7	4.14%	8.38%
84							
85					18,394.7	100.00%	100.00%
86							
87	**Wilson, Michael**	**System**			**ERC Count (1)**	**Percentage to Total**	
88	242100	Lake Placid	W		130.7	0.68%	
89	242101	Lake Placid		S	130.7	0.68%	1.37%
90							
91	248100	Cypress Lakes	W		1,247.0	6.52%	
92	248101	Cypress Lakes		S	1,145.5	5.99%	12.51%
93							
94	249100	Eagle Ridge		S	1,602.6	8.38%	
95	249101	Eagle Ridge		S	908.0	4.75%	13.12%
96							
97	250100	Mid-County		S	3,355.0	17.54%	17.54%
98							
99		Utilities, Inc. of Florida					
100	252106	Orangewood	W		1,788.3	9.35%	
101	252107	Orangewood		S	162.0	0.85%	
102	252125	Summertree	W		1,225.0	6.40%	

	A	B	C	D	E	F	G
103	252126	Summertree		S	1,023.0	5.35%	
104	252128	Lake Tarpon	W		433.3	2.26%	24.21%
105							
106	253101	Miles Grant	W		1,104.7	5.77%	
107	253102	Miles Grant		S	1,030.2	5.38%	11.16%
108							
109	256100	Sandalhaven		S	1,083.9	5.67%	5.67%
110							
111	257100	Bayside	W		242.0	1.26%	
112	257101	Bayside		S	241.0	1.26%	2.52%
113							
114	259100	Labrador	W		781.1	4.08%	
115	259101	Labrador		S	760.7	3.98%	8.06%
116							
117	261100	Hutchinson Island	W		195.2	1.02%	
118	261101	Hutchinson Island		S	167.2	0.87%	1.89%
119							
120	262100	Sandy Creek	W		203.8	1.07%	
121	262101	Sandy Creek		S	171.0	0.89%	1.96%
122							
123					19,131.9	100.00%	100.00%
124							
125	**Worrell, David**	**System**			**ERC Count (1)**	**Percentage to Total**	
126	241100	Tierra Verde		S	2,093.2	20.77%	20.77%
127							
128	250100	Mid-County		S	3,355.0	33.28%	33.28%
129							
130		Utilities, Inc. of Florida					
131	252106	Orangewood	W		1,788.3	17.74%	
132	252107	Orangewood		S	162.0	1.61%	
133	252125	Summertree	W		1,225.0	12.15%	
134	252126	Summertree		S	1,023.0	10.15%	
135	252128	Lake Tarpon	W		433.3	4.30%	45.95%
136							
137					10,079.8	100.00%	100.00%
138							
139	**Anderson, Daniel**	**System**			**ERC Count (1)**	**Percentage to Total**	
140		Utilities, Inc. of Florida					
141	252129	Golden Hills	W		532.1	16.01%	
142	252130	Golden Hills		S	78.8	2.37%	18.38%
143							
144	260100	Pennbrooke	W		1,465.0	44.09%	
145	260101	Pennbrooke		S	1,247.0	37.53%	81.62%
146							
147					3,322.9	100.00%	100.00%
148							
149	**Bailey, Alan**	**System**			**ERC Count (1)**	**Percentage to Total**	
150	**Brown, Donna**						
151	**Finch, Allan**						
152	**Keys, Eugene**						
153	**Lorenzo, Alexander**						

	A		B	C	D	E	F	G
154	Swegheimer, James							
155	Tzareff, Paul							
156		255100	Sanlando	W		11,797.7	56.29%	
157		255101	Sanlando		S	9,158.0	43.69%	
158		255102	Sanlando		R	4.0	0.02%	100.00%
159								
160						20,959.7	100.00%	100.00%
161								
162	Blasco, Christopher		System			ERC Count (1)	Percentage to Total	
163	Richardson, James							
164	Schwades, Charles							
165	Smith, Donald							
166	White, Donald							
167			LUSI					
168		251100	Four Lakes	W		66.0	0.42%	
169		251101	Lake Saunders	W		43.0	0.27%	
170		251102	South	W		3,065.1	19.29%	
171		251103	South		S	2,966.8	18.67%	
172		251106	North	W		5,684.5	35.77%	74.42%
173								
174			Utilities, Inc. of Florida					
175		252129	Golden Hills	W		532.1	3.35%	
176		252130	Golden Hills		S	78.8	0.50%	3.84%
177								
178		254101	ACME	N	R	742.5	4.67%	4.67%
179								
180		260100	Pennbrooke	W		1,465.0	9.22%	
181		260101	Pennbrooke		S	1,247.0	7.85%	17.07%
182								
183						15,890.8	100.00%	100.00%
184								
185	Callahan, Robert		System			ERC Count (1)	Percentage to Total	
186	Cooper, Robert							
187	Ebert, Shawn							
188	Galarza, Richard							
189	Hollister, Jimmie							
190	Leard, Mark							
191	Learned, Scott							
192	Marinelli, John							
193	Morrell, Matthew							
194	Pennington, Jonathan							
195	Pinder, Jeffrey							
196	Shue, Mickey							
197	Wright, Thomas							
198		245100	Alafaya		S	7,545.9	21.16%	
199		245101	Alafaya		R	1,065.0	2.99%	24.15%
200								
201		246100	Longwood		S	1,745.0	4.89%	4.89%
202								
203			Utilities, Inc. of Florida					
204		252110	Weathersfield	W		1,174.0	3.29%	

	A		B	C	D	E	F	G
205		252111	Weathersfield		S	1,160.5	3.25%	
206		252113	Oakland Shores	W		225.5	0.63%	
207		252114	Little Wekiva	W		61.0	0.17%	
208		252115	Park Ridge	W		102.0	0.29%	
209		252116	Phillips	W		77.0	0.22%	
210		252117	Crystal Lake	W		171.0	0.48%	
211		252118	Ravenna Park	W		345.0	0.97%	
212		252119	Ravenna Park		S	245.0	0.69%	
213		252121	Bear Lake Manor	W		224.5	0.63%	
214		252122	Jansen	W		250.5	0.70%	
215		252123	Crescent Heights	W		260.5	0.73%	
216		252124	Davis Shores	W		43.0	0.12%	12.17%
217								
218		255100	Sanlando	W		11,797.7	33.09%	
219		255101	Sanlando		S	9,158.0	25.68%	
220		255102	Sanlando		R	4.0	0.01%	58.78%
221								
222						35,655.1	100.00%	100.00%
223								
224	**Cardinal, Anthony**		**System**			**ERC Count (1)**	**Percentage to Total**	
225	**Habery, Stephen**							
226	**Schneider, Keith**							
227			*Utilities, Inc. of Florida*					
228		252106	Orangewood	W		1,788.3	38.61%	
229		252107	Orangewood		S	162.0	3.50%	
230		252125	Summertree	W		1,225.0	26.45%	
231		252126	Summertree		S	1,023.0	22.09%	
232		252128	Lake Tarpon	W		433.3	9.36%	100.00%
233								
234						4,631.6	100.00%	100.00%
235								
236	**Carver, Nathaniel**		**System**			**ERC Count (1)**	**Percentage to Total**	
237		245100	Alafaya		S	7,545.9	14.85%	
238		245101	Alafaya		R	1,065.0	2.10%	16.95%
239								
240		246100	Longwood		S	1,745.0	3.43%	3.43%
241								
242			LUSI					
243		251100	*Four Lakes*	W		66.0	0.13%	
244		251101	Lake Saunders	W		43.0	0.08%	
245		251102	South	W		3,065.1	6.03%	
246		251103	South		S	2,966.8	5.84%	
247		251106	North	W		5,684.5	11.19%	23.28%
248								
249			Utilities, Inc. of Florida					
250		252110	Weathersfield	W		1,174.0	2.31%	
251		252111	Weathersfield		S	1,160.5	2.28%	
252		252113	Oakland Shores	W		225.5	0.44%	
253		252114	Little Wekiva	W		61.0	0.12%	
254		252115	Park Ridge	W		102.0	0.20%	
255		252116	Phillips	W		77.0	0.15%	

	A		B	C	D	E	F	G
256		252117	Crystal Lake	W		171.0	0.34%	
257		252118	Ravenna Park	W		345.0	0.68%	
258		252119	Ravenna Park		S	245.0	0.48%	
259		252121	Bear Lake Manor	W		224.5	0.44%	
260		252122	Jansen	W		250.5	0.49%	
261		252123	Crescent Heights	W		260.5	0.51%	
262		252124	Davis Shores	W		43.0	0.08%	
263		252129	Golden Hills	W		532.1	1.05%	
264		252130	Golden Hills		S	78.8	0.16%	9.74%
265								
266		255100	Sanlando	W		11,797.7	23.22%	
267		255101	Sanlando		S	9,158.0	18.03%	
268		255102	Sanlando		R	4.0	0.01%	41.26%
269								
270		260100	Pennbrooke	W		1,465.0	2.88%	
271		260101	Pennbrooke		S	1,247.0	2.45%	5.34%
272								
273						50,803.4	100.00%	100.00%
274								
275	**Coffee Jr, John**		**System**			**ERC Count (1)**	**Percentage to Total**	
276			Utilities, Inc. of Florida					
277		252110	Weathersfield	W		1,174.0	4.64%	
278		252111	Weathersfield		S	1,160.5	4.59%	
279		252113	Oakland Shores	W		225.5	0.89%	
280		252114	Little Wekiva	W		61.0	0.24%	
281		252115	Park Ridge	W		102.0	0.40%	
282		252116	Phillips	W		77.0	0.30%	
283		252117	Crystal Lake	W		171.0	0.68%	
284		252118	Ravenna Park	W		345.0	1.36%	
285		252119	Ravenna Park		S	245.0	0.97%	
286		252121	Bear Lake Manor	W		224.5	0.89%	
287		252122	Jansen	W		250.5	0.99%	
288		252123	Crescent Heights	W		260.5	1.03%	
289		252124	Davis Shores	W		43.0	0.17%	17.15%
290								
291		255100	Sanlando	W		11,797.7	46.63%	
292		255101	Sanlando		S	9,158.0	36.20%	
293		255102	Sanlando		R	4.0	0.02%	82.85%
294								
295						25,299.2	100.00%	100.00%
296								
297	**Eubanks, Brian**		**System**			**ERC Count (1)**	**Percentage to Total**	
298			LUSI					
299		251100	Four Lakes	W		66.0	0.44%	
300		251101	Lake Saunders	W		43.0	0.28%	
301		251102	South	W		3,065.1	20.23%	
302		251103	South		S	2,966.8	19.59%	
303		251106	North	W		5,684.5	37.53%	78.06%
304								
305			Utilities, Inc. of Florida					
306		252129	Golden Hills	W		532.1	3.51%	

	A	B	C	D	E	F	G
307	252130	Golden Hills		S	78.8	0.52%	4.03%
308							
309	260100	Pennbrooke	W		1,465.0	9.67%	
310	260101	Pennbrooke		S	1,247.0	8.23%	17.90%
311							
312					15,148.3	100.00%	100.00%
313							
314	**Gentilucci, Domenic**	**System**			**ERC Count (1)**	**Percentage to Total**	
315	245100	Alafaya		S	7,545.9	16.60%	
316	245101	Alafaya		R	1,065.0	2.34%	18.94%
317							
318		LUSI					
319	251100	Four Lakes	W		66.0	0.15%	
320	251101	Lake Saunders	W		43.0	0.09%	
321	251102	South	W		3,065.1	6.74%	
322	251103	South		S	2,966.8	6.53%	
323	251106	North	W		5,684.5	12.50%	26.01%
324							
325		Utilities, Inc. of Florida					
326	252129	Golden Hills	W		532.1	1.17%	
327	252130	Golden Hills		S	78.8	0.17%	1.34%
328							
329	255100	Sanlando	W		11,797.7	25.95%	
330	255101	Sanlando		S	9,158.0	20.14%	
331	255102	Sanlando		R	4.0	0.01%	46.10%
332							
333	254101	ACME	N	R	742.5	1.63%	1.63%
334							
335	*260100*	*Pennbrooke*	W		1,465.0	3.22%	
336	260101	Pennbrooke		S	1,247.0	2.74%	5.97%
337							
338					45,461.4	100.00%	100.00%
339							
340	**Gongre, Brian**	**System**			**ERC Count (1)**	**Percentage to Total**	
341	245100	Alafaya		S	7,545.9	14.64%	
342	245101	Alafaya		R	1,065.0	2.07%	16.71%
343							
344	246100	Longwood		S	1,745.0	3.39%	3.39%
345							
346		LUSI					
347	251100	Four Lakes	W		66.0	0.13%	
348	251101	Lake Saunders	W		43.0	0.08%	
349	251102	South	W		3,065.1	5.95%	
350	251103	South		S	2,966.8	5.76%	
351	251106	North	W		5,684.5	11.03%	22.94%
352							
353		Utilities, Inc. of Florida					
354	252110	Weathersfield	W		1,174.0	2.28%	
355	252111	Weathersfield		S	1,160.5	2.25%	
356	252113	Oakland Shores	W		225.5	0.44%	
357	252114	Little Wekiva	W		61.0	0.12%	

	A		B	C	D	E	F	G
358		252115	Park Ridge	W		102.0	0.20%	
359		252116	Phillips	W		77.0	0.15%	
360		252117	Crystal Lake	W		171.0	0.33%	
361		252118	Ravenna Park	W		345.0	0.67%	
362		252119	Ravenna Park		S	245.0	0.48%	
363		252121	Bear Lake Manor	W		224.5	0.44%	
364		252122	Jansen	W		250.5	0.49%	
365		252123	Crescent Heights	W		260.5	0.51%	
366		252124	Davis Shores	W		43.0	0.08%	
367		252129	Golden Hills	W		532.1	1.03%	
368		252130	Golden Hills		S	78.8	0.15%	9.60%
369								
370		254101	ACME	N	R	742.5	1.44%	1.44%
371								
372		255100	Sanlando	W		11,797.7	22.89%	
373		255101	Sanlando		S	9,158.0	17.77%	
374		255102	Sanlando		R	4.0	0.01%	40.66%
375								
376		260100	Pennbrooke	W		1,465.0	2.84%	
377		260101	Pennbrooke		S	1,247.0	2.42%	5.26%
378								
379						51,545.9	100.00%	100.00%
380								
381	**Hogue, Raymond**		**System**			**ERC Count (1)**	**Percentage to Total**	
382		245100	Alafaya		S	7,545.9	25.52%	
383		245101	Alafaya		R	1,065.0	3.60%	29.12%
384								
385		255100	Sanlando	W		11,797.7	39.90%	
386		255101	Sanlando		S	9,158.0	30.97%	
387		255102	Sanlando		R	4.0	0.01%	70.88%
388								
389						29,570.6	100.00%	100.00%
390								
391	**McPhee, Allson**		**System**			**ERC Count (1)**	**Percentage to Total**	
392		260100	Pennbrooke	W		1,465.0	54.02%	
393		260101	Pennbrooke		S	1,247.0	45.98%	100.00%
394								
395						2,712.0	100.00%	100.00%
396								
397	**Overton, Michael**		**System**			**ERC Count (1)**	**Percentage to Total**	
398		245101	Alafaya		R	1,065.0	4.51%	4.51%
399								
400			LUSI					
401		251100	Four Lakes	W		66.0	0.28%	
402		251101	Lake Saunders	W		43.0	0.18%	
403		251106	North	W		5,684.5	24.10%	24.56%
404								
405			Utilities, Inc. of Florida					
406		252110	Weathersfield	W		1,174.0	4.98%	
407		252113	Oakland Shores	W		225.5	0.96%	
408		252114	Little Wekiva	W		61.0	0.26%	

	A		B	C	D	E	F	G
409		252115	Park Ridge	W		102.0	0.43%	
410		252116	Phillips	W		77.0	0.33%	
411		252117	Crystal Lake	W		171.0	0.72%	
412		252118	Ravenna Park	W		345.0	1.46%	
413		252121	Bear Lake Manor	W		224.5	0.95%	
414		252122	Jansen	W		250.5	1.06%	
415		252123	Crescent Heights	W		260.5	1.10%	
416		252124	Davis Shores	W		43.0	0.18%	
417		252129	Golden Hills	W		532.1	2.26%	14.69%
418								
419		255100	Sanlando	W		11,797.7	50.01%	
420		255102	Sanlando		R	4.0	0.02%	50.03%
421								
422		260100	Pennbrooke	W		1,465.0	6.21%	6.21%
423								
424						23,591.3	100.00%	100.00%
425								
426	**Parrish, Raymond**		**System**			**ERC Count (1)**	**Percentage to Total**	
427			LUSI					
428		251100	Four Lakes	W		66.0	0.45%	
429		251101	Lake Saunders	W		43.0	0.30%	
430		251102	South	W		3,065.1	21.08%	
431		251103	South		S	2,966.8	20.41%	
432		251106	North	W		5,684.5	39.10%	81.34%
433								
434		260100	Pennbrooke	W		1,465.0	10.08%	
435		260101	Pennbrooke		S	1,247.0	8.58%	18.66%
436								
437						14,537.4	100.00%	100.00%
438								
439	**Phillips, Christopher**		**System**			**ERC Count (1)**	**Percentage to Total**	
440		245100	Alafaya		S	7,545.9	56.78%	
441		245101	Alafaya		R	1,065.0	8.01%	64.79%
442								
443		246100	Longwood		S	1,745.0	13.13%	13.13%
444								
445			Utilities, Inc. of Florida					
446		252110	Weathersfield	W		1,174.0	8.83%	
447		252113	Oakland Shores	W		225.5	1.70%	
448		252114	Little Wekiva	W		61.0	0.46%	
449		252115	Park Ridge	W		102.0	0.77%	
450		252116	Phillips	W		77.0	0.58%	
451		252117	Crystal Lake	W		171.0	1.29%	
452		252118	Ravenna Park	W		345.0	2.60%	
453		252121	Bear Lake Manor	W		224.5	1.69%	
454		252122	Jansen	W		250.5	1.88%	
455		252123	Crescent Heights	W		260.5	1.96%	
456		252124	Davis Shores	W		43.0	0.32%	22.08%
457								
458						13,289.9	100.00%	100.00%
459								

	A	B	C	D	E	F	G
460	**Remigio, Robert**	**System**			**ERC Count (1)**	**Percentage to Total**	
461	255100	Sanlando	W		11,797.7	99.97%	
462	255102	Sanlando		R	4.0	0.03%	100.00%
463							
464					11,801.7	100.00%	100.00%
465							
466	**Sillitoe, Terry**	**System**			**ERC Count (1)**	**Percentage to Total**	
467		Utilities, Inc. of Florida					
468	252110	Weathersfield	W		1,174.0	8.14%	
469	252113	Oakland Shores	W		225.5	1.56%	
470	252114	Little Wekiva	W		61.0	0.42%	
471	252115	Park Ridge	W		102.0	0.71%	
472	252116	Phillips	W		77.0	0.53%	
473	252117	Crystal Lake	W		171.0	1.19%	
474	252118	Ravenna Park	W		345.0	2.39%	
475	252121	Bear Lake Manor	W		224.5	1.56%	
476	252122	Jansen	W		250.5	1.74%	18.23%
477							
478	255100	Sanlando	W		11,797.7	81.77%	81.77%
479							
480					14,428.2	100.00%	100.00%
481							
482	**Vanmeter Jr, Nathan**	**System**			**ERC Count (1)**	**Percentage to Total**	
483	246100	Longwood		S	1,745.0	100.00%	100.00%
484							
485					1,745.0	100.00%	100.00%
486							
487	**Weirzbicki, Anthony**	**System**			**ERC Count (1)**	**Percentage to Total**	
488	242100	Lake Placid	W		130.7	0.77%	
489	242101	Lake Placid		S	130.7	0.77%	1.54%
490							
491	248100	Cypress Lakes	W		1,247.0	7.34%	
492	248101	Cypress Lakes		S	1,145.5	6.74%	14.08%
493							
494	249100	Eagle Ridge		S	1,602.6	9.43%	
495	249101	Eagle Ridge		S	908.0	5.34%	14.77%
496							
497	250100	Mid-County		S	3,355.0	19.74%	19.74%
498							
499		Utilities, Inc. of Florida					
500	252106	Orangewood	W		1,788.3	10.52%	
501	252107	Orangewood		S	162.0	0.95%	
502	252125	Summertree	W		1,225.0	7.21%	
503	252126	Summertree		S	1,023.0	6.02%	
504	252128	Lake Tarpon	W		433.3	2.55%	27.25%
505							
506	256100	Sandalhaven		S	1,083.9	6.38%	6.38%
507							
508	257100	Bayside	W		242.0	1.42%	
509	257101	Bayside		S	241.0	1.42%	2.84%
510							

	A	B	C	D	E	F	G
511	259100	Labrador	W		781.1	4.60%	
512	259101	Labrador		S	760.7	4.48%	9.07%
513							
514	261100	Hutchinson Island	W		195.2	1.15%	
515	261101	Hutchinson Island		S	167.2	0.98%	2.13%
516							
517	262100	Sandy Creek	W		203.8	1.20%	
518	262101	Sandy Creek		S	171.0	1.01%	2.21%
519							
520					16,997.0	100.00%	100.00%

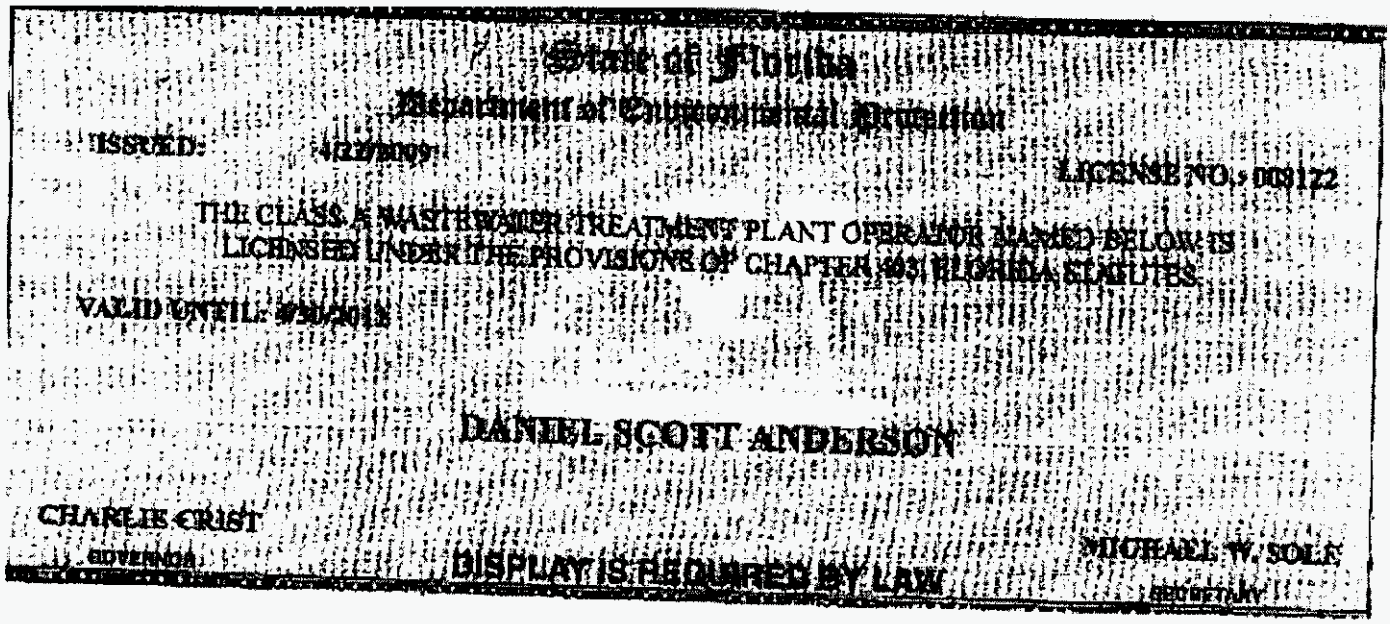
	A	B	C	D	E	F	G
1	**ERC COUNT 12/08**						w/p d-2
2	**FLORIDA REGION**						
3							
4							
5							
6	State	Company	Business Unit	ERC	% to Total Florida		
7							
8	Florida	00241	241100	2,093.2	2.87%	2.87%	Tierra Verde
9							
10		00242	242100	130.7	0.18%		
11		00242	242101	130.7	0.18%	0.36%	Lake Placid
12							
13		00245	245100	7,545.9	10.34%		
14		00245	245101	1,065.0	1.46%	11.80%	Alafaya
15							
16		00246	246100	1,745.0	2.39%	2.39%	Longwood
17							
18		00248	248100	1,247.0	1.71%		
19		00248	248101	1,145.5	1.57%	3.28%	Cypress Lakes
20							
21		00249	249100	1,602.6	2.20%		
22		00249	249101	908.0	1.24%	3.44%	Eagle Ridge
23							
24		00250	250100	3,355.0	4.60%	4.60%	Mid-County
25							
26		00251	251100	66.0	0.09%		
27		00251	251101	43.0	0.06%		
28		00251	251102	3,065.1	4.20%		
29		00251	251103	2,966.8	4.07%		
30		00251	251106	5,684.5	7.79%	16.21%	LUSI
31							
32		00252	252106	1,788.3	2.45%		
33		00252	252107	162.0	0.22%		
34		00252	252125	1,225.0	1.68%		
35		00252	252126	1,023.0	1.40%	5.75%	UIF - Pasco
36							
37		00252	252110	1,174.0	1.61%		
38		00252	252111	1,160.5	1.59%		
39		00252	252113	225.5	0.31%		
40		00252	252114	61.0	0.08%		
41		00252	252115	102.0	0.14%		
42		00252	252116	77.0	0.11%		
43		00252	252117	171.0	0.23%		
44		00252	252118	345.0	0.47%		
45		00252	252119	245.0	0.34%		
46		00252	252121	224.5	0.31%		
47		00252	252122	250.5	0.34%	5.53%	UIF - Seminole
48							
49		00252	252123	260.5	0.36%		
50		00252	252124	43.0	0.06%	0.42%	UIF - Orange
51							
52		00252	252128	433.3	0.59%	0.59%	UIF - Pinellas
53							
54		00252	252129	532.1	0.73%		
55		00252	252130	78.8	0.11%	0.84%	UIF - Marion
56							
57		00253	253101	1,104.7	1.51%		
58		00253	253102	1,030.2	1.41%	2.93%	Miles Grant
59							
60		00254	254100	197.0	0.27%		
61		00254	254101	742.5	1.02%	1.29%	ACME
62							
63		00255	255100	11,797.7	16.17%		
64		00255	255101	9,158.0	12.55%		
65		00255	255102	4.0	0.01%	28.72%	Sanlando
66							
67		00256	256100	1,083.9	1.49%	1.49%	Sandalhaven
68							
69		00257	257100	242.0	0.33%		
70		00257	257101	241.0	0.33%	0.66%	Bayside
71							
72		00259	259100	781.1	1.07%		

	A	B	C	D	E	F	G
73		00259	259101	760.7	1.04%	2.11%	Labrador
74							
75		00260	260100	1,465.0	2.01%		
76		00260	260101	1,247.0	1.71%	3.72%	Pennbrooke
77							
78		00261	261100	195.2	0.27%		
79		00261	261101	167.2	0.23%	0.50%	Hutchinson Island
80							
81		00262	262100	203.8	0.28%		
82		00262	262101	171.0	0.23%	0.51%	Sandy Creek
83							
84				72,968.0	100.00%	100.00%	

	A	B	C	D	E	F	G
1	**ERC COUNT 12/08**						**w/p d-1**
2	**FLORIDA AND SOUTH REGIONS**						
3							
4							
5							
6	State	Company	Business Unit	ERC	% to Total Florida/South		
7							
8	Florida	00241	241100	2,093.2	2.23%	2.23%	Tierra Verde
9							
10		00242	242100	130.7	0.14%		
11		00242	242101	130.7	0.14%	0.28%	Lake Placid
12							
13		00245	245100	7,545.9	8.04%		
14		00245	245101	1,065.0	1.14%	9.18%	Alafaya
15							
16		00246	246100	1,745.0	1.86%	1.86%	Longwood
17							
18		00248	248100	1,247.0	1.33%		
19		00248	248101	1,145.5	1.22%	2.55%	Cypress Lakes
20							
21		00249	249100	1,602.6	1.71%		
22		00249	249101	908.0	0.97%	2.68%	Eagle Ridge
23							
24		00250	250100	3,355.0	3.58%	3.58%	Mid-County
25							
26		00251	251100	66.0	0.07%		
27		00251	251101	43.0	0.05%		
28		00251	251102	3,065.1	3.27%		
29		00251	251103	2,966.8	3.16%		
30		00251	251106	5,684.5	6.06%	12.60%	LUSI
31							
32		00252	252106	1,788.3	1.91%		
33		00252	252107	162.0	0.17%		
34		00252	252125	1,225.0	1.31%		
35		00252	252126	1,023.0	1.09%	4.48%	UIF - Pasco
36							

	A	B	C	D	E	F	G
37		00252	252110	1,174.0	1.25%		
38		00252	252111	1,160.5	1.24%		
39		00252	252113	225.5	0.24%		
40		00252	252114	61.0	0.07%		
41		00252	252115	102.0	0.11%		
42		00252	252116	77.0	0.08%		
43		00252	252117	171.0	0.18%		
44		00252	252118	345.0	0.37%		
45		00252	252119	245.0	0.26%		
46		00252	252121	224.5	0.24%		
47		00252	252122	250.5	0.27%	4.30%	UIF - Seminole
48							
49		00252	252123	260.5	0.28%		
50		00252	252124	43.0	0.05%	0.32%	UIF - Orange
51							
52		00252	252128	433.3	0.46%	0.46%	UIF - Pinellas
53							
54		00252	252129	532.1	0.57%		
55		00252	252130	78.8	0.08%	0.65%	UIF - Marion
56							
57		00253	253101	1,104.7	1.18%		
58		00253	253102	1,030.2	1.10%	2.28%	Miles Grant
59							
60		00254	254100	197.0	0.21%		
61		00254	254101	742.5	0.79%	1.00%	ACME
62							
63		00255	255100	11,797.7	12.58%		
64		00255	255101	9,158.0	9.76%		
65		00255	255102	4.0	0.00%	22.34%	Sanlando
66							
67		00256	256100	1,083.9	1.16%	1.16%	Sandalhaven
68							
69		00257	257100	242.0	0.26%		
70		00257	257101	241.0	0.26%	0.51%	Bayside
71							
72		00259	259100	781.1	0.83%		

	A	B	C	D	E	F	G
73		00259	259101	760.7	0.81%	1.64%	Labrador
74							
75		00260	260100	1,465.0	1.56%		
76		00260	260101	1,247.0	1.33%	2.89%	Pennbrooke
77							
78		00261	261100	195.2	0.21%		
79		00261	261101	167.2	0.18%	0.39%	Hutchinson Island
80							
81		00262	262100	203.8	0.22%		
82		00262	262101	171.0	0.18%	0.40%	Sandy Creek
83							
84	Louisiana	00356	356102	511.0	0.54%		
85		00356	356103	493.0	0.53%		
86		00356	356105	2,101.7	2.24%		
87		00356	356106	2,069.9	2.21%		
88		00356	356108	672.7	0.72%		
89		00356	356109	661.8	0.71%		
90		00356	356111	672.5	0.72%		
91		00356	356112	668.5	0.71%		
92		00356	356114	386.5	0.41%		
93		00356	356115	363.0	0.39%		
94		00356	356117	556.4	0.59%		
95		00356	356118	534.6	0.57%		
96		00356	356120	49.5	0.05%		
97		00356	356121	47.8	0.05%		
98		00356	356122	41.8	0.04%		
99		00356	356124	161.0	0.17%		
100		00356	356125	158.0	0.17%		
101		00356	356127	105.0	0.11%	10.93%	LWS
102							
103		00357	357101	4,575.8	4.88%		
104		00357	357102	4,265.4	4.55%		
105		00357	357104	940.8	1.00%		
106		00357	357105	811.8	0.87%	11.29%	UIL
107							
108				93,816.5	100.00%	100.00%	



State of Florida

Department of Environmental Protection

ISSUED: 4/22/2009 LICENSE NO.: 008122

THE CLASS A WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

DANIEL SCOTT ANDERSON

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009 LICENSE NO.: 007141

THE CLASS A DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

DANIEL SCOTT ANDERSON

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida
Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

BRIAN JAY EUBANKS

P O BOX 222
HOWEY IN THE HILLS, FL 34737

State of Florida
Department of Environmental Protection

LICENSE NO.: 0014073 DATE ISSUED: 11/8/2007

CLASS B DRINKING WATER TREATMENT PLANT OPERATOR

BRIAN JAY EUBANKS

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2009

State of Florida
Department of Environmental Protection

ISSUED: 11/8/2007 LICENSE NO.: 0014073

THE CLASS B DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

BRIAN JAY EUBANKS

CHARLIE CRIST MICHAEL W. SOLE

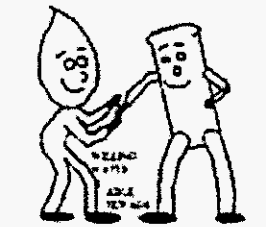
GOVERNOR DISPLAY IS REQUIRED BY LAW SECRETARY

Florida Water & Pollution Control Operators Association

Voluntary Certification Program
hereby certifies that

Donald Smith

has met the requirements for certification
as
Class C
Water Distribution Technician



Certificate Number 4917

Date issued June 8, 2007

President, FW&PCOA

Chairman, Voluntary Certification Board

State of Florida
Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

******AUTO**ALL FOR AADC 328 TN FC 01

ALLSON S. MC PHEE
2025 LIVE OAK DR
FRUITLAND PARK, FL 34731-5327

State of Florida
Department of Environmental Protection

LICENSE NO.: 006490 DATE ISSUED: 4/30/2009

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

ALLSON S. MC PHEE

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2011

State of Florida
Department of Environmental Protection

ISSUED: 4/30/2009 LICENSE NO.: 006490

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

ALLSON S. MC PHEE

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009 **LICENSE NO.:** 0012740

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

RAYMOND ALAN PARRISH

CHARLIE CRIST — GOVERNOR

MICHAEL W. SOLE — SECRETARY

DISPLAY IS REQUIRED BY LAW

06/11/2009 10:05 13522420565 GROVES PAGE 01/02

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009 **LICENSE NO.:** 0012989

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

RAYMOND ALAN PARRISH

CHARLIE CRIST — GOVERNOR

MICHAEL W. SOLE — SECRETARY

DISPLAY IS REQUIRED BY LAW

06/11/2009 10:05 13522420565 GROVES PAGE 02/02

09/12/2005 05:51 4073654310 ALAFAYA PAGE 01

Florida Water & Pollution Control Operators Association

Voluntary Certification Program

hereby certifies that

Michael Overton

has met the requirements for certification

as

Water Distribution Technician

FW&PCOA

Certificate Number 4429

Date issued August 19, 2005

President, FW&PCOA

Chairman, Voluntary Certification Board

Florida Water & Pollution Control Operators Association

Voluntary Certification Program

hereby recognizes that

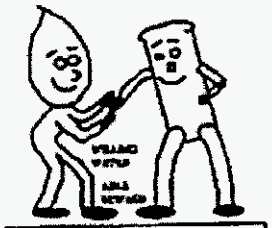
Michael A. Overton

has met the requirements for certification

as

Class C

Wastewater Collection Technician



Certificate Number 4378

Date issued August 20, 2004

Jim Smith

President, FW&PCOA

Chairman, Voluntary Certification Board

08/31/2004 07:14 4073654310 ALAFAYA

Level 4	Unit	Company	Address	Assigned Last Name	Assigned First Name	Model Year	Make	Model	VIN
FL	0000901	UTILITIES INC OF FLORIDA	8021 N W 49TH ST, OCALA, FL 344	ANDERSON	DANIEL	2009	CHVRL	COLORADO 4X4	1GCCS14E598136688
FL	0000830	LAKE UTILITIES SERVICES INC	2425 US HWY 27, CLERMONT, FL 3	BLASCO	CHRISTOPHER	2008	CHVRL	SILVERADO 15	1GCEC14C98Z177967
FL	0000659	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAM	CARVER	NATHANIEL	2006	CHVRL	TRAILBLAZER	1GNDT13S462302634
FL	0000650	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAM	DURHAM	RICHARD	2006	CHVRL	TAHOE 4X4 SP	1GNEK13TX6R148941
FL	0000827	LAKE UTILITY SERVICES INC	2425 US HWY 27, CLERMONT, FL 3	EUBANKS	BRIAN	2008	CHVRL	COLORADO 4X2	1GCCS14E188161375
FL	0000512	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAM	FLYNN	PATRICK	2005	CHVRL	TAHOE 4X2 SP	1GNEC13T85R199267
FL	0000864	UTILITIES INC OF FLORIDA	2425 US HWY 27, CLERMONT, FL 3	GENTILUCCI	DOMENIC	2008	CHVRL	SILVERADO 15	1GCEC19078Z217557
FL	0000818	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAM	GONGRE	BRYAN	2008	TOYOT	HIGHLANDER H	JTEDS41A482011962
FL	0000448	UTILITIES INC OF PENNBROOKE	501 SR 44, LEESBURG, FL 34748	MCPHEE	ALLSON	2004	CHVRL	SILVERADO 15	1GCEC14X142317037
FL	0000448	UTILITIES INC OF PENNBROOKE	501 SR 44, LEESBURG, FL 34748	MCPHEE	ALLSON	2004	CHVRL	SILVERADO 15	1GCEC14X142317037
FL	0000833	UTILITIES INC OF FLORIDA	100 S PRESSVIEW AVE, LONGWOO	OVERTON	MICHAEL	2008	CHVRL	EXPRESS RWD	1GCFG15X581152329
FL	0000702	LAKE UTILITIES SERVICES INC	2425 US HWY 27, CLERMONT, FL 3	PARRISH	RAYMOND	2007	CHVRL	COLORADO 4X2	1GCCS14E778114253
FL	0000655	LAKE UTILITY SERVICES INC	2425 US HWY 27, CLERMONT, FL 3	RICHARDSON	JIM (JAMES)	2006	CHVRL	SILVERADO 15	3GCEC14V96G214224
FL	0000544	UTILITIES INC OF FLORIDA	2425 US HWY 27, CLERMONT, FL 3	SCHWADES	CHARLES	2005	CHVRL	SILVERADO 15	1GCEK19V65Z314355
FL	0000513	LAKE UTILITIES SERVICES INC	2425 US HWY 27, CLERMONT, FL 3	SMITH	DONALD	2005	CHVRL	SILVERADO 15	1GCEC14T55Z161146
FL	0000811	LAKE UTILITY SERVICES INC	2425 US HIGHWAY 27,CLERMONT,	WHITE	RONALD	2008	CHVRL	SILVERADO 15	1GCEC140X8Z100983
FL	0000729	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAM	HAWS	SCOTTY	2007	CHVRL	TRAILBLAZER	1GNDS135572108957

CHVRL COLORADO 4X4	ANDERSON, DANIEL
CHVRL SILVERADO 15	BLASCO, CHRISTOPHER
CHVRL TRAILBLAZER	CARVER, NATHANIEL
CHVRL TAHOE 4X4 SP	DURHAM, RICHARD
CHVRL COLORADO 4X2	EUBANKS, BRIAN
CHVRL TAHOE 4X2 SP	FLYNN, PATRICK
CHVRL SILVERADO 15	GENTILUCCI, DOMENIC
TOYOT HIGHLANDER H	GONGRE, BRYAN
CHVRL SILVERADO 15	MCPHEE, ALLSON
CHVRL SILVERADO 15	MCPHEE, ALLSON
CHVRL EXPRESS RWD	OVERTON , MICHAEL
CHVRL COLORADO 4X2	PARRISH, RAYMOND
CHVRL SILVERADO 15	RICHARDSON, JIM (JAMES)
CHVRL SILVERADO 15	SCHWADES, CHARLES
CHVRL SILVERADO 15	SMITH, DONALD
CHVRL SILVERADO 15	WHITE, RONALD
CHVRL TRAILBLAZER	HAWS, SCOTTY

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (9)
VEHICLES

Test Year Ended December 31, 2008

Vehicle Schedule

Company: Utilities, Inc. of Pennbrooke
Docket No.: 090392-WS
Test Year Ended: December 31, 2008

Vehicle #	Year	Model	Serial Number	Driver	Position	Original Cost	Allocation Method
0000901	2009	CHVRL COLORADO 4X4	1GCCS14E598136688	ANDERSON, DANIEL	Operator	18,433.95	ERCs
0000830	2008	CHVRL SILVERADO 15	1GCEC14C98Z177967	BLASCO, CHRISTOPHER	Meter Reader	20,820.46	ERCs
0000659	2006	CHVRL TRAILBLAZER	1GNDT13S462302634	CARVER, NATHANIEL	Project Manager	27,706.16	ERCs
0000650	2006	CHVRL TAHOE 4X4 SP	1GNEK13TX6R148941	DURHAM, RICHARD	Regional Vice President	38,005.83	ERCs
0000827	2008	CHVRL COLORADO 4X2	1GCCS14E188161375	EUBANKS, BRIAN	Operator	17,577.16	ERCs
0000512	2005	CHVRL TAHOE 4X2 SP	1GNEC13T85R199267	FLYNN, PATRICK	Regional Director	37,478.51	ERCs
0000864	2008	CHVRL SILVERADO 15	1GCEC19078Z217557	GENTILUCCI, DOMENIC	Area Manager	22,372.23	ERCs
0000818	2008	TOYOT HIGHLANDER H	JTEDS41A482011962	GONGRE, BRYAN	Regional Manager	29,220.44	ERCs
0000729	2007	CHVRL TRAILBLAZER	1GNDS13S572108957	HAWS, SCOTTY	Safety Manager	29,355.64	ERCs
0000448	2004	CHVRL SILVERADO 15	1GCEC14X14Z317037	MCPHEE, ALLSON	Lead Operator	18,961.17	ERCs
0000833	2008	CHVRL EXPRESS RWD	1GCFG15X581152329	OVERTON , MICHAEL	Field Technician	20,253.31	ERCs
0000702	2007	CHVRL COLORADO 4X2	1GCCS14E778114253	PARRISH, RAYMOND	Operator	16,109.95	ERCs
0000655	2006	CHVRL SILVERADO 15	3GCEC14V96G214224	RICHARDSON, JIM (JAMES)	Operator	18,543.77	ERCs
0000688	2006	TOYOTA HIGHLANDER	JTEEW21A060032524	SCHIOPU, MIRCEA	Morthbrook; Mailroon Clerk	35,567.16	ERCs
0000544	2005	CHVRL SILVERADO 15	1GCEK19V65Z314355	SCHWADES, CHARLES	Area Manager	23,692.16	ERCs
0000513	2005	CHVRL SILVERADO 15	1GCEC14T55Z161146	SMITH, DONALD	Field Technician	21,297.31	ERCs
0000811	2008	CHVRL SILVERADO 15	1GCEC140X8Z100983	WHITE, RONALD	Field Supervisor	20,347.01	ERCs

Utilities, Inc. of Pennbrooke

Docket No.: 090392-WS

Lake County

25.30.440 (10)
CUSTOMER COMPLAINTS

Test Year Ended December 31, 2008

Utilities, Inc. of Pennbrooke
Field Activity 01/01/08 - 05/30/08

SUBDIVISION	:.	00691 ROUTE: 2 SERVICE ORDER#:271778 ACCOUNT# 006910910861
CUSTOMER NAME	:.	CHASE,MICHAEL SERVICE ADDRESS: 32909 CROOKED OAKS LN
EDATE	:.	02/26/08 TYPE: 28
FOPER	:.	
COMMENT	:.	LOW PRESSURE HER AND NEIGHBOR
	.	PAGED TO CHCUK S; 11:05AM
RESOLUTION	:.	2/26/08 READ 0911610 N/L. PRESSURE 72 PSI AND CL2 1.6 PPM. TALKED WITH MR & MRS CHASE. OKAY
	.	AM/EC
RDATE	:.	02/26/08
SUBDIVISION	:.	00691 ROUTE: 2 SERVICE ORDER#: 271781 ACCOUNT#:006910911193
CUSTOMER NAME	:.	SEIDL,DAVID A
SERVICE ADDRESS	:.	32924 RAMBLING OAKS CT
EDATE	:.	02/26/08 TYPE: 28
FOPER	:.	
COMMENT	:.	MR. CALLED DUE TO LOW PRESSURE.
	.	PAGED TO CHUCK S.
RESOLUTION	:.	2/26/08 READ 1112100 N/L. PSI 68 PSI CLW = 1.5 PPM. TALKED WITH MR. SEIDL. OKAY
	.	AM/EC
RDATE	:.	02/26/08
SUBDIVISION	:.	00691 ROUTE:2 SERVICE ORDER#:280715 ACCOUNT#:006910910961
CUSTOMER NAME	:.	JOHNSON,RONALD
SERVICE ADDRESS	:.	32807 CROOKED OAKS LN
EDATE	:.	03/26/08 TYPE: 28
FOPER	:.	
COMMENT	:.	CUST STATES THAT WATER HAS BEEN VERY LOW FOR THE LAST 2 WEEKS.PLEASE CHK OUT.
	.	PAGED TO DAN ANDERSON
RESOLUTION	:.	R=1313400 CHECKED BOTH SIDES FOR LEAKS (NONE).
	.	PSI = 54 CL2=0.8PPM. CUSTOMER RECENTLY HAD FILTER SERVICED. TALKED WITH MRS. JOHNSON. OKAY.
	.	AM/KIM
RDATE	:.	03/26/08
SUBDIVISION	:.	00691 ROUTE:1 ACCOUNT#: 006910400112
CUSTOMER NAME	:	KIEL,JANE
SERVICE ADDRESS	:.	219 WILLOWBROOK DR
EDATE	:.	03/28/08 TYPE:. 28
FOPER	:.	
COMMENT	:.	CUSTOMER CALLED DUE TO LOW WATER PRESSURE
	.	PAGED TO TREVOR
	.	ADVISE CUSTOMER OF FINDINGS
RESOLUTION	:.	CUSTOMER HAD 64 PSI @ OUTSIDE HOSE BIB WITH WATER SOFTENER ON BY PASS AND WASHING MACHINE OFF. WHEN WASHER WAS ON, CUSTOMER HAD 10 PSI @ OUTSIDE HOSE BIB. CUSTOMER WAS ADVISED TO CALL PLUMBER.
	.	READ 204193
	.	RP/EC
RDATE	:.	03/28/08

SUBDIVISION :. 00691 ROUTE: 1 SERVICE ORDER#:295475 ACCOUNT#:006910930641
CUSTOMER NAME :. JONES,ALBERT
SERVICE ADDRESS:. 316 GRAND VISTA TRL
EDATE :. 05/12/08
TYPE :. 28
FOPER :.
COMMENT :. CUSTOMER SAID SHE EXPERIENCED VERY LOW PRESSURE SUNDAY. SHE SAID EVERYONE WAS WATERING. SHE WOULD LIKE TO HAVE THE PLANT CHECKED OUT. SHE DID SAY TODAY THE PRESSURE IS BACK. PLEASE TAG DOOR
RESOLUTION :. WATER PLANT'S GENERATOR WAS RUNNING DUE TO REPAIRS BEING MADE.
. PRESSURE @ 66 PSI ON SUNDAY WHEN PLANT WAS VISITED AND THROUGH OUT THE DAY. ON SAT 5/10/08 PRESSURE DURING WATERING LAWNS WAS LOW DUE TO REPAIR. IT WENT DOWN TO 52 PSI. TAGGED DOOR.
. AM/EC
RDATE :. 05/13/08

SUBDIVISION :. 00691 ROUTE:2 SERVICE ORDER#:296437 ACCOUNT#:006910911341
CUSTOMER NAME :. OZANNE,RAYMOND
SERVICE ADDRESS:. 32905 ENCHANTED OAKS LN
EDATE :. 05/14/08
TYPE :. 28
FOPER :.
COMMENT :. LOW PRESSURE ALL THE TIME SINCE THE WEEK END-PLEASE RESOLVE & SPEAK TO CUSTOMER.
. PAGED TO ALLSON MC; 11:15AM
RESOLUTION :. TALED WITH MRS. OZANNE AND EXPLAINED WHY THE LOST OF PSI. DUE TO REPAIRS @ PLANT ON SAT, 5/10/08 AND 5/14/08.
. AA/EC
RDATE :. 05/14/08

SUBDIVISION :. 00691
ROUTE :. 2
SERVICE ORDER# :. 296444
ACCOUNT# :. 006910910411
CUSTOMER NAME :. BOGNER,JOY
SERVICE ADDRESS:. 722 GRAND VISTA TRL
EDATE :. 05/14/08
TYPE :. 28
FOPER :.
COMMENT :. MS CALLED DUE TO LOW PRESSURE
. CHECK THE PRESSURE AND SPEAK WITH CUSTOMER OR
. TAG DOOR WITH YOUR FINDINGS
RESOLUTION :. CUST'S PSI WAS 62 N/L CL2 @ 1.4 PPM. TAGGED DOOR W/FINDINGS
. AA/EC
RDATE :. 05/15/08

SUBDIVISION :. 00691 ROUTE:1 SERVICE ORDER#: 290528 ACCOUNT#006910800331
CUSTOMER NAME :. TRACHTENBERG,RON
SERVICE ADDRESS:. 32809 TIMBERWOOD DR
EDATE :. 04/25/08
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER HAS DISCOLORED WATER.
. DISPATCHED TO ALLSON MC.
RESOLUTION :. 4/25/08 READ 32748 FLUSHED HYDRANT TOOK CLW @ 1.3 PPM. CUST TAGGED. NOT HOME AT THE TIME. DANIEL ANDERSON FOLLOWD UP @

4:30 AND TALKED TO CUSTOMER. OKAY.
. AM/DA/EC
RDATE :. 04/25/08

SUBDIVISION :. 00691 ROUTE:1 SERVICE ORDER#:291006 ACCOUNT#:006910800331
CUSTOMER NAME :. TRACHTENBERG, RON
SERVICE ADDRESS:. 32809 TIMBERWOOD DR
EDATE :. 04/25/08
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER "STILL" HAS DISCOLORED WATER.
. DISPATCHED TO CHUCK S.
RESOLUTION :. 4-29-08 FLUSHED HYDRANT @ 32748 & TOOK CL2 @ 1.1 PPM.
. NO RUST IN SYSTEM
. AM/TEMP
RDATE :. 04/29/08

SUBDIVISION :. 00691 ROUTE:2 SERVICE ORDER#:296799 ACCOUNT#:006910950451
CUSTOMER NAME :. BRADY, DENNIS
SERVICE ADDRESS:. 33218 GRAND CYPRESS WAY
EDATE :. 05/15/08
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER CALLED- IS UPSET THAT THAT CLOTHES & HOUSE IS TURNING BROWN. ALSO WOULD LIKE TO BE NOTIFY WHEN HYDRANTS WILL BE FLUSHED. PLEASE CALL CUSTOMER AND ADVISE HER MRS BRADY AT 352-323-1359.
RESOLUTION :. TALKED TO CUSTOMER. OKAY. FLUSHED HYDRANT @32218. CL2 IS 1.3 PPM
. AA/EC
RDATE :. 05/19/08

SUBDIVISION :. 00691 ROUTE: 2 SERVICE ORDER#:298615 ACCOUNT#:006910950621
CUSTOMER NAME :. CARPENTER,DAVID L
SERVICE ADDRESS:. 940 EAGLES LANDING
EDATE :. 05/20/08
TYPE :. 29
FOPER :.
COMMENT :. CUSTOME CALLED DUE TO YELLOW WATER.
. PAGED TO ALLSON M.
RESOLUTION :. FLUSHED HYDRANT AND DID CL2 TEST @ 1.2 PPM.
. 5/21/08 SPOKE W MRS CARPENTER. OK @ CL2 1.2PPM CHECKED HYDRANT ALL CLEAR
. AA/EC
RDATE :. 05/20/08

SUBDIVISION :. 00691 ROUTE:2 SERVICE ORDER#:264506 ACCOUNT#:006910910362
CUSTOMER NAME :. USHER,GERALD F
SERVICE ADDRESS:. 700 GRAND VISTA TRL
EDATE :. 02/01/08
TYPE :. 30
FOPER :.
COMMENT :. CUSTOMER WANTS TO PUT IN A WATER SOFTNER AND WISHES TO KNOW THE HARDNESS AND IRON AND OTHER MINERALS FOUND FROM OUR SOURCE.
. I WILL EMAIL INFORMATION TO CUSTOMER: GERALD.USHER@SNET.NET (ELISE)

```
RESOLUTION      :. TOTAL HARDNESS = 200 MG1L 11.7 GRAINS/GALLON. IRON = 0.8 MG1L
                 . ADDING POLYPHOSPHATE = IRON SEQUESTRANT
                 . SENT INFO TO CUSTOMER EMAIL. (EC)
                 . AM/EC
RDATE           :. 02/04/08

SUBDIVISION     :. 00691  ROUTE:1  SERVICE ORDER# 293299  ACCOUNT#:006910940291
CUSTOMER NAME   :. HORVATH,BERT
SERVICE ADDRESS:. 33149 PENNBROOKE PKWY
EDATE           :. 05/05/08
TYPE            :. 30
FOPER           :.
COMMENT         :. MS. CALLED DUE TO MINERAL DEPOSITS ON FILTER.
                 . PLEASE CHECK AND SPEAK WITH CUSTOMER.
RESOLUTION      :. FLUSHED 18,000 GALS. 300 GPM X 60 MIN TO SCOUR LINES FROM WTP
                   PAST ADDR PAST 406 BENTWOOD. SPOKE WITH BOTH CUTOMERS. LINES
                   NOW CLEAR 100%. CUST SATISFIED. RESOLVED ISSUE. READ 1316710
                 . ALSO FLUSHED 6000 GPM MULTIPLE HYDRANTS
                 . DSA/EC
RDATE           :. 05/06/08

SUBDIVISION     :. 00691  ROUTE:1  SERVICE ORDER#:293325
ACCOUNT#        :. 006910800441
CUSTOMER NAME   :. HEFNER,VIVIANNE
SERVICE ADDRESS:. 120 TRAILWOOD DR
EDATE           :. 05/05/08
TYPE            :. 32
FOPER           :.
COMMENT         :. MS. CALLED DUE TO THE ODOR COMING FROM THE PLANT. SHE SAID SHE
                   HAS HER HOME FOR SALE AND HAS LOST 2 SALES DUE TO THE ODOR.
                 . PLEASE FIX THIS....
RESOLUTION      :. PLANT IS HOSED DOWN DAILY, DEBRIS IS BAGGED & PUT INSIDE
                   DUMPSTER. DUMPSTER FAIR IS APPLIED TO CONTROL ODORS & FLY
                   (EGG) PREVENTION. ODORS ARE NOT COMING FORM WWTP). HOME SITS
                   ACROSS FROM LIFTSTATION #1 WHICH VENTS AT INTERVALS. INFORMED
                   KEN & CHUCK (A.M.) ABOUT CLEANING OUT LIFTSTATION.
                 . AM/KIM
RDATE           :. 05/06/08

SUBDIVISION     :. 00691  ROUTE: 2  SERVICE ORDER# 256181
ACCOUNT#        :. 006910980021
CUSTOMER NAME   :. BESWICK,DON
SERVICE ADDRESS:. 621  GLEN OAKS DR
EDATE           :. 01/07/08
TYPE            :. 33
FOPER           :.
COMMENT         :. CUST CALLED IN STATING MTR READER HAS SPRAYED ROUND UP ON HIS
                   LAWN AROUND HIS MTR BOX. PLEASE LOOK INTO AND CONTACT CUST
                   #352-323-1271. CUST ISN'T CALLING TO HAVE IT FIXED BUT IS VERY
                   UPSET ABOUT THE WAY HE WAS TALKED TO BY THE MTR READER.
RESOLUTION      :. 01/08/08 CALLED CUST IN AM LEFT MESSAGE (NO ONE HOME)
                   AM/TEMP
                 . 01/08/08 TALKED WITH CUST  OK.  CB/TEMP
                 . 01/09/08 TALKED WITH CUST. OK.  AM/TEMP
                 . 01/09/08 CHUCK S. KNOWS AND SPOKE WITH CUST.  AM/TEMP
RDATE           :. 01/08/08
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SUBDIVISION     :. 00691  ROUTE:  SERVICE ORDER#: 265960 ACCOUNT#:006910000000
CUSTOMER NAME   :. ,
(SERVICE ADDRESS:.
EDATE           :. 02/07/08
TYPE            :. 39
FOPER           :.
COMMENT         :. 2/2/08 - L/S #4 ALARM GOING OFF - DEAN CALLED THE ANSWERING
                   SERVICE AFTER HOURS FOR THIS ALARM
                 . PAGED TO ONCALL
                 . PLEASE RESOLVE
RESOLUTION      :. RESET PUMPS. THIS I THINK WAS DONE BY ROBERT J
                 . CS/EC
RDATE           :. 02/02/08

SUBDIVISION     :. 00691  ROUTE:  SERVICE ORDER#:271204 ACCOUNT#:006910000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
EDATE           :. 02/25/08
TYPE            :. 39
FOPER           :.
COMMENT         :. 2/23/08 - L/S #44 ALARM GOING OFF.
                 . THIS CALL CAME INTO THE ANSWERING SERVICE.  NO NAME #352-326-
                   2666
                 . PAGED TO ONCALL - PLEASE RESOLVE
RESOLUTION      :. 2/23/08 DON SMITH RESOLVED PROBLEM L/S ALARM HIGH AND STA:1
                   PENNBROOKE 3# OKAY. IT WAS L/S # 1 AND NOT #44.
                 . DS/EC
RDATE           :. 02/23/08

SUBDIVISION     :. 00691  ROUTE: 1  SERVICE ORDER#:254662  ACCOUNT#006910900092
CUSTOMER NAME   :. FAIRFIELD,RICHARD
SERVICE ADDRESS:. 533 GOLFVIEW CT
EDATE           :. 01/02/08
TYPE            :. 43
FOPER           :.
COMMENT         :. 12/29/07 - CUSTOMER CALLED THE ANSWERING SERVICE AFTER HOURS
                   DUE TO NO WATER - LOCK ON METER.
                 . PAGED TO ONCALL
                 . PLEASE RESOLVE
RESOLUTION      :. 12/29/07 ALREADY UNLOCKED  READ  57110 N/L
                 . AM/EC
RDATE           :. 12/29/07

SUBDIVISION     :. 00691  ROUTE 1  SERVICE ORDER# 254734  ACCOUNT# 006910930681
CUSTOMER NAME   :. RAUCH,PAUL
SERVICE ADDRESS:. 250  GRAND VISTA TRL
EDATE           :. 01/03/08
TYPE            :. 43
FOPER           :.
COMMENT         :. CUSTOMER CALLED DUE TO NO WATER.
                 . PAGED TO ALLSON M.
RESOLUTION      :. 1/3/08 CUSTOMER HAD SHUT OFF FILTER. N/L SPOKE W/ MR RAUCH.
                   ALL OKAY
                 . 1/3/08 READ  753010
                 . AM/EC
RDATE           :. 01/03/08
```

```
SUBDIVISION     :. 00691 ROUTE 1  SERVICE ORDER# 265210 ACCOUNT# 006910000663
CUSTOMER NAME   :. OSAER,EUGENE D
SERVICE ADDRESS:. 224 WESTWOOD DR
EDATE           :. 02/05/08
TYPE            :. 49
FOPER           :.
COMMENT         :. PLEASE OBTAIN FINAL READING LEAVE ON FOR NEW
                 . GAVE CONF#265210
RESOLUTION      :. DEPLICATE ORDER SEE S/O#265204
                 . KIM
RDATE           :. 02/05/08

SUBDIVISION     :. 00691
ROUTE           :. 1
SERVICE ORDER#  :. 285464
ACCOUNT#        :. 006910000833
CUSTOMER NAME   :. BELL,MARY      T
SERVICE ADDRESS:. 108  WESTWOOD DR
EDATE           :. 04/10/08
TYPE            :. 49
FOPER           :.
COMMENT         :. 2/25/08  READ 779280
                 . 3/25/08  READ 780000 H/C
RESOLUTION      :. SERVICE ORDER ENTERED IN ERROR
                 . EC
RDATE           :. 04/03/08
```

Sub Division : 451 MR Route : F5V FA ID : 0057310551
Account # : 0057310000 Customer Name : BRIJMOHAN,DEOARAI Phone #:
Address : 32805 TIMBERWOOD DR CSR: Lorie Mayeski Operator : Chris Blasco
Entry Date : 11/13/2008 10:25:07AM SO Type : M-SIO Request Type: General Investigation
Instructions : CUSTOMER CALLED THE METER READS ARE GOING UP. CONCERNED THERE MAY BE A LEAK, NEEDS
Due Date : 11/13/2008 6:00:00PM Resolution Date : 11/17/2008 8:30:00AM FA Status : Completed
Resolution : meter re-read.....no leaks...klt

Sub Division : 451 MR Route : F5W FA ID : 0215210920
Account # : 1039360099 Customer Name : BENDELL,VIRGINIA Phone #: (315) 458-6581
Address : 33116 MEADOW GREEN CT CSR: Elise Christian Operator : Chris Blasco
Entry Date : 8/13/2008 4:33:32PM SO Type : M-SIO Request Type: Taste or Odor in the Water
Instructions : Customer sent email that water smells bad. Please check quality and advise customer. Provied read to customer also.
Due Date : 8/14/2008 12:00:00AM Resolution Date : 9/12/2008 3:45:00PM FA Status : Completed
Resolution : RE-READ METER, NO LEAKS. TAGGED DOOR.

Sub Division : 451 MR Route : F5W FA ID : 0245110386
Account # : 5804324032 Customer Name : LUBERT,GARY Phone #: (814) 241-4338
Address : 713 OLD OAKS LN CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 7/15/2008 11:02:16AM SO Type : M-SIO Request Type: General Investigation
Instructions : MS. CALLED ASKING FOR A NEW METER LID. HER METER LID IS MISSING. THANK YOU. LYN
Due Date : 7/16/2008 12:00:00AM Resolution Date : 7/16/2008 9:30:00AM FA Status : Completed
Resolution : REPLACED METER LID

Sub Division : 451 MR Route : F5V FA ID : 0298110048
Account # : 0298110000 Customer Name : SCHENERMAN,DAVID Phone #: (352) 314-1838
Address : 32740 WESTWOOD LOOP CSR: Lyn Paulk Operator : Chris Blasco
Entry Date : 11/12/2008 3:24:29PM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE REPLACE THE METER LID BEFORE SOMEONE GETS HURT. MR. ALSO ASKS CAN THE METER BE
Due Date : 11/13/2008 6:00:00PM Resolution Date : 11/17/2008 10:30:00AM FA Status : Completed
Resolution : lid replaced...klt

Sub Division : 451 MR Route : F5V FA ID : 0524500223
Account # : 0524500000 Customer Name : TALLEY,LORETTA Phone #: (352) 343-0189
Address : 607 GOLFVIEW CT CSR: Kimberly Bennett Operator : Chris Blasco
Entry Date : 7/16/2008 9:56:07AM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE REPAIR LEAK ON OURSIDE OF METER - ALLSON M. CALLED IN LEAK AND REPAIR. KIM
Due Date : 7/16/2008 12:00:00AM Resolution Date : 7/11/2008 12:00:00AM FA Status : Completed
Resolution : Repaired leak on service line. CJB AM

Sub Division : 451 MR Route : F5W FA ID : 0745210007
Account # : 0745210000 Customer Name : HANDSCHKE,CARLTO Phone #: (352) 435-0299
Address : 1108 EAGLES LANDING CSR: Leanne Loeffel Operator : Chris Blasco
Entry Date : 12/11/2008 10:25:14AM SO Type : M-SIO Request Type: General Investigation
Instructions : Please verify meter number and read, noone has been in residence since May. The customer thinks the irrigation and
Due Date : 12/12/2008 6:00:00PM Resolution Date : 12/15/2008 4:00:00PM FA Status : Completed
Resolution : Reread meter. No leaks/ cross. CJB

Sub Division : 451 MR Route : F5V FA ID : 1198110274
Account # : 1198110000 Customer Name : PETERS, EARL Phone #:
Address : 32742 WESTWOOD LOOP CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 8/1/2008 10:04:01AM SO Type : M-SIO Request Type: General Investigation
Instructions : MR. CALLED DUE TO LOW PRESSURE. CHECK PRESSURE AND TALK TO CUSTOMER. PAGED TO CHUCK.
Due Date : 8/1/2008 12:00:00AM Resolution Date : 8/3/2008 11:45:00AM FA Status : Completed
Resolution : PSI @58. NO LEAKS. TAGGED DOOR.

Sub Division : 451 MR Route : F5W FA ID : 1202300405
Account # : 1202300000 Customer Name : MARTIN, JOAN Phone #: (352) 360-1782
Address : 33125 MEADOWSIDE CT CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 8/6/2008 12:43:46PM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE OBTAIN READING OFF (IRRIGATION METER) DUE TO USAGE BILLED TO THE CUSTOMER.
Due Date : 8/7/2008 12:00:00AM Resolution Date : 8/7/2008 10:45:00AM FA Status : Completed
Resolution : SPOKE WITH CUSTOMER. RE-READ METERS, NO LEAKS.

Sub Division : 451 MR Route : F5W FA ID : 1345600892
Account # : 1345600000 Customer Name : PHILLIPS, JOHN Phone #: (352) 728-5642
Address : 738 GRAND VISTA TRL CSR: Isabel Ceballos Operator : Allson McPhee
Entry Date : 7/24/2008 1:51:33PM SO Type : M-SIO Request Type: Water Miscellaneous
Instructions : Customer says whoever is reading the meters and NEVER! close the meter lid. Customer says this needs to be told
Due Date : 7/25/2008 12:00:00AM Resolution Date : 7/28/2008 11:00:00AM FA Status : Completed
Resolution : CALLED KEN'S BUSH-HOG, AND INFORMED METER READER. OK'D.

Sub Division : 451 MR Route : F5W FA ID : 1345600204
Account # : 1345600000 Customer Name : PHILLIPS, JOHN Phone #: (352) 728-5642
Address : 738 GRAND VISTA TRL CSR: Isabel Ceballos Operator : Chris Blasco
Entry Date : 8/27/2008 10:25:16AM SO Type : M-SIO Request Type: Water Miscellaneous
Instructions : CUSTOMER CALLED AGAIN!! ABOUT THE SAME THING. KEN BUSH HOG IS LEAVING LID OPEN WHEN THEY
Due Date : 7/28/2008 12:00:00AM Resolution Date : 9/12/2008 3:50:00PM FA Status : Completed
Resolution : Wil talk to readers about lid. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5W FA ID : 1415600039
Account # : 1415600000 Customer Name : GUIDO, PETER Phone #: (352) 360-1085
Address : 32921 ENCHANTED OAKS LN CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 6/9/2008 1:02:45PM SO Type : M-SIO Request Type: General Investigation
Instructions : CUSTOMER CALLED DUE TO VALVE BEHIND HOME WHERE SCRUBS WERE THAT HAS A BLACK BOX OVER
Due Date : 6/10/2008 12:00:00AM Resolution Date : 6/10/2008 10:00:00AM FA Status : Completed
Resolution : CLEANED AROUND BOX.

Sub Division : 451 MR Route : F5W FA ID : 1734600381
Account # : 1734600000 Customer Name : TAUTFEST JR, Phone #:
Address : 651 TIMBERCREST DR CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 7/14/2008 8:32:51AM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE OBTAIN READING AND CHECK FOR LEAK. TAG CUSTOMER WITH FINDINGS. PLEASE INCLUDE
Due Date : 7/15/2008 12:00:00AM Resolution Date : 7/15/2008 11:25:00AM FA Status : Completed
Resolution : NO LEAKS, INFORMED CUSTOMERS. DUG UP METER.

Sub Division : 451 MR Route : F5W FA ID : 1793600988
Account # : 1793600000 Customer Name : STILP, DIANE Phone #: (352) 365-6626
Address : 634 GRAND VISTA TRL CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 9/10/2008 7:34:58AM SO Type : M-SIO Request Type: General Investigation
Instructions : MS. CALLED BECAUSE SHE WAS BILLED ZERO CONSUMPTION. PLEASE LOCATE AND READ HER METER.
Due Date : 9/11/2008 12:00:00AM Resolution Date : 9/11/2008 12:50:00PM FA Status : Completed
Resolution : RE-READ METER NO LEAKS. SPOKE W/ CUSTOMER. DUG-UP METER.

Sub Division : 451 MR Route : F5W FA ID : 1845110519
Account # : 6109761932 Customer Name : Pieratt, John R. Phone #: (330) 650-0626
Address : 735 OLD OAKS LN CSR: Jacqueline Sillitoe Operator : Allson McPhee
Entry Date : 7/8/2008 2:01:41PM SO Type : M-SIO Request Type: General Investigation
Instructions : Replace missing lid/cover 07/08/08 JMS
Due Date : 7/9/2008 12:00:00AM Resolution Date : 7/9/2008 12:18:00PM FA Status : Completed
Resolution : REPLACED LID

Sub Division : 451 MR Route : F5W FA ID : 1845110241
Account # : 6109761932 Customer Name : Pieratt,John R. Phone #: (330) 650-0626
Address : 735 OLD OAKS LN CSR: Matthew Chandler Operator : Ray Parrish
Entry Date : 12/8/2008 8:34:02AM SO Type : M-SIO Request Type: Repair/Replace Meter Box
Instructions : PLEASE REPLACE MTR BOX LID PER CUST REQUEST.
Due Date : 12/9/2008 6:00:00PM Resolution Date : 12/11/2008 2:45:00PM FA Status : Completed
Resolution : Replaced lid. No leaks/ has irrg. RP CJB

Sub Division : 451 MR Route : F5W FA ID : 1885410331
Account # : 1885410000 Customer Name : RIEDERICH/ROCK,ROB Phone #:
Address : 1145 MEADOWBEND DR CSR: Lyn Paulk Operator : Chris Blasco
Entry Date : 11/5/2008 11:19:26AM SO Type : M-SIO Request Type: General Investigation
Instructions : MR. CALLED DUE TO LOW PRESSURE. HE SAID THEIR PRESSURE HAS BEEN LOW FOR 2 WEEKS. PLEASE
Due Date : 11/6/2008 6:00:00PM Resolution Date : 11/12/2008 3:15:00PM FA Status : Completed
Resolution : I found 49psi at the house along with the neighbors. This is the furthest street from the WTP. I will speak with Daniel A about raising the pressure. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5V FA ID : 2304910676
Account # : 3473039628 Customer Name : Winston,Wayne G Phone #: (217) 762-9758
Address : 212 WESTWOOD DR CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 9/17/2008 3:19:41PM SO Type : M-SIO Request Type: General Investigation
Instructions : READ AND LEAVE ON. CONVERSION ISSUE. SHOULD HAVE BEEN ON FROM LEGACY. THANK LYN
Due Date : 9/18/2008 12:00:00AM Resolution Date : 9/18/2008 2:30:00PM FA Status : Completed
Resolution : READ AND LEFT-ON. NO LEAKS.

Sub Division : 451 MR Route : F5V FA ID : 3067310031
Account # : 3067310000 Customer Name : PEARSON,GUNNAR Phone #: (352) 323-8075
Address : 140 TRAILWOOD DR CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 9/4/2008 2:42:57PM SO Type : M-SIO Request Type: General Investigation
Instructions : MS. CALLED TO REPORT A POSSIBLE LEAK (PER THE CITY) SHE SAID IT WAS THE RECLAIMED METER OR
Due Date : 9/5/2008 12:00:00AM Resolution Date : 9/5/2008 10:18:00AM FA Status : Completed
Resolution : RECLAIM FLOW ONLY FOR GOLF COURSE. NO LEAK. NO EVEN @ H20-METER. KNOCKED, CUSTOMER NO AT HOME.

Sub Division : 451 MR Route : F5V FA ID : 3182600494
Account # : 3182600000 Customer Name : COLLETT,JENNIFER Phone #:
Address : 232 WESTWOOD DR CSR: Leanne Loeffel Operator : Allson McPhee
Entry Date : 10/21/2008 2:59:35PM SO Type : M-SIO Request Type: High or Low Pressure in the
Instructions : Customer called with very low water pressure. Paged to Allson. Thanks *LML*
Due Date : 10/21/2008 6:00:00PM Resolution Date : 10/21/2008 4:30:00PM FA Status : Completed
Resolution : PSI @ 58. CUSTOMER MADE LEAK REPAIR UNDER HOME. DID'NT HAVE TO SHUT-OFF H20.

Sub Division : 451 MR Route : F5V FA ID : 3185900993
Account # : 3185900000 Customer Name : GURALSKY,GERALD Phone #:
Address : 33226 PENNBROOKE PKWY CSR: Lyn Paulk Operator : Allson McPhee
Entry Date : 7/1/2008 7:46:03AM SO Type : M-SIO Request Type: General Investigation
Instructions : MR. CALLED AND HAS BEEN WATERING THE LAWN BUT WANTS THE METER REREAD. PLEASE TAG THE

Due Date : 7/2/2008 12:00:00AM Resolution Date : 7/2/2008 10:03:00AM FA Status : Completed
Resolution :

Sub Division : 451 MR Route : F5V FA ID : 4148310638
Account # : 4148310000 Customer Name : OLSON,GUSTAF Phone #: (352) 250-9739
Address : 344 RANCHWOOD DR CSR: Leanne Loeffel Operator : Allson McPhee
Entry Date : 9/16/2008 10:29:18AM SO Type : M-SIO Request Type: Repair/Replace Meter Box
Instructions : Meter box lid is missing, please reapir/replace, customer concerned someone will get hurt. Thank You *LML*
Due Date : 9/17/2008 12:00:00AM Resolution Date : 9/17/2008 3:30:00PM FA Status : Completed
Resolution : REPLACED LID WITH NEW ONE.

Sub Division : 451 MR Route : F5V FA ID : 4215900648
Account # : 4215900000 Customer Name : NATOLI,JOLENE Phone #: (352) 787-6076
Address : 33243 PENNBROOKE PKWY CSR: Lorie Mayeski Operator : Allson McPhee
Entry Date : 10/6/2008 12:36:32PM SO Type : M-SIO Request Type: General Investigation
Instructions : CUSTOMER CALLED REQUESTED THAT PLASTIC THAT COVERS METER REGISTER NUMBERS IS
Due Date : 10/7/2008 12:00:00AM Resolution Date : 10/7/2008 1:50:00PM FA Status : Completed
Resolution : SIGHT-GLASS A LITTLE DULL, BUT CAN BE READ. READ=650900

Sub Division : 451 MR Route : F5W FA ID : 4535310936
Account # : 4535310000 Customer Name : AUGER,PAUL Phone #: (352) 323-8971
Address : 32219 SWEET BRIAR CT CSR: Matthew Chandler Operator : Allson McPhee
Entry Date : 10/3/2008 7:57:14AM SO Type : M-SIO Request Type: Sewer Miscellaneous
Instructions : LAWN SERVICE JIT AND DESTROYED THE SEWER CLEAN OUT AND CAP PER CUST. PLEASE CHK OUT
Due Date : 10/6/2008 12:00:00AM Resolution Date : 10/6/2008 12:00:00PM FA Status : Completed
Resolution : REPAIRED SEWER CLEAN-OUT, PUT NEW CAP ON.

Sub Division : 451 MR Route : F5V FA ID : 4637310542
Account # : 4637310000 Customer Name : ERICSSON,ROBERT Phone #: (352) 787-8455
Address : 32717 TIMBERWOOD DR CSR: Leanne Loeffel Operator : Allson McPhee
Entry Date : 10/14/2008 11:33:41AM SO Type : M-SIO Request Type: Repair/Replace Meter Box
Instructions : customer needs to have the meter box repaired, the lid is missing. Thank You *LML* 10/14/2008
Due Date : 10/15/2008 12:00:00AM Resolution Date : 10/15/2008 2:00:00PM FA Status : Completed
Resolution : REPLACED METER-LID WITH NEW ONE. NO LEAKS.

Sub Division : 451 MR Route : F5W FA ID : 4922300734
Account # : 4922300000 Customer Name : HANDSCHKE,CARL Phone #: (352) 435-0299
Address : 1108 EAGLES LANDING CSR: Leanne Loeffel Operator : Chris Blasco
Entry Date : 12/11/2008 10:28:18AM SO Type : M-SIO Request Type: General Investigation
Instructions : Please verify meter # and read, there should be usage on this meter. Customer gone since May but house has usage

Due Date : 12/12/2008 6:00:00PM Resolution Date : 12/15/2008 4:01:00PM FA Status : Completed
Resolution : Reread meter. No leaks/ cross. CJB

Sub Division : 451 MR Route : F5V FA ID : 5819110401
Account # : 5819110000 Customer Name : HARKNESS, LEWIS G Phone #: (256) 603-6020
Address : 32711 WESTWOOD LOOP CSR: Isabel Ceballos Operator : Allson McPhee
Entry Date : 6/3/2008 8:01:54AM SO Type : M-SIO Request Type: High or Low Pressure in the
Instructions : Customer has very low water pressure. Paged Allson /ic
Due Date : 6/3/2008 12:00:00AM Resolution Date : 6/3/2008 1:00:00PM FA Status : Completed
Resolution : PSI WAS 62, CL2 @ 1.2ppm

Sub Division : 451 MR Route : F5V FA ID : 5855800816
Account # : 5855800000 Customer Name : BENNETT, LARRY Phone #: (352) 787-3524
Address : 237 GRAND VISTA TRL CSR: Lyn Paulk Operator : Chris Blasco
Entry Date : 7/28/2008 8:42:40AM SO Type : M-SIO Request Type: General Investigation
Instructions : MR. CALLED TO REPORT A BREAK IN THE LINE FROM THE STREET TO HIS METER. HE WAS RAKING HIS
Due Date : 7/28/2008 12:00:00AM Resolution Date : 7/28/2008 1:00:00PM FA Status : Completed
Resolution : I repaired the broken line. Hit by shovel, not rake. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5W FA ID : 6300610804
Account # : 6300610000 Customer Name : JANSEN,DALE Phone #: (352) 255-2735
Address : 32932 ENCHANTED OAKS LN CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 10/7/2008 12:29:11PM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE CHECK TO SEE IF THIS IS THE IRRIGATION OR HOUSE METER. CUSTOMER CALLED STATING
Due Date : 10/8/2008 12:00:00AM Resolution Date : 10/8/2008 12:08:00PM FA Status : Completed
Resolution : CORRECT BADGE IS: 97961194. READ=1029990. SPOKE W/ CUSTOMER. NO LEAKS.

Sub Division : 451 MR Route : F5V FA ID : 6308310105
Account # : 6308310000 Customer Name : BARNETT,FLOYD Phone #: (352) 728-1363
Address : 353 RANCHWOOD DR CSR: Matthew Chandler Operator : Chris Blasco
Entry Date : 12/12/2008 1:42:10PM SO Type : M-SIO Request Type: General Investigation
Instructions : CUST CALLED BECAUSE OF THE LIFTSTATION BEHIND HER HOUSE. IT COMES ON EVERYDAY AT 6:00AM.
Due Date : 12/15/2008 6:00:00PM Resolution Date : 12/15/2008 3:55:00PM FA Status : Completed
Resolution : The sound is not a lift station, but from the golf course's irrigation pump. I tagged the door informing them they needed to contact the golf course. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5V FA ID : 6455900860
Account # : 6455900000 Customer Name : DUNN,JOSEPH Phone #: (352) 728-5230
Address : 429 BENTWOOD DR CSR: Matthew Chandler Operator : Chris Blasco
Entry Date : 10/9/2008 9:46:20AM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE COMPLETE MTR EXCHANGE IN CC&B.
Due Date : 10/10/2008 12:00:00AM Resolution Date : 10/24/2008 8:00:00AM FA Status : Completed
Resolution : Info has been put into CCB. CJB

Sub Division : 451 MR Route : F5V FA ID : 6465900500
Account # : 5883892826 Customer Name : CUNNINGHAM,MARVIN Phone #: (314) 845-2942
Address : 321 BENTWOOD DR CSR: Jacqueline Sillitoe Operator : Allson McPhee
Entry Date : 7/8/2008 2:00:35PM SO Type : M-SIO Request Type: General Investigation
Instructions : Meter cover/lid is missing. Please replace. JMS 07/08
Due Date : 7/9/2008 12:00:00AM Resolution Date : 7/9/2008 12:05:00PM FA Status : Completed
Resolution : REPLACED LID

Sub Division : 451 MR Route : F5W FA ID : 6493600405
Account # : 7493600000 Customer Name : PICULELL,EDWARD K Phone #: (352) 326-2855
Address : 734 COTTAGE PARK LN CSR: Ann Raponi Operator : Allson McPhee
Entry Date : 9/10/2008 7:57:42AM SO Type : M-SIO Request Type: General Investigation
Instructions : please re-check meter - customer is disputing the june bill usages for 6,040- only one person lived there for that
Due Date : 9/10/2008 9:37:00AM Resolution Date : 9/10/2008 4:10:00PM FA Status : Completed
Resolution : RE-READ METER, NO LEAKS.

Sub Division : 451 MR Route : F5W FA ID : 6494600448
Account # : 6494600000 Customer Name : LISTER,JOHN Phone #: (352) 360-1170
Address : 32930 RAMBLING OAKS CT CSR: Lorie Mayeski Operator : Allson McPhee
Entry Date : 9/16/2008 11:31:27AM SO Type : M-SIO Request Type: High or Low Pressure in the
Instructions : CUSTOMER CALLED COMPLAINED OF EXTREMELY LOW WATER PRESSURE/NO WATER AT HIS PREMISE
Due Date : 9/16/2008 12:10:00PM Resolution Date : 9/16/2008 12:30:00PM FA Status : Completed
Resolution : CHECKED PRESSURE@62. NO LEAKS@METER, OR BEFORE METER. CL2=1.2ppm, 68psi@ H20-PLANT, INFORMED (A.M.) DOMENIC G.

Sub Division : 451 MR Route : F5W FA ID : 7025210477
Account # : 7025210000 Customer Name : MARTIN,JOAN Phone #: (352) 360-1782
Address : 33125 MEADOWSIDE CT CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 8/6/2008 12:40:38PM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE OBTAIN READING (HOUSE METER) DUE TO USAGE BILLED TO CUSTOMER. **CALL CUSTOMER
Due Date : 8/7/2008 12:00:00AM Resolution Date : 8/7/2008 10:45:00AM FA Status : Completed
Resolution : RE-READ METER, SPOKE WITH CUSTOMER. NO LEAKS.

Sub Division : 451 MR Route : F5W FA ID : 7125600361
Account # : 7125600000 Customer Name : JANSEN,DALE Phone #:
Address : 32932 ENCHANTED OAKS LN CSR: Kimberly Bennett Operator : Allson McPhee
Entry Date : 10/7/2008 12:30:13PM SO Type : M-SIO Request Type: General Investigation
Instructions : PLEASE CHECK TO SEE IF THIS IS THE HOUSE OR IRRIGATIONMETER. CUSTOMER CALLED STATING THAT
Due Date : 10/8/2008 12:00:00AM Resolution Date : 10/8/2008 12:08:00PM FA Status : Completed
Resolution : CORRECT BADGE IS:97961194. READ=1029990. SPOKE W/ CUSTOMER. NO LEAKS.

Sub Division : 451 MR Route : F5V FA ID : 7398110146
Account # : 7398110000 Customer Name : SHIPPEY,EDWIN Phone #: (352) 326-8696
Address : 32736 WESTWOOD LOOP CSR: Matthew Chandler Operator : Chris Blasco
Entry Date : 12/5/2008 9:18:26AM SO Type : M-SIO Request Type: Water Service Line Break
Instructions : CUST CALLED IN A LEAK AT THE MTR. HE BELIEVES IT IS ON OUR SIDE. PLEASE CHK OUT AND REPAIR IF
Due Date : 12/5/2008 6:00:00PM Resolution Date : 12/5/2008 12:00:00AM FA Status : Completed
Resolution : There was no leak found. This street is always wet with ground water. Tagged door. No leaks/ has irrg. DA

Sub Division : 451 MR Route : F5W FA ID : 7504600578
Account # : 7504600000 Customer Name : WEED,LYLE Phone #: (352) 365-0609
Address : 718 GRAND VISTA TRL CSR: Jacqueline Sillitoe Operator : Allson McPhee
Entry Date : 6/25/2008 12:22:24PM SO Type : M-SIO Request Type: High or Low Pressure in the
Instructions : Customer says that water pressure is low in the morning-so low that he cant even brush his teeth. Please check
Due Date : 6/26/2008 12:00:00AM Resolution Date : 6/26/2008 1:00:00AM FA Status : Completed
Resolution : PRESSURE@57PSI. NO LEAKS. SPOKE W/ CUSTOMER.

Sub Division : 451 MR Route : F5V FA ID : 7538310423
Account # : 7538310000 Customer Name : WEBB,WILLIAM Phone #:
Address : 316 RANCHWOOD DR CSR: Lorie Mayeski Operator : Chris Blasco
Entry Date : 11/4/2008 12:41:15PM SO Type : M-SIO Request Type: General Investigation
Instructions : CUSTOMER CALLED SHE IS VERY CONCERNED ABOUT HIGHER THAN NORMAL USAGE. PLEASE CHECK
Due Date : 11/5/2008 6:00:00PM Resolution Date : 11/11/2008 3:35:00PM FA Status : Completed
Resolution : Reread meter. Found nothing wrong. Cust. will watch next bill. No leaks/ has irrg. CJB REPLACED LID

Sub Division : 451 MR Route : F5W FA ID : 8593300799
Account # : 8593300000 Customer Name : TAP,ATTIE Phone #: (352) 315-1345
Address : 32688 OAK PARK DR CSR: Isabel Ceballos Operator : Daniel Anderson
Entry Date : 10/24/2008 2:04:41PM SO Type : M-SIO Request Type: General Investigation
Instructions : Customer at 32684 called in a leak. Leak was at this address in front of bay window per Daniel. Explained to
Due Date : 10/24/2008 12:00:00AM Resolution Date : 10/24/2008 2:15:00PM FA Status : Completed

Resolution : LEAK ON CUST PIPING NEAR FRONT BAY WINDOW, UNDER SOD. TURNED OFF, SHOWED TO RESIDENT UPON RETURN. RESID RESPONSE PLUMBER TURN ON

Sub Division : 451 MR Route : F5V FA ID : 8675800944
Account # : 8675800000 Customer Name : TAILLIEU,EDMOND Phone #: (352) 728-4353
Address : 401 GRAND VISTA TRL CSR: Lorie Mayeski Operator : Chris Blasco
Entry Date : 11/11/2008 2:11:12PM SO Type : M-SIO Request Type: No Water
Instructions : CUSTOMER CALLED STATED THAT THERE IS NO WATER SINCE ABOUT 2:00 PM PLEASE INVESTIGATE.
Due Date : 11/11/2008 6:00:00PM Resolution Date : 11/11/2008 2:55:00PM FA Status : Completed
Resolution : Meter was off in error for 10 minutes. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5V FA ID : 8986810779
Account # : 8986810000 Customer Name : O'BRIEN,JOHN Phone #: (352) 315-9116
Address : 33117 PENNBROOKE PKWY CSR: Lyn Paulk Operator : Chris Blasco
Entry Date : 10/6/2008 1:34:28PM SO Type : M-SIO Request Type: General Investigation
Instructions : REPLACE BROKEN LID PER MR. HIS LAWN GUY ALMOST FELL IN THE HOLE. THANK YOU...LYN
Due Date : 10/7/2008 12:00:00AM Resolution Date : 10/8/2008 3:45:00PM FA Status : Completed
Resolution : Replaced lid. No leaks/ has irrg. CJB

Sub Division : 451 MR Route : F5W FA ID : 9164600606
Account # : 9164600000 Customer Name : LASKOWSKI,NORMAN Phone #: (352) 323-1440
Address : 32849 CROOKED OAKS LN CSR: Isabel Ceballos Operator : Allson McPhee
Entry Date : 8/12/2008 11:23:50AM SO Type : M-SIO Request Type: High or Low Pressure in the
Instructions : Customer called about low pressure. Paged Domenic for Allson. /ic
Due Date : 8/12/2008 12:00:00AM Resolution Date : 8/12/2008 11:30:00AM FA Status : Completed
Resolution : CHECKED FOR LEAKS, NONE. PRESSURE WAS @56.

Sub Division : 451 MR Route : FA ID : 9220910990
Account # : 9220910000 Customer Name : 451 Pennbrooke Phone #:
Address : 451 Pennbrooke CSR: Ferrellyn Trovinger Operator : Charles Schwades
Entry Date : 7/18/2008 11:19:10AM SO Type : M-SIO Request Type: Lift Station Problems
Instructions : Bernie w/Pennbrooke HOA said the lift station at Oak Park is overflowing and sewage is running across the street.
Due Date : 7/18/2008 12:00:00AM Resolution Date : 7/18/2008 10:00:00AM FA Status : Completed
Resolution : INFORMED (AM) CHUCK S., L/S TECH RESPONDED.

Sub Division : 451 MR Route : FA ID : 9220910366
Account # : 9220910000 Customer Name : 451 Pennbrooke Phone #:
Address : 451 Pennbrooke CSR: Ferrellyn Trovinger Operator : Allson McPhee
Entry Date : 7/11/2008 12:16:39PM SO Type : M-SIO Request Type: Lawn Repair for Sewer
Instructions : Customer called and said thanks for cleaning up around Pump Station #1 but also wants you to pull up roots from last

Due Date : 7/14/2008 12:00:00AM Resolution Date : 7/14/2008 11:00:00AM FA Status : Completed

Resolution : STILL BEING COMPLETED BY KEN AND CEDRICK

Sub Division : 451 MR Route : F5W FA ID : 9394600882

Account # : 9394600000 Customer Name : BEDNAREK,JANET Phone #: (352) 365-9012

Address : 32936 RAMBLING OAKS CT CSR: Lorie Mayeski Operator : Allson McPhee

Entry Date : 11/3/2008 8:43:15AM SO Type : M-SIO Request Type: Discolored Water

Instructions : CUSTOMER CALLED SHE HAS "BROWN WATER". PLEASE INVESTIGATE. PAGED TO ALLSON.THANKS,

Due Date : 11/3/2008 6:00:00PM Resolution Date : 11/3/2008 1:00:00PM FA Status : Completed

Resolution : CUSTOMER HAD FILTER SERVICED LAST WEEK, SHE FLUSHED ALL FAUCETS IN HOME, FLUSHED HYDRANT IN FRONT OF HOME FOR 200GALS AND TOOK RESIDUAL @ 1.34PPM. HOUSE HAD 57PSI.

Sub Division : 451 MR Route : F5W FA ID : 9985410890

Account # : 9985410000 Customer Name : FITTERER, FRANCIS Phone #: (352) 315-0202

Address : 1109 MEADOW BEND DR CSR: Lorie Mayeski Operator : Chris Blasco

Entry Date : 11/10/2008 9:17:05AM SO Type : M-SIO Request Type: General Investigation

Instructions : CUSTOMER CALLED "METER HAS NOT MOVED IN MONTHS" JUST CHECKED IT TODAY. PLEASE

Due Date : 11/10/2008 6:00:00PM Resolution Date : 11/10/2008 3:00:00PM FA Status : Completed

Resolution : Meter is stuck. Kim B will make FO to change out. CJB
