

090402-WS

CLASS A
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Sanlando Utilities Corporation
Exact Legal Name of Utility

VOLUME III (a)



FOR THE

Test Year Ended: December 31, 2008

(Volume III - (a) thru (c))

DOCUMENT NUMBER - DATE

10112 SEP 30 '08

FPSC-COMMISSION CLERK

Sanlando Utilities Corporation

Docket No.: 090402-WS

Seminole County

**25.30.440 (1)
DETAILED MAP**

Test Year Ended December 31, 2008

DOCUMENT NUMBER - DATE

10112 SEP 30 8

FPSC-COMMISSION CLERK

MAP PROVIDED SEPARATELY

Sanlando Utilities Corporation

Docket No.: 090402-WS

Seminole County

**25.30.440 (2)
CHEMICALS USED**

Test Year Ended December 31, 2008

Sanlardo Utilities Corporation
Docket No. 090402-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Sodium Aluminate SAX-19		Bisulfite, Aqueous Solution Sodium Hydrogen Sulfite		Polymer		Sales Tax		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	55 Gallons	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price		
10/10/2007	225	0.75											168.75	
12/10/2007	1820	0.75											1,365.00	
12/10/2007	1456	0.75											1,092.00	
12/10/2007	1000	0.75											750.00	
12/10/2007			784	6.00									4,704.00	
12/16/2007	1931	0.75											1,448.25	
12/17/2007	222	0.75											166.50	
12/17/2007	1000	0.75											750.00	
12/24/2007	1100	0.75											825.00	
12/24/2007	250	0.75											187.50	
12/24/2007	1900	0.75											1,425.00	
12/24/2007	1195	0.75											897.00	
12/31/2007	265	0.75											198.75	
12/31/2007	1308	0.75											979.50	
12/31/2007	181	0.75											135.75	
1/3/2008	900	0.75											675.00	
1/3/2008	1450	0.75											1,087.50	
1/7/2008	225	0.75											168.75	
1/7/2008	2100	0.75											1,575.00	
1/7/2008	900	0.75											675.00	
1/7/2008	1288	0.75											966.00	
1/14/2008	1040	0.75											780.00	
1/14/2008	220	0.75											165.00	
1/14/2008	1508	0.75											1,131.00	
1/14/2008	1560	0.75											1,170.00	
1/17/2008			1,944	6.00									11,664.00	
1/21/2008	220	0.75											165.00	
1/21/2008	1210	0.75											907.50	
1/21/2008	824	0.75											618.00	
1/21/2008	1566	0.75											1,174.50	
1/28/2008	1132	0.75											849.00	
1/28/2008	230	0.75											172.50	
1/28/2008	880	0.75											660.00	
1/28/2008	1320	0.75											990.00	
2/4/2008	1445	0.75											1,083.75	
2/4/2008	200	0.75											150.00	
2/4/2008	740	0.75											555.00	
2/4/2008	1475	0.75											1,106.25	
2/5/2008					45,920	0.2244							10,304.45	
2/11/2008	1444	0.75											1,083.00	
2/11/2008	960	0.75											720.00	
2/11/2008	1440	0.75											1,080.00	
2/11/2008	270	0.75											202.50	
2/18/2008	1404	0.75											1,053.00	
2/18/2008	1050	0.75											787.50	
2/18/2008	700	0.75											525.00	
2/18/2008	250	0.75											187.50	
2/25/2008	1144	0.75											858.00	
2/25/2008	250	0.75											187.50	
2/25/2008	1040	0.75											780.00	
2/25/2008	1716	0.75											1,287.00	
3/3/2008	240	0.75											180.00	
3/3/2008	1386	0.75											1,039.50	
3/3/2008	924	0.75											693.00	
3/3/2008	988	0.75											741.00	
3/10/2008	195	0.75											146.25	
3/10/2008	1356	0.75											1,017.00	
3/10/2008	904	0.75											678.00	
3/10/2008	988	0.75											741.00	
3/17/2008	170	0.75											127.50	
3/17/2008	1494	0.75											1,120.50	
3/17/2008	1820	0.75											1,365.00	

Sanlardo Utilities Corporation
Docket No. 090402-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Sodium Aluminate SAX-19		Bisulfite, Aqueous Solution Sodium Hydrogen Sulfite		Polymer		Sales Tax		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	55 Gallons	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price		
3/17/2008	996	0.75											747.00	
3/24/2008	990	0.75											742.50	
3/24/2008	205	0.75											153.75	
3/24/2008	1300	0.75											975.00	
3/24/2008	1485	0.75											1,113.75	
3/31/2008	788	0.75											591.00	
3/31/2008	200	0.75											150.00	
3/31/2008	1560	0.75											1,170.00	
3/31/2008	1182	0.75											886.50	
4/7/2008	1212	0.75											909.00	
4/7/2008	250	0.75											187.50	
4/7/2008	1392	0.75											1,044.00	
4/7/2008	1818	0.75											1,363.50	
4/14/2008	295	0.75											221.25	
4/14/2008	368	0.75											276.00	
4/14/2008	1444	0.75											1,083.00	
4/14/2008	552	0.75											414.00	
4/16/2008	720	0.75											540.00	
4/16/2008	1080	0.75											810.00	
4/21/2008	712	0.75											534.00	
4/21/2008	215	0.75											161.25	
4/21/2008	1664	0.75											1,248.00	
4/21/2008	1068	0.75											801.00	
4/28/2008	1050	0.75											787.50	
4/28/2008	700	0.75											525.00	
4/28/2008	250	0.75											187.50	
4/28/2008	1924	0.75											1,443.00	
4/30/2008	950	0.75											712.50	
4/30/2008	1100	0.75											825.00	
5/5/2008	2016	0.75											1,512.00	
5/5/2008	270	0.75											202.50	
5/5/2008	1428	0.75											1,071.00	
5/5/2008	952	0.75											714.00	
5/5/2008	848	0.75											636.00	
5/8/2008	780	0.75											585.00	
5/12/2008	520	0.75											390.00	
5/12/2008	280	0.75											217.50	
5/12/2008	2340	0.75											1,755.00	
5/13/2008	1400	0.75											1,050.00	
5/13/2008	1870	0.75											1,402.50	
5/19/2008	627	0.75											470.25	
5/19/2008	630	0.75											472.50	
5/19/2008	2470	0.75											1,852.50	
5/19/2008	940	0.75											705.00	
5/26/2008	644	0.75											483.00	
5/26/2008	966	0.75											724.50	
5/26/2008	550	0.75											412.50	
5/26/2008	2444	0.75											1,833.00	
6/2/2008	600	0.75											450.00	
6/2/2008	1396	0.75											1,047.00	
6/2/2008	1990	0.75											1,492.50	
6/2/2008	931	0.75											698.25	
6/3/2008	900	0.75											675.00	
6/3/2008	1000	0.75											750.00	
6/5/2008			3.035	6.00					450	1.65	1	48.25	18,210.00	
6/8/2008													790.76	
6/9/2008	760	0.75											570.00	
6/9/2008	884	0.75											663.00	
6/9/2008	2314	0.75											1,735.50	
6/9/2008	1026	0.75											769.50	
6/11/2008	400	0.75											300.00	
6/11/2008	750	0.75											562.50	

Sanlindo Utilities Corporation
Docket No. 090402-W5
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Sodium Aluminate SAX-19		Bisulfite, Aqueous Solution Sodium Hydrogen Sulfite		Polymer		Sales Tax		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	55 Gallons	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price		
6/16/2008	1850	0.75											1,387.50	
6/16/2008	1450	0.75											1,087.50	
6/16/2008	600	0.75											450.00	
6/16/2008	3000	0.75											2,250.00	
6/23/2008	1046	0.75											784.50	
6/23/2008	250	0.75											187.50	
6/23/2008	1444	0.75											1,083.00	
6/23/2008	1569	0.75											1,176.75	
6/30/2008	900	0.75											675.00	
6/30/2008	830	0.75											622.50	
6/30/2008	1700	0.75											1,275.00	
6/30/2008	1350	0.75											1,012.50	
7/7/2008	650	0.75											487.50	
7/7/2008	690	0.75											517.50	
7/7/2008	460	0.75											345.00	
7/7/2008	2142	0.75											1,606.50	
7/8/2008	1550	0.75											1,162.50	
7/8/2008	1025	0.75											768.75	
7/8/2008	280	1.25											350.00	
7/14/2008	959	0.75											719.25	
7/14/2008	640	0.75											480.00	
7/14/2008	1664	0.75											1,248.00	
7/14/2008	1439	0.75											1,079.25	
7/21/2008	1370	0.75											1,027.50	
7/21/2008	300	0.75											225.00	
7/21/2008	1095	0.75											821.25	
7/21/2008	730	0.75											547.50	
7/24/2008	731	0.75											548.25	
7/24/2008	1459	0.75											1,094.25	
7/28/2008	1366	0.75											1,024.50	
7/28/2008	500	0.75											375.00	
7/28/2008	664	0.75											498.00	
7/28/2008	996	0.75											747.00	
8/4/2008	1626	0.75											1,219.50	
8/4/2008	945	0.75											708.75	
8/4/2008	650	0.75											487.50	
8/4/2008	1084	0.75											813.00	
8/11/2008	1600	0.75											1,200.00	
8/11/2008	1022	0.75											766.50	
8/11/2008	1533	0.75											1,149.75	
8/11/2008	625	0.75											468.75	
8/18/2008	1476	0.75											1,107.00	
8/18/2008	984	0.75											738.00	
8/18/2008	530	0.75											397.50	
8/18/2008	1716	0.75											1,287.00	
8/20/2008									1.800	1.60	1	201.60	3,081.60	
8/25/2008	490	0.75											367.50	
8/25/2008	950	0.75											712.50	
8/25/2008	1860	0.75											1,395.00	
8/25/2008	1240	0.75											930.00	
9/1/2008	595	0.75											446.25	
9/1/2008	1216	0.75											912.00	
9/5/2008							390	2.75					1,072.50	
9/22/2008	1378	0.75											1,033.50	
9/22/2008	600	0.75											450.00	
9/23/2008							500	2.75					1,375.00	
9/23/2008									1.600	1.60	1	201.60	3,081.60	
9/28/2008					46.020	0.347							15,968.94	
9/29/2008	1352	0.75											1,014.00	
9/29/2008	360	0.75											270.00	
9/29/2008	188	0.75											141.00	
10/6/2008	1352	0.75											1,014.00	

Sanlando Utilities Corporation
Docket No. 090402-WVS
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Sodium Aluminate SAX-19		Bisulfite, Aqueous Solution Sodium Hydrogen Sulfite		Polymer		Sales Tax		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	55 Gallons	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price		
10/6/2008	600	0.75											450.00	
10/6/2008	1332	0.75											999.00	
10/6/2008	868	0.75											651.00	
10/13/2008	1248	0.75											936.00	
10/13/2008	450	0.75											337.50	
10/13/2008	1060	0.75											795.00	
10/13/2008	1580	0.75											1,185.00	
10/20/2008	1392	0.75											1,044.00	
10/20/2008	525	0.75											393.75	
10/20/2008	1575	0.75											1,181.25	
10/20/2008	1050	0.75											787.50	
10/27/2008	1352	0.75											1,014.00	
10/27/2008	525	0.75											393.75	
10/27/2008	1074	0.75											805.50	
11/3/2008	1611	0.75											1,208.25	
11/3/2008	572	0.75											429.00	
11/3/2008	1340	0.75											1,005.00	
11/3/2008	400	0.75											300.00	
11/10/2008	1456	0.75											1,092.00	
11/10/2008	175	0.75											131.25	
11/17/2008	175	0.75											131.25	
11/24/2008	150	0.75											112.50	
12/1/2008	250	0.75											187.50	
12/8/2008	1234	0.75											925.50	
12/15/2008	969	0.75											726.75	
12/17/2008	2756	0.75											2,067.00	
	208,644		5,763		91,940		890		4,050		3		226,875.85	
Quantity Purchased	208,644		5,763		91,940		890		4,050		3			
Unit of Measure	Gallons		55 Gallon Drum		Pounds		Gallons		55 Gallon Drum					
Average Cost/ Unit	0.75		6.00		0.2857		2.75		1.62					
Where Used (Water/ Sewer)	Water and Sewer		Water Only		Sewer Only		Sewer Only		Sewer Only					
Specify Dosage Rate	Disinfecting agent		Corrosion inhibitor		Settling Aid		Dechlorinating Agent		Dewatering Aid					
Water, total item used, gallons	156,483		5,763											
Water, chemical feed rate, ppm	6		2		N/A		N/A		N/A		N/A			
Volume treated, million gal.	2.907		2.907											
Sewer, total item used, gallons	52,161				8,549		890							
Sewer, chemical feed rate, ppm	8		N/A		16		16		N/A		N/A			
Volume treated, million gal.	808				200		56							

Sanlando Utilities Corporation

Docket No.: 090402-WS

Seminole County

**25.30.440 (3)
CHEMICAL ANALYSIS**

Test Year Ended December 31, 2008

Safe Drinking Water Program Laboratory Reporting Format

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

System Name Knollwood Utilities PWS I.D. # 3591121

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

Address 100 S. Passview

City Longwood State 41 Zip Code 32750

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

E-mail Address DKGONGRE@knollwood.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-627 Location Code (if known): POE

Sample Date: 2/25/08 Sample Time 1150am AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (which quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)
- Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: Jim Sweigheimer

Sampler's Phone #: 407-260-5065 Sampler's Fax#: 407-260-8681

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, Jim Sweigheimer LEAD OPERATOR
(Print Name) (Print Title)

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

Signature Jim Sweigheimer Date: 4-10-08

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

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

Lab Name: Tri-Tech Laboratories, Inc.

Florida Certification #: E83294

Address: 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 2/26/2008

PWS ID (From Page 1): _____

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-02-627

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83079 & E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal
(Print Name)

Quality Control Director
(Print Title)

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

Signature: _____

Date: 4/8/08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s): ☐ MCL(s) Exceeded
☐ Missing Analyte Sheet(s)
☐ Other: _____

☐ Detection (s)
☐ Location Unsatisfactory

☐ Incomplete Report
☐ Analysis Unsatisfactory

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

SYNTHETIC ORGANICS

62-550.310(4)(b)

Report Number / Job ID:

08-02-627

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.0019	U	EPA 508.1	0.0019	0.01	3/5/2008	3/7/2008	20:42	E83079
2010	Lindane	0.2	µg/L	0.0019	U	EPA 508.1	0.0019	0.02	3/5/2008	3/7/2008	20:42	E83079
2015	Methoxychlor	40	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:42	E83079
2020	Toxaphene	3	µg/L	0.22	U	EPA 508.1	0.22	1	3/5/2008	3/7/2008	20:42	E83079
2031	Dalapon	200	µg/L	0.6	U	EPA 515.3	0.6	1	3/6/2008	3/10/2008	20:20	E83079
2032	Diquat	20	µg/L	0.29	U	EPA 549.2	0.29	0.4	2/29/2008	3/7/2008	23:28	E83079
2033	Endothall	100	µg/L	2.7	U	EPA 548.1	2.7	9	3/3/2008	3/5/2008	4:03	E83079
2034	Glyphosate	700	µg/L	0.99	U	EPA 547	0.99	6	3/9/2008	3/10/2008	2:24	E83079
2035	Di(2-ethylhexyl)adipate	400.0	µg/L	0.22	U	EPA 525.2	0.22	0.6	3/6/2008	3/7/2008	20:44	E83079
2036	Oxamyl (Vydate)	200	µg/L	0.16	U	EPA 531.1	0.16	2	3/12/2008	3/13/2008	14:01	E83079
2037	Simazine	4	µg/L	0.018	U	EPA 508.1	0.018	0.07	3/5/2008	3/7/2008	20:42	E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.51	I	EPA 525.2	0.47	0.6	3/6/2008	3/7/2008	20:44	E83079
2040	Picloram	500	µg/L	0.037	U	EPA 515.3	0.037	0.1	3/6/2008	3/10/2008	20:20	E83079
2041	Dinoseb	7	µg/L	0.096	U	EPA 515.3	0.096	0.2	3/6/2008	3/10/2008	20:20	E83079
2042	Hexachlorocyclopentadinene	50	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:42	E83079
2046	Carbofuran	40	µg/L	0.13	U	EPA 531.1	0.13	0.9	3/12/2008	3/13/2008	14:01	E83079
2050	Atrazine	3	µg/L	0.0066	U	EPA 508.1	0.0066	0.1	3/5/2008	3/7/2008	20:42	E83079
2051	Alachlor	2	µg/L	0.028	U	EPA 508.1	0.028	0.2	3/5/2008	3/7/2008	20:42	E83079
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L									
2065	Heptachlor	0.4	µg/L	0.0057	U	EPA 508.1	0.0057	0.04	3/5/2008	3/7/2008	20:42	E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.00095	U	EPA 508.1	0.00095	0.02	3/5/2008	3/7/2008	20:42	E83079
2105	2,4-D	70	µg/L	0.054	U	EPA 515.3	0.054	0.1	3/6/2008	3/10/2008	20:20	E83079
2110	2,4,5-TP(Silvex)	50	µg/L	0.038	U	EPA 515.3	0.038	0.2	3/6/2008	3/10/2008	20:20	E83079
2274	Hexachlorobenzene	1	µg/L	0.011	U	EPA 508.1	0.011	0.1	3/5/2008	3/7/2007	20:42	E83079
2303	Benzo(a)pyrene	0.2	µg/L	0.033	U	EPA 525.2	0.033	0.02	3/6/2008	3/7/2007	20:44	E83079
2326	Pentachlorophenol	1	µg/L	0.004	U	EPA 515.3	0.004	0.04	3/6/2008	3/10/2008	20:20	E83079
2383	Polychlorinated biphenyls (PCB's)	0.5	µg/L	0.095	U	EPA 508.1	0.095	0.1	3/5/2008	3/7/2008	20:42	E83079
2931	Dibromochloropropane	0.2	µg/L	0.004	U	EPA 504.1	0.004	0.02	3/6/2008	3/7/2008	0:10	E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0063	U	EPA 504.1	0.0063	0.01	3/6/2008	3/7/2008	0:10	E83079
2959	Chlordane	2	µg/L	0.018	U	EPA 508.1	0.018	0.2	3/5/2008	3/7/2008	20:42	E83079

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: 08-02-627

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.48		EPA 353.2	0.1	2/26/2008	1700	E83294
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	2/26/2008	1830	E83294
1005	Arsenic	0.05	mg/L	0.003		EPA 200.8	0.0005	3/7/2008	1305	E83079
1010	Barium	2	mg/L	0.013		EPA 200.7	0.005	3/6/2008	2220	E83079
1015	Cadmium	0.005	mg/L	0.0005	U	EPA 200.7	0.0005	3/6/2008	2220	E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2220	E83079
1024	Cyanide	0.2	mg/L	0.0015	U	EPA 335.4	0.0015	3/3/2008	1743	E83079
1025	Fluoride	4.0	mg/L	0.22		EPA 300.0	0.0062	3/14/2008		E83079
1030	Lead	0.015	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1746	E83079
1035	Mercury	0.002	mg/L	0.00002	U	EPA 245.1	0.00002	3/5/2008	1123	E83079
1036	Nickel	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2220	E83079
1045	Selenium	0.05	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1746	E83079
1052	Sodium	160	mg/L	17		EPA 200.7	0.5	3/6/2008	2220	E83079
1074	Antimony	0.006	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1746	E83079
1075	Beryllium	0.004	mg/L	0.00052	I	EPA 200.7	0.0005	3/6/2008	2220	E83079
1085	Thallium	0.002	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1746	E83079
1094	Asbestos	7 MFL	MFL	NA						

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

AMINANTS

Report Number / Job ID: 08-02-627

PWS ID (from page 1):

	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	0.2	mg/L	0.005	U	EPA 200.8	0.005	3/6/2008	1746	E83079
	250	mg/L	24		EPA 300.0	0.6	3/14/2008		E83079
	1	mg/L	0.0025		EPA 200.8	0.0072	3/6/2008	1746	E83079
	2	mg/L	0.22		EPA 300.0	0.0062	3/14/2008		E83079
	0.3	mg/L	0.14		EPA 200.7	0.2	3/6/2008	2220	E83079
	0.05	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2220	E83079
	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2220	E83079
	250.0	mg/L	26		EPA 300.0	0.085	3/14/2008		E83079
	5	mg/L	0.01	U	EPA 200.7	0.01	3/6/2008	2220	E83079
	15	CU	5	U	SM 2120 B	5	2/26/2008	1955	E83012
	3	TON							
e 1)	6.5 - 8.5								
olids	500	mg/L	150		SM 2540 C	5	3/3/2008	1007	E83079
	0.5	mg/L	0.04	U	SM 5540 C	0.04	2/27/2008	950	E83012

July 2004

qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, H, N, O, T, Z, *, are unacceptable for compliance with the SDWA. Results qualified with Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced during the same monitoring period.

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

RADIONUCLIDES

62-550.310(6)

Report Number / Job ID: 08-02-627

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (incl. Uranium)	15**	pCi/L	1.4	U	EPA 900.0	1.4	3	3/7/2008	655	E83033
4002	Gross Beta (incl. Uranium)	***	pCi/L	NA				1			
4006	Combined Uranium (U-234, U-235 & U-238)	****	pCi/L	NA				*****			
		30	µg/L	NA				*****			
4020	Radium-226	5	pCi/L	NA				1			
4030	Radium-228			0.8	U	RA 05	0.8	1	3/10/2008	1052	E83033

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required.

*** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15pCi/L, measurements for radium-226 and uranium are required.

**** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

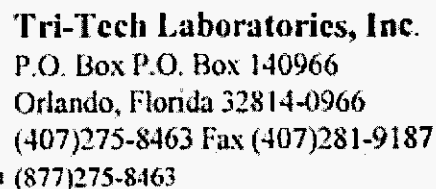
***** Reserved

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

with acceptable results from samples collected during the same monitoring period.



CALL TTA TODAY! Page _____ Of _____

Work Order #: 15-07-627

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.		Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714				Invoicing Address: Same		Attention: Same									
Contact Person: Kathy Sillitoe		Project or address of sample site: Knollwood				Phone Number: 407-948-6559		Fax Number: 407-682-5713									
Sampler's Signature: Jim Swashoimer						(REQUEST ANALYSIS WRITE DOWN BELOW)											
SAMPLE ID	DATE/TIME	COM P	GRA B	WAT ER	NUT R	OT HER	SAMPLE DESCRIPTION	B OT TLE	P. Imprints	Sealures	Voc's	Soils	gases	Alumina	Rail	Other	REMARKS
1. DOE	2/25/08/1150		X				1.7										
2. DOE	2/25/08/1150		X				1.7										
3. DOE	2/25/08/1150		X				1.7										
4. DOE	2/25/08/1150		X				1.7										
5. DOE	2/25/08/1150		X				1.7										
6. DOE	2/25/08/1150		X				1.7										
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
Relinquished Sample Kit Date/Time: 2/25/08 1200		Delivered Sample Kit to Lab Date/Time: 2-25-8 1550						Bottle #: 42 K.T									

Jim Suesteiner
W 2-25-8

Accepted in full:

Date/Time:

7-25-98 *AB*

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Knollwood Utilities

PWS I.D. #

3 5 9 1 1 2 1

System Type (check one):

☒ Community

☐ Nontransient Noncommunity

☐ Transient Noncommunity

Address

100 S. Pessumaw

City: Lowell, MA

State: MA

Zip Code

01850

Phone #:

407-869-1919

Fax#

407-869-6961

E-mail Address:

bkgowgr@lw.walco.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-03-705-2

Location Code (if known):

POE

Sample Date:

3/26/08

Sample Time: 0840am

AM PM (circle one)

Sample Location (be specific):

POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):

mg/L

Field pH:

Sample Type (check one only)

☐ Distribution

☒ Entry Point (to Distribution)

☐ Plant Tap (not for compliance with 62-550)

☐ Raw (at well or intake)

☐ Max Residence Time

☐ Ave Residence Time

☐ Near First Customer

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

☒ Routine Compliance (with 62-550)

☐ Confirmation of MCL exceedance*

☐ Composite of Multiple Sites**

☐ Clearance (permitting)

☐ Other:

☐ Quarterly (which quarter?)

☐ Special (not for compliance with 62-550)

☐ Violation Resolution

☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500 (6) for requirements and restrictions

NOTE: see 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name:

Jim Swegheimer

Sampler's Phone #:

407-260-5065

Sampler's Fax#

407-260-8681

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, Jim Swegheimer

(Print Name)

LEAD OPERATOR

(Print Title)

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

Signature:

Jim Swegheimer

Date:

4-10-08

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

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

Lab Name: Tri-Tech Laboratories, Inc

Florida Certification #: E83294

Address: 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 3/26/2008

PWS ID (From Page 1): _____

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-03-705-2

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☒ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

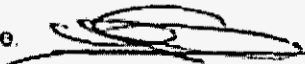
I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

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

Signature: 

Date: 4.8.08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s): ☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: 08-03-705-2

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.47	U	EPA 524.2	0.47	0.5	3/31/2008	18:18	E83012
2380	cis-1,2-Dichloroethylene	70	µg/L	0.32	U	EPA 524.2	0.32	0.5	3/31/2008	18:18	E83012
2955	Xylenes (total)	10,000	µg/L	0.25	U	EPA 524.2	0.25	0.5	3/31/2008	18:18	E83012
2964	Dichloromethane	5	µg/L	0.34	U	EPA 524.2	0.34	0.5	3/31/2008	18:18	E83012
2968	o-Dichlorobenzene	600	µg/L	0.17	U	EPA 524.2	0.17	0.5	3/31/2008	18:18	E83012
2969	para-Dichlorobenzene	75	µg/L	0.15	U	EPA 524.2	0.15	0.5	3/31/2008	18:18	E83012
2976	Vinyl Chloride	1	µg/L	0.23	U	EPA 524.2	0.23	0.5	3/31/2008	18:18	E83012
2977	1,1-Dichloroethylene	7	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	18:18	E83012
2979	trans-1,2-Dichloroethylene	100.0	µg/L	0.3	U	EPA 524.2	0.3	0.5	3/31/2008	18:18	E83012
2980	1,2-Dichloroethane	3	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:18	E83012
2981	1,1,1-Trichloroethane	200	µg/L	0.4	U	EPA 524.2	0.4	0.5	3/31/2008	18:18	E83012
2982	Carbon tetrachloride	3	µg/L	0.42	U	EPA 524.2	0.42	0.5	3/31/2008	18:18	E83012
2983	1,2-Dichloropropane	5	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:18	E83012
2984	Trichloroethylene	3	µg/L	0.28	U	EPA 524.2	0.28	0.5	3/31/2008	18:18	E83012
2985	1,1,2-Trichloroethane	5	µg/L	0.21	U	EPA 524.2	0.21	0.5	3/31/2008	18:18	E83012
2987	Tetrachloroethylene	3	µg/L	0.12	U	EPA 524.2	0.12	0.5	3/31/2008	18:18	E83012
2989	Monochlorobenzene	100	µg/L	0.07	U	EPA 524.2	0.07	0.5	3/31/2008	18:18	E83012
2990	Benzene	1	µg/L	0.13	U	EPA 524.2	0.13	0.5	3/31/2008	18:18	E83012
2991	Toluene	1	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	18:18	E83012
2992	Ethylbenzene	700	µg/L	0.09	U	EPA 524.2	0.09	0.5	3/31/2008	18:18	E83012
2996	Styrene	100	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:18	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Knollwood Utilities PWS I.D. #: 3591121

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

Address: 100 S. Pacesville

City: Longwood State: FL Zip Code: 32750

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

E-mail Address: bkqungre@knollwood.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-638-2 Location Code (if known): POE

Sample Date: 2/26/08 Sample Time: 1325pm AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (which quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Alex Lorenzo

Sampler's Phone #: 407-682-5651 Sampler's Fax#: 407-682-5713

Sampler's E-mail Address: _____

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR

(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 4/10/08

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

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

Lab Name: Tri-Tech Laboratories, Inc.

Florida Certification #: E83294

Address: 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 2/26/2008

PWS ID (From Page 1): _____

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-02-638-2

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

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

Signature: 

Date: 4-8-08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s)

☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 08-02-638-2

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1920	Odor	3	TON	1		SM 2150 B	1	2/27/2008	1028	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Des Pinar Utilities PWS ID #: 3591121

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

Address: 125 Western Ave

City: Longwood State: FL Zip Code: 32750

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

E-mail Address: dk.gougeon@despina.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-625 Location Code (if known): POE

Sample Date: 2/25/08 Sample Time: 1045am AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (which quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Jim Swegheimer

Sampler's Phone #: 407-260-5065 Sampler's Fax#: 407-260-8681

Sampler's E-mail Address: _____

CERTIFICATION (to be completed by sampler)

I, JAMES A SWEGHEIMER, LABOR OPERATOR

(Print Name) (Print Title)

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

Signature: [Signature] Date: 4-10-08

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 2/26/2008

PWS ID (From Page 1):

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-02-625

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83079 & E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal

Quality Control Director

(Print Name)

(Print Title)

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

Signature: 

Date: 4-8-08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NOSample Analysis Info Satisfactory: ☐ YES ☐ NO☐ Replacement Sample(s) Requested (circle or highlight group(s) above)☐ Revised Report Requested (circle or highlight group(s) above)☐ Additional Monitoring Required (circle or highlight group(s) above)Reason(s): ☐ MCL(s) Exceeded☐ Detection (s)☐ Incomplete Report☐ Missing Analyte Sheet(s)☐ Location Unsatisfactory☐ Analysis Unsatisfactory☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

Reporting Format 62-550 730

Effective January 1995, Revised January 2004

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

IS

Report Number / Job ID:

08-02-625

PWS ID (from page 1):

	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
	2	µg/L	0.0019	U	EPA 508.1	0.0019	0.01	3/5/2008	3/7/2008	20:04	E83079
	0.2	µg/L	0.0019	U	EPA 508.1	0.0019	0.02	3/5/2008	3/7/2008	20:04	E83079
	40	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:04	E83079
	3	µg/L	0.22	U	EPA 508.1	0.22	1	3/5/2008	3/7/2008	20:04	E83079
	200	µg/L	0.6	U	EPA 515.3	0.6	1	3/6/2008	3/10/2008	17:13	E83079
	20	µg/L	0.29	U	EPA 549.2	0.29	0.4	2/29/2008	3/7/2008	23:05	E83079
	100	µg/L	2.7	U	EPA 548.1	2.7	9	3/3/2008	3/5/2008	3:24	E83079
	700	µg/L	0.99	U	EPA 547	0.99	6	3/9/2008	3/10/2008	2:03	E83079
le	400.0	µg/L	0.22	U	EPA 525.2	0.22	0.6	3/6/2008	3/7/2008	19:37	E83079
	200	µg/L	0.16	U	EPA 531.1	0.16	2	3/12/2008	3/13/2008	13:08	E83079
	4	µg/L	0.018	U	EPA 508.1	0.018	0.07	3/5/2008	3/7/2008	20:04	E83079
late	6	µg/L	0.51	U	EPA 525.2	0.47	0.6	3/6/2008	3/7/2008	19:37	E83079
	500	µg/L	0.037	U	EPA 515.3	0.037	0.1	3/6/2008	3/10/2008	17:13	E83079
	7	µg/L	0.096	U	EPA 515.3	0.096	0.2	3/6/2008	3/10/2008	17:13	E83079
adinene	50	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:04	E83079
	40	µg/L	0.13	U	EPA 531.1	0.13	0.9	3/12/2008	3/13/2008	13:08	E83079
	3	µg/L	0.0066	U	EPA 508.1	0.0066	0.1	3/5/2008	3/7/2008	20:04	E83079
	2	µg/L	0.028	U	EPA 508.1	0.028	0.2	3/5/2008	3/7/2008	20:04	E83079
l)	0.03	µg/L									
	0.4	µg/L	0.0057	U	EPA 508.1	0.0057	0.04	3/5/2008	3/7/2008	20:04	E83079
	0.2	µg/L	0.00095	U	EPA 508.1	0.00095	0.02	3/5/2008	3/7/2008	20:04	E83079
	70	µg/L	0.054	U	EPA 515.3	0.054	0.1	3/6/2008	3/10/2008	17:13	E83079
	50	µg/L	0.038	U	EPA 515.3	0.038	0.2	3/6/2008	3/10/2008	17:13	E83079
	1	µg/L	0.011	U	EPA 508.1	0.011	0.1	3/5/2008	3/7/2007	20:04	E83079
	0.2	µg/L	0.033	U	EPA 525.2	0.033	0.02	3/6/2008	3/7/2007	19:37	E83079
	1	µg/L	0.004	U	EPA 515.3	0.004	0.04	3/6/2008	3/10/2008	17:13	E83079
enyls (PCBs)	0.5	µg/L	0.095	U	EPA 508.1	0.095	0.1	3/5/2008	3/7/2008	20:04	E83079
ine	0.2	µg/L	0.004	U	EPA 504.1	0.004	0.02	3/6/2008	3/6/2008	23:15	E83079
(EDB)	0.02	µg/L	0.0063	U	EPA 504.1	0.0063	0.01	3/6/2008	3/6/2008	23:15	E83079
	2	µg/L	0.018	U	EPA 508.1	0.018	0.2	3/5/2008	3/7/2008	20:04	E83079

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

January 2004

qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, H, N, O, T, Z, P, * are unacceptable for compliance with 62-550.310(4)(b) and must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced during the same monitoring period.

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: 08-02-625

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.1	U	EPA 353.2	0.1	2/26/2008	1700	E83294
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	2/26/2008	1830	E83294
1005	Arsenic	0.05	mg/L	0.0028		EPA 200.8	0.0005	3/7/2008	1256	E83079
1010	Barium	2	mg/L	0.0071	I	EPA 200.7	0.005	3/6/2008	2212	E83079
1015	Cadmium	0.005	mg/L	0.0005	U	EPA 200.7	0.0005	3/6/2008	2212	E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2212	E83079
1024	Cyanide	0.2	mg/L	0.003	I	EPA 335.4	0.0015	3/3/2008	1741	E83079
1025	Fluoride	4.0	mg/L	0.23		EPA 300.0	0.0062	3/13/2008	2328	E83079
1030	Lead	0.015	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1737	E83079
1035	Mercury	0.002	mg/L	0.00002	U	EPA 245.1	0.00002	3/4/2008	1125	E83079
1036	Nickel	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2212	E83079
1045	Selenium	0.05	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1737	E83079
1052	Sodium	160	mg/L	15		EPA 200.7	0.5	3/6/2008	2212	E83079
1074	Antimony	0.006	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1737	E83079
1075	Beryllium	0.004	mg/L	0.00058	I	EPA 200.7	0.0005	3/6/2008	2212	E83079
1085	Thallium	0.002	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1737	E83079
1094	Asbestos	7 MFL	MFL	NA						

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-100, Table 1. Results qualified with A, D, H, N, O, T, Z, ? or * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced.

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 08-02-625

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.005	U	EPA 200.8	0.005	3/6/2008	1737	E83079
1017	Chloride	250	mg/L	23		EPA 300.0	0.6	3/13/2008	2328	E83079
1022	Copper	1	mg/L	0.0019		EPA 200.8	0.0072	3/6/2008	1737	E83079
1025	Fluoride	2	mg/L	0.23		EPA 300.0	0.0062	3/13/2008	2328	E83079
1028	Iron	0.3	mg/L	0.02	U	EPA 200.7	0.2	3/6/2008	2212	E83079
1032	Manganese	0.05	mg/L	0.0034	I	EPA 200.7	0.0025	3/6/2008	2212	E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2212	E83079
1055	Sulfate	250.0	mg/L	21		EPA 300.0	0.085	3/13/2008	2328	E83079
1095	Zinc	5	mg/L	0.015	I	EPA 200.7	0.01	3/6/2008	2212	E83079
1905	Color	15	CU	5	U	SM 2120 B	5	2/26/2008	1955	E83012
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L	200		SM 2540 C	5	3/3/2008	1004	E83079
2905	Foaming Agents	0.5	mg/L	0.02	U	SM 5540 C	0.08	2/27/2008	950	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

RADIONUCLIDES

62-550.310(6)

Report Number / Job ID: 08-02-625

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	1.8	U	EPA 900.0	1.8	3	3/7/2008	655	E83033
4002	Gross Beta (Incl Uranium)	***	pCi/L	NA				1			
4006	Combined Uranium (U-234, U-235 & U-238)	****	pCi/L	NA				*****			
		30	µg/L	NA				*****			
4020	Radium-226	5	pCi/L	NA				1			
4030	Radium-228			0.8	U	RA 05	0.8	1	3/10/2008	1052	E83033

- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required.
- *** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15pCi/L, measurements for radium-226 and uranium are required.
- **** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.
- ***** Reserved

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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



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 #: 08-02-625

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.		Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714				Invoicing Address: Same		Attention: Same	
Contact Person: Kathy Sillitoe		Project or address of sample site: Des Pinar 359-1121				Phone Number: 407-948-6559		Fax Number: 407-682-5713	
Sampler's Signature: Jim Swachner						(REQUEST ANALYSIS WRITE DOWN BELOW)			
SAMPLE ID	DATE/TIME	COM P	GRA D	WAT ER	SOIL	OTH ER	SAMPLE DESCRIPTION	BOT TLE	REMARKS
1. PGE	2/25/08 1045		X				2.4		
2. PGE	2/25/08 1045		X				2.4		
3. PGE	2/25/08 1045		X				2.4		
4. DOE	2/25/08 1045		X				2.4		
5. DOE	2/25/08 1045		X				2.4		
6. DOE	2/25/08 1045		X				2.4		
7.									
8.									
9.									
10.									
11.									
12.									
13.									

Relinquished Sample Kit Date/Time:

Jim Swachner 2/25/08 1200

Delivered Sample Kit to Lab Date/Time:

WAL 2-25-8 1500

Bottle #:

10.1

Accepted in Lab:

[Signature]

Date/Time:

2-26-08 0900

WAL 2-25-8

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Des Pinar Utilities PWS ID #: 3591121

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

Address: 125 Western Fork

City: Louisville State: VA Zip Code: 32750

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

E-mail Address: blgouge@wvwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-03-705-1 Location Code (if known): POE

Sample Date: 3/26/08 Sample Time: 0830am AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (which quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Jim Swegheimer

Sampler's Phone #: 407-260-5065 Sampler's Fax#: 407-260-8681

Sampler's E-mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Jim Swegheimer (Print Name) LEAD OPERATOR (Print Title)

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

Signature: [Signature] Date: 4-10-08

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

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

Lab Name: Tri-Tech Laboratories, Inc.

Florida Certification #: E83294

Address: 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 3/26/2008

PWS ID (From Page 1): _____

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-03-705-1

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☒ All 21
☐ Partial

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

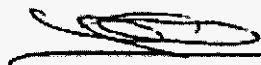
I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

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

Signature: 

Date: 4.8.08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s)

☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: 08-03-705-1

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.47	U	EPA 524.2	0.47	0.5	3/31/2008	17:56	E83012
2380	cis-1,2-Dichloroethylene	70	µg/L	0.32	U	EPA 524.2	0.32	0.5	3/31/2008	17:56	E83012
2955	Xylenes (total)	10,000	µg/L	0.25	U	EPA 524.2	0.25	0.5	3/31/2008	17:56	E83012
2964	Dichloromethane	5	µg/L	0.34	U	EPA 524.2	0.34	0.5	3/31/2008	17:56	E83012
2968	o-Dichlorobenzene	600	µg/L	0.17	U	EPA 524.2	0.17	0.5	3/31/2008	17:56	E83012
2969	para-Dichlorobenzene	75	µg/L	0.15	U	EPA 524.2	0.15	0.5	3/31/2008	17:56	E83012
2976	Vinyl Chloride	1	µg/L	0.23	U	EPA 524.2	0.23	0.5	3/31/2008	17:56	E83012
2977	1,1-Dichloroethylene	7	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	17:56	E83012
2979	trans-1,2-Dichloroethylene	100.0	µg/L	0.3	U	EPA 524.2	0.3	0.5	3/31/2008	17:56	E83012
2980	1,2-Dichloroethane	3	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	17:56	E83012
2981	1,1,1-Trichloroethane	200	µg/L	0.4	U	EPA 524.2	0.4	0.5	3/31/2008	17:56	E83012
2982	Carbon tetrachloride	3	µg/L	0.42	U	EPA 524.2	0.42	0.5	3/31/2008	17:56	E83012
2983	1,2-Dichloropropane	5	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	17:56	E83012
2984	Trichloroethylene	3	µg/L	0.28	U	EPA 524.2	0.28	0.5	3/31/2008	17:56	E83012
2985	1,1,2-Trichloroethane	5	µg/L	0.21	U	EPA 524.2	0.21	0.5	3/31/2008	17:56	E83012
2987	Tetrachloroethylene	3	µg/L	0.12	U	EPA 524.2	0.12	0.5	3/31/2008	17:56	E83012
2989	Monochlorobenzene	100	µg/L	0.07	U	EPA 524.2	0.07	0.5	3/31/2008	17:56	E83012
2990	Benzene	1	µg/L	0.13	U	EPA 524.2	0.13	0.5	3/31/2008	17:56	E83012
2991	Toluene	1	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	17:56	E83012
2992	Ethylbenzene	700	µg/L	0.09	U	EPA 524.2	0.09	0.5	3/31/2008	17:56	E83012
2996	Styrene	100	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	17:56	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Des Pinar Utilities PWS ID. # 3591121

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

Address: 125 Wiskam Jack

City: Lancaster State: 71 Zip Code: 32750

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

E-mail Address: bkgougal@lancaster.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-638-1 Location Code (if known): POE

Sample Date: 2/26/08 Sample Time: 1340pm AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (which quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500 (6) for requirements and restrictions

NOTE: see 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Alex Lorenzo

Sampler's Phone #: 407-682-5651

Sampler's Fax#: 407-682-6713

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO
(Print Name)

OPERATOR
(Print Title)

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

Signature: Alexander Lorenzo

Date: 4/10/08

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

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

Lab Name: Tri-Tech Laboratories, Inc

Florida Certification #: E83294

Address: 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 2/26/2008

PWS ID (From Page 1): _____

Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-02-638-1

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal
(Print Name)

Quality Control Director
(Print Title)

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

Signature: 

Date: 4.8.08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s): ☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

Reporting Format: 62-550-730

Effective January 1995 Revised January 2004

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 08-02-638-1

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1920	Odor	3	TON	1	U	SM 2150 B	1	2/27/2008	1028	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Wekiva Utilities PWS ID #: 3591121

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

Address: 144 Leobway Drive

City: Longwood State: FL Zip Code: 32779

Phone #: 407-682-5651 Fax#: 407-682-5713

E-mail Address: bkq@wre@wvwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-626 Location Code (if known): POE

Sample Date: 2/25/08 Sample Time: 0945am AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (which quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: Tom Keys

Sampler's Phone #: 407-682-5651 Sampler's Fax#: 407-682-5713

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, Tom Keys Lead Operator
(Print Name) (Print Title)

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

Signature: Tom Keys Date: 4-9-08

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

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

Lab Name Tri-Tech Laboratories, Inc

Florida Certification # E83294

Address 7240 Old Cheney Hwy

Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1) _____

Date Sample(s) Received 2/26/2008

Lab Assigned Report Number or Job ID: 08-02-626

Sample Number (From Page 1): 1

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

Inorganics

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

Synthetic Organics

☐ All 30
☒ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

☐ All 21
☐ Partial

Disinfection byproducts

☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

☒ Single Sample
☐ Qtrly Composite**

Secondaries

☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83079 & E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the

National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 4-8-08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s): ☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified _____

Date Notified _____

Comments: _____

Date Reviewed _____

DEP/DOH Reviewing Official: _____

Reporting Format 62-550 730

Effective January 1995. Revised January 2004

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

SYNTHETIC ORGANICS

62-550.310(4)(b)

Report Number / Job ID:

08-02-626

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.0019	U	EPA 508.1	0.0019	0.01	3/5/2008	3/7/2008	20:23	E83079
2010	Lindane	0.2	µg/L	0.0019	U	EPA 508.1	0.0019	0.02	3/5/2008	3/7/2008	23:23	E83079
2015	Methoxychlor	40	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:23	E83079
2020	Toxaphene	3	µg/L	0.22	U	EPA 508.1	0.22	1	3/5/2008	3/7/2008	20:23	E83079
2031	Dalapon	200	µg/L	0.6	U	EPA 515.3	0.6	1	3/5/2008	3/7/2008	20:23	E83079
2032	Diquat	20	µg/L	0.29	U	EPA 549.2	0.29	0.4	2/29/2008	3/7/2008	23:17	E83079
2033	Endosulf	100	µg/L	2.7	U	EPA 548.1	2.7	9	3/3/2008	3/5/2008	3:44	E83079
2034	Glyphosate	700	µg/L	0.99	U	EPA 547	0.99	6	3/9/2008	3/10/2008	2:13	E83079
2035	Di(2-ethylhexyl)adipate	400.0	µg/L	0.22	U	EPA 525.2	0.22	0.6	3/6/2008	3/7/2008	20:11	E83079
2036	Oxamyl (Vydate)	200	µg/L	0.16	U	EPA 531.1	0.16	2	3/16/2008	3/16/2008	23:21	E83079
2037	Simazine	4	µg/L	0.018	U	EPA 508.1	0.018	0.07	3/5/2008	3/7/2008	20:23	E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.51	I	EPA 525.2	0.47	0.6	3/6/2008	3/7/2008	20:11	E83079
2040	Picloram	500	µg/L	0.037	U	EPA 515.3	0.037	0.1	3/6/2008	3/10/2008	19:17	E83079
2041	Dinoseb	7	µg/L	0.096	U	EPA 515.3	0.096	0.2	3/6/2008	3/10/2008	19:17	E83079
2042	Hexachlorocyclopentadiene	50	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/5/2008	3/7/2008	20:23	E83079
2046	Carbofuran	40	µg/L	0.13	U	EPA 531.1	0.13	0.9	3/16/2008	3/16/2008	23:21	E83079
2050	Atrazine	3	µg/L	0.0066	U	EPA 508.1	0.0066	0.1	3/5/2008	3/7/2008	20:23	E83079
2051	Alachlor	2	µg/L	0.028	U	EPA 508.1	0.028	0.2	3/5/2008	3/7/2008	20:23	E83079
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L									
2065	Heptachlor	0.4	µg/L	0.0057	U	EPA 508.1	0.0057	0.04	3/5/2008	3/7/2008	20:23	E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.00095	U	EPA 508.1	0.00095	0.02	3/5/2008	3/7/2008	20:23	E83079
2105	2,4-D	70	µg/L	0.054	U	EPA 515.3	0.054	0.1	3/6/2008	3/10/2008	19:17	E83079
2110	2,4,5-TP (Silvex)	50	µg/L	0.038	U	EPA 515.3	0.038	0.2	3/6/2008	3/10/2008	19:17	E83079
2274	Hexachlorobenzene	1	µg/L	0.011	U	EPA 508.1	0.011	0.1	3/5/2008	3/7/2007	20:23	E83079
2303	Benzo(a)pyrene	0.2	µg/L	0.033	U	EPA 525.2	0.033	0.02	3/6/2008	3/7/2007	20:11	E83079
2326	Pentachlorophenol	1	µg/L	0.004	U	EPA 515.3	0.004	0.04	3/6/2008	3/10/2008	19:17	E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.095	U	EPA 508.1	0.095	0.1	3/5/2008	3/7/2008	20:23	E83079
2931	Dibromochloropropane	0.2	µg/L	0.004	U	EPA 504.1	0.004	0.02	3/6/2008	3/6/2008	23:52	E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0063	U	EPA 504.1	0.0063	0.01	3/6/2008	3/6/2008	23:52	E83079
2959	Chlordane	2	µg/L	0.018	U	EPA 508.1	0.018	0.2	3/5/2008	3/7/2008	20:23	E83079

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

Reporting Format 62-550.730

Effective January 1, 1990; Revised January 2004

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: 08-02-626

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.1	U	EPA 353.2	0.1	2/26/2008	1700	E83294
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	2/26/2008	1830	E83294
1005	Arsenic	0.05	mg/L	0.002		EPA 200.8	0.0005	3/7/2008	1300	E83079
1010	Barium	2	mg/L	0.001		EPA 200.7	0.005	3/6/2008	2216	E83079
1015	Cadmium	0.005	mg/L	0.0005	U	EPA 200.7	0.0005	3/6/2008	2216	E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2216	E83079
1024	Cyanide	0.2	mg/L	0.002	I	EPA 335.4	0.0015	3/3/2008	1742	E83079
1025	Fluoride	4.0	mg/L	0.14		EPA 300.0	0.0062	3/13/2008	2344	E83079
1030	Lead	0.015	mg/L	0.00063		EPA 200.8	0.0005	3/6/2008	1742	E83079
1035	Mercury	0.002	mg/L	0.00002	U	EPA 245.1	0.00002	3/4/2008	1127	E83079
1036	Nickel	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2216	E83079
1045	Selenium	0.05	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1742	E83079
1052	Sodium	160	mg/L	11		EPA 200.7	0.5	3/6/2008	2216	E83079
1074	Antimony	0.006	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1742	E83079
1075	Beryllium	0.004	mg/L	0.00058	I	EPA 200.7	0.0005	3/6/2008	2216	E83079
1085	Thallium	0.002	mg/L	0.0005	U	EPA 200.8	0.0005	3/6/2008	1742	E83079
1094	Asbestos	7 MFL	MFL	NA						

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-100, Table 1. Results qualified with A, D, H, N, O, T, Z, ? , * are unacceptable for compliance with 62-550. Results qualified with e, L, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced.

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 08-02-626

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.005	U	EPA 200.8	0.005	3/6/2008	1742	E83079
1017	Chloride	250	mg/L	13		EPA 300.0	0.6	3/13/2008	2344	E83079
1022	Copper	1	mg/L	0.0092		EPA 200.8	0.0072	3/6/2008	1742	E83079
1025	Fluoride	2	mg/L	0.14		EPA 300.0	0.0062	3/13/2008	2344	E83079
1028	Iron	0.3	mg/L	0.02	U	EPA 200.7	0.2	3/6/2008	2216	E83079
1032	Manganese	0.05	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2216	E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/6/2008	2216	E83079
1055	Sulfate	250.0	mg/L	58		EPA 300.0	0.085	3/13/2008	2344	E83079
1095	Zinc	5	mg/L	0.01	U	EPA 200.7	0.01	3/6/2008	2216	E83079
1905	Color	15	CU	5	U	SM 2120 B	5	2/26/2008	1955	E83012
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L	210		SM 2540 C	5	3/3/2008	1006	E83079
2905	Foaming Agents	0.5	mg/L	0.036	I	SM 5540 C	0.08	2/27/2008	950	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

RADIONUCLIDES

62-550.310(6)

Report Number / Job ID: 08-02-626

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (pCi/L)	15**	pCi/L	1.4	U	EPA 900.0	1.4	3	3/7/2008	655	E83033
4002	Gross Beta (pCi/L)	***	pCi/L	NA				1			
4006	Combined Uranium (U-234, U-235& U-238)	****	pCi/L	NA				*****			
		30	µg/L	NA				*****			
4020	Radium-226	5	pCi/L	NA				1			
4030	Radium-228			0.8	U	RA 05	0.8	1	3/10/2008	1052	E83033

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required.

*** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15pCi/L, measurements for radium-226 and uranium are required.

**** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

***** Reserved

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-100, Table 1. Results qualified with A, D, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, G, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



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 #: 08-50-626

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.		Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714				Invoicing Address: Same		Attention: Same	
Contact Person: Kathy Sillitoe		Project or address of sample site: <u>Wekiva Hunt Club</u>				Phone Number: 407-948-6559		Fax Number: 407-682-5713	
Sampler's Signature: <u>J E Keys</u>						(REQUEST ANALYSIS WRITE DOWN BELOW) <u>359-1121</u>			

SAMPLE ID	DATE/TIME	C O M P	G R A B	W A T E R	S O I L	O T H E R	SAMPLE DESCRIPTION CL PH	B O T T L E	P. D I S P O S I T I O N	S E M I N A R Y	V O C S	S O I S	G R O S S A L P H A	R E D O X				REMARKS	
1. <u>POE</u>	<u>2-25-08</u>		<u>X</u>				<u>4.3</u>			<u>X</u>									
2. <u>POE</u>	<u>2-25-08-1010</u>		<u>X</u>				<u>4.3</u>				<u>X</u>								
3. <u>POE</u>	<u>2-25-08 0950</u>		<u>X</u>				<u>4.3</u>	<u>3</u>			<u>X</u>								
4. <u>POE</u>	<u>2-25-08 0945</u>		<u>X</u>				<u>4.3</u>	<u>1</u>				<u>X</u>							
5. <u>POE</u>	<u>2-25-08 0945</u>		<u>X</u>				<u>4.3</u>	<u>1</u>					<u>X</u>						
6. <u>POE</u>	<u>2-25-08 0945</u>		<u>X</u>				<u>4.3</u>		<u>X</u>					<u>X</u>					
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			

Relinquished Sample Kit Date/Time: 2-25-08

Delivered Sample Kit to Lab Date/Time: 2-25-08 1550

Bottle #: 42 KIT

Accepted in lab: [Signature]

Date/Time: 2-26-08



2-25-08

Safe Drinking Water Program Laboratory Reporting Form

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

System Name Wekiva Utilities PWS I.D. #

3	5	4	1	1	2	1
---	---	---	---	---	---	---

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

Address 144 Lehigh Drive

City Longwood State FL Zip Code 32779

Phone # 407-682-5651 Fax# 407-682-5713

E-mail Address DKGOWGRE@wkwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number 08-03-705-3 Location Code (if known): POE

Sample Date 3/26/08 Sample Time 0830am AM PM (circle one)

Sample Location (be specific) POE

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

Sample Type (check one only)

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

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other: _____
- ☐ Quarterly (which quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Tom Keys

Sampler's Phone # 407-682-5651 Sampler's Fax# 407-682-5713

Sampler's E-mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TOM KEYS LEAD OPERATOR
(Print Name) (Print Title)

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

Signature Tom Keys Date: 4-9-08

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

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

Lab Name Tri-Tech Laboratories, Inc

Florida Certification # E83294

Address 7240 Old Cheney Hwy

Certification Expiration Date Jun-08

Phone # 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1) _____

Date Sample(s) Received 3/26/2008

Sample Number (From Page 1) 1

Lab Assigned Report Number or Job ID: 08-03-705-3

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

Inorganics

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

Synthetic Organics

☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

☒ All 21
☐ Partial

Disinfection byproducts

☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

☐ Single Sample
☐ Qtrly Composite**

Secondaries

☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

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

Signature 

Date: 4-8-08

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s):

☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified _____

Date Notified _____

Comments _____

Date Reviewed _____

DEP/DOH Reviewing Official: _____

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

VOLATILE ORGANICS

62-550 310(4)(a)

Report Number / Job ID: 08-03-705-3

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.47	U	EPA 524.2	0.47	0.5	3/31/2008	18:39	E83012
2380	cis-1,2-Dichloroethylene	70	µg/L	0.32	U	EPA 524.2	0.32	0.5	3/31/2008	18:39	E83012
2955	Xylenes (total)	10,000	µg/L	0.25	U	EPA 524.2	0.25	0.5	3/31/2008	18:39	E83012
2964	Dichloromethane	5	µg/L	0.34	U	EPA 524.2	0.34	0.5	3/31/2008	18:39	E83012
2968	o-Dichlorobenzene	600	µg/L	0.17	U	EPA 524.2	0.17	0.5	3/31/2008	18:39	E83012
2969	para-Dichlorobenzene	75	µg/L	0.15	U	EPA 524.2	0.15	0.5	3/31/2008	18:39	E83012
2976	Vinyl Chloride	1	µg/L	0.23	U	EPA 524.2	0.23	0.5	3/31/2008	18:39	E83012
2977	1,1-Dichloroethylene	7	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	18:39	E83012
2979	trans-1,2-Dichloroethylene	100.0	µg/L	0.3	U	EPA 524.2	0.3	0.5	3/31/2008	18:39	E83012
2980	1,2-Dichloroethane	3	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:39	E83012
2981	1,1,1-Trichloroethane	200	µg/L	0.4	U	EPA 524.2	0.4	0.5	3/31/2008	18:39	E83012
2982	Carbon tetrachloride	3	µg/L	0.42	U	EPA 524.2	0.42	0.5	3/31/2008	18:39	E83012
2983	1,2-Dichloropropane	5	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:39	E83012
2984	Trichloroethylene	3	µg/L	0.28	U	EPA 524.2	0.28	0.5	3/31/2008	18:39	E83012
2985	1,1,2-Trichloroethane	5	µg/L	0.21	U	EPA 524.2	0.21	0.5	3/31/2008	18:39	E83012
2987	Tetrachloroethylene	3	µg/L	0.12	U	EPA 524.2	0.12	0.5	3/31/2008	18:39	E83012
2989	Monochlorobenzene	100	µg/L	0.07	U	EPA 524.2	0.07	0.5	3/31/2008	18:39	E83012
2990	Benzene	1	µg/L	0.13	U	EPA 524.2	0.13	0.5	3/31/2008	18:39	E83012
2991	Toluene	1	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/31/2008	18:39	E83012
2992	Ethylbenzene	700	µg/L	0.09	U	EPA 524.2	0.09	0.5	3/31/2008	18:39	E83012
2996	Styrene	100	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/31/2008	18:39	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

WORK ORDER #:

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.		Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714		Invoicing Address: SAME	Attention:												
Contact Person: Tom Keys / Kathy Sillitoe	Project or address of sample site: Wekiva Plant 144 Ledbury Drive Longwood Fl. 32779		Phone Number: 407-682-5651		Fax Number: 407-682-5713												
Sampler's Signature: <i>[Signature]</i>			(REQUEST ANALYSIS WRITE DOWN BELOW)														
SAMPLE ID	DATE/TIME	CORRECTION	GROSS WEIGHT	NET WEIGHT	OIL TITRATION	SAMPLE DESCRIPTION	BOTTLE TYPE	Tolerance									REMARKS
1. DES PINAR	3-26-08 0830	X X				PoE	3	X									PoE DW
2. KNOLLWOOD	3-26-08 0830	X X				PoE	3	X									PoE DW
3. WEKIVA PLANT	3-26-08 0830	X X				PoE	3	X									PoE DW
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	

Requisitioned Sample Kit Date/Time: *3-26-08*
Delivered Sample Kit to Lab Date/Time: *3-26-08 1555*
Bottle #: _____

Accepted in lab:

Date/Time: 3-7c-28 1600

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Wekiva Utilities

PWS I.D. #

3 5 9 1 1 2 1

System Type (check one):



Community



Nontransient Noncommunity



Transient Noncommunity

Address

144 Lehigh Ave

City

Lehigh

State

PA

Zip Code

32779

Phone #

407-869-1919

Fax#

407-869-6961

E-mail Address:

hkgongre@wvwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-02-638-3

Location Code (if known):

POE

Sample Date:

2/26/08

Sample Time:

1250pm

AM

PM

(circle one)

Sample Location (be specific):

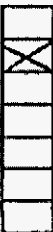
POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):

mg/L

Field pH:

Sample Type (check one only)



Distribution

Entry Point (to Distribution)

Plant Tap (not for compliance with 62-550)

Raw (at well or intake)

Max Residence Time

Ave Residence Time

Near First Customer

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



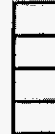
Routine Compliance (with 62-550)

Confirmation of MCL exceedance*

Composite of Multiple Sites**

Clearance (permitting)

Other:



Quarterly (which quarter?)

Special (not for compliance with 62-550)

Violation Resolution

Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500 (6) for requirements and restrictions

NOTE: see 62-550.512(3) for additional requirements

for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and

attach a results page for each site.

Sampler's Name: Alex Lorenzo

Sampler's Phone #: 407-662-682-5651

Sampler's Fax#:

407-662-682-5713

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO

(Print Name)

OPERATOR

(Print Title)

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

Signature:

Alexander Lorenzo

Date:

4/10/08

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

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

Lab Name Tri-Tech Laboratories, Inc.

Florida Certification # E83294

Address 7240 Old Cheney Hwy

Certification Expiration Date Jun-08

Phone # 407-275-8463

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received 2/26/2008

PWS ID (From Page 1) _____

Sample Number (From Page 1) 1

Lab Assigned Report Number or Job ID 08-02-638-3

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal

(Print Name)

Quality Control Director

(Print Title)

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

Signature: 

Date: 4805

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ YES ☐ NO

Sample Analysis Info Satisfactory: ☐ YES ☐ NO

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

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

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

Reason(s): ☐ MCL(s) Exceeded

☐ Detection (s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified _____

Date Notified _____

Comments _____

Date Reviewed _____

DEP/DOH Reviewing Official: _____

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

SECONDARY CONTAMINANTS

Report Number / Job ID: 08-02-638-3

62-550.320

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1920	Odor	3	TON	1		SM 2150 B	1	2/27/2008	1028	E83012

Reporting Format 62-550.730

Effective January 1995, Revised January 2004



Tri-Tech Laboratories, Inc.
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 #:

08-07-638

CHAIN OF CUSTODY RECORD

Company Name or Individual: <u>Whites Inc.</u>		Mailing Address:		Invoicing Address: <u>Same</u>		Attention:				
Contact Person: <u>TOM KEYS</u>		Project:(or Address of Sample Site)		Phone Number:		Fax Number:				
Sampler's Signature: <u>Alexander Torres</u>		(REQUEST ANALYSIS WRITE DOWN BELOW)		Project #:						
SAMPLE ID	DATE/TIME	COMP	GRAV	WATER	SOIL	OTHER	SAMPLE DESCRIPTION	FE	CL	REMARKS
1. <u>Des Pinar</u>	<u>2/26/08 1340</u>	<u>X</u>					<u>1.8</u>	<u>1</u>	<u>X</u>	
2. <u>Knollwood</u>	<u>2/26/08 1325</u>	<u>X</u>					<u>1.6</u>	<u>2</u>	<u>X</u>	
3. <u>Wekiva Hunt</u>	<u>2-26-08 12:50</u>	<u>X</u>					<u>3.2</u>	<u>1</u>	<u>X</u>	
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
Prepared Sample Kit Date/Time: <u>1-26-08</u> 1015		Relinquished Sample Kit Date/Time: <u>2-26-08</u> 1410				Accepted Kit Date/Time:				
Relinquished Sample Kit Date/Time: <u>2-26-08</u>		Delivered Sample Kit to Lab Date/Time: <u>2-26-08</u> 1410				Bottle #: <u>638</u>				

Sanlando Utilities Corporation

Docket No.: 090402-WS

Lake County

**25.30.440 (4)
OPERATIONS REPORTS**

(Part 1 of 2)

Test Year Ended December 31, 2008

2007
MORs

K
N
O
L
L
W
O
O
D



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 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type:	☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		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:	Jim Swegheimer	C	7183	Mon.-Fri.-0700-1530
Other Operators:	Ray Houge	C	14256	Sat. 1230-1300
	Roy Mericulle	C	13808	Sun. 1500-1530
	Terry Sillitoe	A	12749	Fri. 0600-1530
	Alex Lorenzo	C	13756	Sat. 1230

II. Certification by Lead/Chief Operator

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

Jim Swegheimer 2-7-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															Chlorine Dioxide
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	1,000										2.20		
2	X	24	3,000										1.50		
3	X	24	3,000										1.20		
4	X	24	0										1.20		
5	X	24	4,000										1.50		
6	X	24	4,000										1.70		
7	X	24	4,000										1.50		
8	X	24	0										1.90		
9	X	24	4,000										1.20		
10	X	24	3,000										1.50		
11	X	24	2,000										2.20		
12	X	24	4,000										1.70		
13	X	24	4,000										1.20		
14	X	24	2,000										1.10		
15	X	24	4,000										1.50	Collected 4 Bacteria	
16	X	24	3,000										1.50		
17	X	24	3,000										1.50		
18	X	24	0										1.50		
19	X	24	3,000										1.70		
20	X	24	3,000										1.00		
21	X	24	2,000										1.60		
22	X	24	6,000										1.70		
23	X	24	13,000										1.30		
24	X	24	0										2.00		
25	X	24	0										1.70		
26	X	24	0										1.00		
27	X	24	0										1.50		
28	X	24	0										1.40		
29	X	24	0										1.20		
30	X	24	0										1.40		
31	X	24	0										1.30		
Total			75,000												
Average			2,419	2419 $\times 25$											
Maximum			13,000												

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



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2007				
A. Public Water System (PWS) Information				
PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month: 300			Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn			Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com				
B. Water Treatment Plant Information				
Plant Name: Knollwood			Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.			City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III			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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Rox Mercelle	C	13808	Sun 1500-1530

II. Certification by Lead/Chief Operator

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

 2-6-07	Jim Swegheimer	7183
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: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines)															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	0											1.20	
2	X	24	0											1.50	
3	X	24	0											1.00	
4	X	24	0											1.90	
5	X	24	0											1.60	
6	X	24	0											1.20	
7	X	24	0											1.50	
8	X	24	0											1.70	
9	X	24	0											1.20	
10	X	24	0											2.00	
11	X	24	0											1.70	
12	X	24	0											1.50	
13	X	24	0											2.00	
14	X	24	0											2.00	
15	X	24	0											3.50	
16	X	24	2,000											1.20	
17	X	24	1,000											1.70	
18	X	24	1,000											2.10	
19	X	24	1,000											1.50	
20	X	24	3,000											1.70	
21	X	24	37,000											1.50	
22	X	24	2,000											3.00	
23	X	24	1,000											1.70	
24	X	24	2,000											2.00	
25	X	24	4,000											2.20	
26	X	24	16,000											1.70	
27	X	24	1,000											1.40	
28	X	24	1,000											1.50	
29															
30															
31															
Total			72,000												
Average			2,571												
Maximum			37,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:		☒ Raw Ground Water	☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		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:	Jim Swegheimer	C	7183	Mon-Fri-0700-1530
Other Operators:	Rav Houge	C	14256	Sat 1230-1300
	Roy Mercelle	C	13808	Sun 1500-1530
	Alex Lorenzo	C	13756	Sat 1220-1435
	Kathy Silbitt	C	13694	Tue 0530-0720
	Tom Keyes	A	2181	Sat 1330-1430

II. Certification by Lead/Chief Operator

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

Jim Swegheimer 4-3-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator ("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 Point 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 Point 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	2,000										1.70		
2	X	24	2,000										1.20		
3	X	24	1,000										1.20		
4	X	24	0										1.70		
5	X	24	2,000										1.30		
6	X	24	2,000										1.50		
7	X	24	6,000										1.20		
8	X	24	6,000										1.50		
9	X	24	2,000										1.70		
10	X	24	3,000										1.20		
11	X	24	9,000										1.20		
12	X	24	6,000										0.90		
13	X	24	3,000										1.20	Collected 1 Bacter	
14	X	24	3,000										1.70		
15	X	24	5,000										0.90		
16	X	24	3,000										1.50		
17	X	24	4,000										1.50		
18	X	24	6,000										1.90		
19	X	24	5,000										1.50		
20	X	24	1,000										1.60		
21	X	24	3,000										1.50		
22	X	24	6,000										1.50		
23	X	24	2,000										1.20		
24	X	24	10,000										1.30		
25	X	24	9,000										1.80		
26	X	24	5,000										1.50		
27	X	24	3,000										0.90		
28	X	24	26,000										1.10		
29	X	24	9,000										1.30		
30	X	24	4,000										1.50		
31	X	24	7,000										0.70		
Total			155,000												
Average			5,000												
Maximum			26,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32711
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1910	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
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:	Jim Sweheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houre	C	14256	Sat 1230-1300
	Roy Mercelle	C	13808	Sun 1500-1530
	Alex Lorenz	C	13756	Sat 1220-1435
	Tom Keyes	A	2181	Sun 1300-1430

II. Certification by Lead/Chief Operator

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

Jim Sweheimer 5-2-07
Signature and Date

Jim Sweheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	7,000										1.6		
2	X	24	12,000										1.20		
3	X	24	9,000										1.10		
4	X	24	6,000										1.50		
5	X	24	26,000										0.80		
6	X	24	9,000										1.00		
7	X	24	2,000										1.10		
8	X	24	9,000										1.1		
9	X	24	11,000										1.20		
10	X	24	4,000										0.40	collected 1 Bact	
11	X	24	2,000										1.50		
12	X	24	4,000										1.4		
13	X	24	2,000										1.50		
14	X	24	3,000										1.3		
15	X	24	6,000										1.20		
16	X	24	2,000										1.50		
17	X	24	3,000										1.2		
18	X	24	3,000										2.00		
19	X	24	8,000										1.1		
20	X	24	1,000										1.70		
21	X	24	9,000										1.50		
22	X	24	9,000										1.50		
23	X	24	6,000										1.20		
24	X	24	25,000										1.0		
25	X	24	42,000										1.2		
26	X	24	43,000										1.10		
27	X	24	31,000										1.2		
28	X	24	11,000										1.1		
29	X	24	6,000										1.40		
30	X	24	10,000										1.0		
31															
Total			321,000												
Average			10,700												
Maximum			43,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type:	☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		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:	Jim Sweigheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Roy Mericulle	C	13808	Sun 1500-1530
	Alex Lorenzo	C	13756	Sat 1230-1435
	Corey Sudol	C	14271	Sat 0800-0830

II. Certification by Lead/Chief Operator

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

Jim A. Sweigheimer 6-5-07
Signature and Date

Jim Sweigheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															Chlorine Dioxide
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	35,000										0.50	Collected 4 Bactis	
2	X	24	79,000										1.20		
3	X	24	3,000										1.20		
4	X	24	8,000										1.00		
5	X	24	8,000										1.10		
6	X	24	8,000										1.40		
7	X	24	8,000										1.00		
8	X	24	0										1.40		
9	X	24	2,000										1.50		
10	X	24	7,000										1.40		
11	X	24	4,000										1.50		
12	X	24	11,000										1.00		
13	X	24	3,000										1.00		
14	X	24	3,000										1.20		
15	X	24	5,000										0.60		
16	X	24	3,000										1.50		
17	X	24	7,000										1.30		
18	X	24	5,000										1.70		
19	X	24	5,000										1.00		
20	X	24	7,000										0.50		
21	X	24	11,000										1.20		
22	X	24	2,000										1.00		
23	X	24	4,000										1.20		
24	X	24	3,000										1.20		
25	X	24	1,000										0.80		
26	X	24	4,000										1.10		
27	X	24	3,000										1.30		
28	X	24	4,000										1.50		
29	X	24	6,000										0.80		
30	X	24	2,000										0.60		
31	X	24	12,000										1.60		
Total			263,000												
Average			8,483												
Maximum			79,000												

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



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

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2 PWS Identification Number: 3591121

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 300

Total Population Served at End of Month: 1,050

PWS Owner: Sanlondo Utilities Corp.

Contact Person: Patrick Flynn

Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave.

City: Alamonte Springs

State: FL

Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919

Contact Person's Fax Number: 407-869-1919

Contact Person's E-Mail Address: pellynn@uiwater.com

Plant Name: Knollwood Plant Telephone Number: 407-260-5065

Plant Address: 108 Pressview Ave.

City: Longwood

State: FL

Zip Code: 32750

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000

Plant Category (per subsection 62-699.310(4), F.A.C.): III

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:	Jim Swezheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Hogue	C	14256	Sat 1230-1300
	Roy Mericulle	C	13808	Sun 1500-1530
	Alex Lorenzo	C	13756	Sat 1220-1435
	Terry Sillitoe	A	12749	Fri 1000-1030
	Tom Keyes	A	2181	Weekend Check

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

Signature and Date Jan. Deane 1.2.07

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	6,000										1.40	
2	X	24	5,000										1.60	
3	X	24	5,000										1.10	
4	X	24	5,000										1.20	
5	X	24	3,000										1.50	
6	X	24	4,000										1.70	
7	X	24	5,000										1.20	
8	X	24	1,000										1.00	
9	X	24	3,000										1.30	
10	X	24	3,000										1.20	
11	X	24	6,000										1.00	
12	X	24	2,000										0.30	Collected 4 Bacteria
13	X	24	6,000										0.70	
14	X	24	1,000										1.30	
15	X	24	4,000										1.50	
16	X	24	5,000										1.70	
17	X	24	4,000										1.10	
18	X	24	10,000										1.00	
19	X	24	6,000										1.50	
20	X	24	4,000										1.20	
21	X	24	4,000										1.40	
22	X	24	5,000										0.70	
23	X	24	1,000										1.70	
24	X	24	16,000										1.80	
25	X	24	8,000										1.00	
26	X	24	4,000										1.20	
27	X	24	1,000										2.00	
28	X	24	6,000										2.00	
29	X	24	4,000										1.50	
30	X	24	7,000										1.50	
31	X	24											1.50	
Total			147,000											
Average			4,900											
Maximum			16,000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		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:	Jim Swezheimer	C	7183	Mon-Fri 0700-1830
Other Operators:	Tom Keyes	A	2181	Weekend Check
	Elsa Williams	C	11846	Weekend Check

II. Certification by Lead/Chief Operator

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

Signature and Date: Jim A. Swezheimer 7-3-07

Printed or Typed Name: Jim Swezheimer

License Number: 7183

FILE COPY

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water 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: Report 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	7,000										2.00		
2	X	24	3,000										1.20		
3	X	24	4,000										1.90		
4	X	24	7,000										0.90		
5	X	24	1,000										2.50		
6	X	24	10,000										1.20		
7	X	24	4,000										2.40		
8	X	24	10,000										2.30		
9	X	24	10,000										1.50		
10	X	24	4,000										1.30		
11	X	24	2,000										1.20		
12	X	24	4,000										2.40	Collected 4 Bacteria	
13	X	24	2,000										1.70		
14	X	24	2,000										2.00		
15	X	24	2,000										1.00		
16	X	24	4,000										1.50		
17	X	24	4,000										2.40		
18	X	24	6,000										1.20		
19	X	24	6,000										1.60		
20	X	24	2,000										1.40		
21	X	24	8,000										1.10		
22	X	24	6,000										1.50		
23	X	24	3,000										1.20		
24	X	24	3,000										2.00		
25	X	24	19,000										1.50		
26	X	24	0										0.70		
27	X	24	0										1.00		
28	X	24	0										1.70		
29	X	24	0										2.00		
30	X	24	0										1.50		
31	X	24	0										1.20		
Total			133,000												
Average			4,290												
Maximum			19,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type:	☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Sweheimer	C	7183	Mon-Fri-0700-1530
Other Operators:	Tom Keyes	A	2181	Weekend Check
	Elsa Williams	C	14846	Weekend Check
	Ray Houge	C	14256	Weekend Check
	Alex Lorenzo	C	13756	Weekend Check

II. Certification by Lead/Chief Operator

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

Jim A. Sweheimer 7-6-07
Signature and Date

Jim Sweheimer
Printed or Typed Name

7183
License Number

FILE COPY

680

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	0										1.00		
2	X	24	0										1.00		
3	X	24	0										1.20		
4	X	24	0											No Sample Collected	
5	X	24	0										1.80		
6	X	24	10,000										1.10		
7	X	24	44,000										1.50		
8	X	24	62,000										1.20		
9	X	24	5,000										1.50		
10	X	24	37,000										0.80		
11	X	24	51,000										1.40		
12	X	24	2,000										1.60		
13	X	24	3,000										1.10		
14	X	24	3,000										1.70	Collected 4 Bactrs	
15	X	24	5,000										1.20		
16	X	24	8,000										0.40		
17	X	24	47,000										1.60		
18	X	24	79,000										1.20		
19	X	24	9,000										1.20		
20	X	24	8,000										1.20		
21	X	24	10,000										1.30		
22	X	24	151,000										1.00		
23	X	24	5,000										1.40		
24	X	24	2,000										1.50		
25	X	24	2,000										1.20		
26	X	24	2,000										1.50		
27	X	24	3,000										1.20		
28	X	24	4,000										1.50		
29	X	24	6,000										1.50		
30	X	24	3,000										1.20		
31	X	24	5,000										1.50		
Total			566,000												
Average			18,258												
Maximum			151,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Tom Keves	A	2181	Weekend Check
	Elsa Williams	C	14846	Weekend Check
	Ray Houge	C	14256	Weekend Check
	Alex Lorenzo	C	13756	Weekend Check

II. Certification by Lead/Chief Operator

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

Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Chloramines															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	14,000										1.50		
2	X	24	8,000										1.90		
3	X	24	10,000										1.40		
4	X	24	5,000										1.70		
5	X	24	6,000										0.80		
6	X	24	15,000										0.70		
7	X	24	6,000										1.20		
8	X	24	36,000										1.20		
9	X	24	5,000										1.00		
10	X	24	10,000										1.10		
11	X	24	13,000										1.50		
12	X	24	8,000										1.70		
13	X	24	67,000										1.00		
14	X	24	8,000										1.10		
15	X	24	10,000										2.00		
16	X	24	7,000										1.00		
17	X	24	1,000										1.00		
18	X	24	12,000										2.30	Collected 4 Bactis	
19	X	24	5,000										1.90		
20	X	24	3,000										2.00		
21	X	24	3,000										1.50		
22	X	24	4,000										1.70		
23	X	24	5,000										1.70		
24	X	24	5,000										1.70		
25	X	24	48,000										2.30		
26	X	24	37,000										1.70		
27	X	24	1,000										2.00		
28	X	24	7,000										1.20		
29	X	24	5,000										1.50		
30	X	24	0										1.50		
31	X	24													
Total			361,000												
Average			12,133												
Maximum			67,000												

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



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

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: peflynn@ulwater.com			

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Sweghamer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Check
	Elsa Williams	C	14846	Weekend Check
	Terry Sillwe	A	12749	Fri 0900-0930

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

Jim Swegheimer

7183

License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	34,000										1.00	Collected 4 Bactis Today	
2	X	24	31,000										1.50		
3	X	24	67,000										1.70		
4	X	24	46,000										1.00		
5	X	24	8,000										1.20		
6	X	24	62,000										1.40		
7	X	24	1,000										1.80		
8	X	24	2,000										0.70		
9	X	24	4,000										0.70		
10	X	24	20,000										0.90		
11	X	24	0										0.70		
12	X	24	17,000										1.50		
13	X	24	52,000										0.90		
14	X	24	58,000										1.80		
15	X	24	4,000										1.50		
16	X	24	64,000										0.80		
17	X	24	92,000										1.20		
18	X	24	1,000										0.70		
19	X	24	37,000										0.80		
20	X	24	65,000										2.70		
21	X	24	2,000										1.60		
22	X	24	8,000										1.20		
23	X	24	72,000										2.50		
24	X	24	81,000										2.00		
25	X	24	1,000										1.20		
26	X	24	28,000										1.00		
27	X	24	8,000										2.20		
28	X	24	0										2.40		
29	X	24	2,000										1.20		
30	X	24	3,000										1.50		
31	X	24	31,000										1.20		
Total			898,000												
Average			28,967												
Maximum			92,000												

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



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

FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1910		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:		☒ Raw Ground Water	☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Check
	Elsa Williams	C	14846	Weekend Check
	Corey Sudol	C	14271	Thursday 0700 - 1530

II. Certification by Lead/Chief Operator

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

Kathy Sillitor
Signature and Date

Jim Swegheimer Kathy Sillitor
Printed or Typed Name

7183 13094
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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 Point 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 Point 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	1,000										2.50		
2	X	24	11,000										2.00		
3	X	24	36,000										1.50		
4	X	24	0										1.50		
5	X	24	1,000										1.20		
6	X	24	42,000										0.70		
7	X	24	72,000										1.20		
8	X	24	0										2.00		
9	X	24	46,000										1.20		
10	X	24	84,000										1.40		
11	X	24	60,000										2.10		
12	X	24	9,000										2.00		
13	X	24	103,000										0.50		
14	X	24	110,000										0.90		
15	X	24	2,000										2.30	Collected 4 Bactis	
16	X	24	94,000										1.70		
17	X	24	94,000										1.50		
18	X	24	67,000										1.70		
19	X	24	62,000										2.60		
20	X	24	85,000										2.60		
21	X	24	99,000										1.60		
22	X	24	3,000										2.20		
23	X	24	73,000										2.20		
24	X	24	80,000										2.40		
25	X	24	4,000										0.30		
26	X	24	27,000										0.90		
27	X	24	67,000										1.30		
28	X	24	78,000										1.10		
29	X	24	0										2.30		
30	X	24	42,000										1.70		
31	X	24													
Total			1,452,000	12-11-07 mor											
Average			48,400												
Maximum			110,000												

12-11-07 mor

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



FILE COPY

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

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121		
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive					
Number of Service Connections at End of Month: 300			Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.					
Contact Person: Patrick Flynn			Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.			City: Altamonte Springs		State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com					

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators:	Name	License Class	Day(s)/Shift(s) Worked
Lead Chief Operator:	Jani Swegheimer	C	Mon-Fri-0700-1530
Other Operators:	Alex Lourenzo	C	Weekend Check
	Hisa Williams	C	Weekend Check
	Cory Nodot	C	Thursday 0700 - 1530
	Doune Goodwin	C	Weekend Compliance Check

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

Signature and Date

1-7-08

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	55,000										1.50	
2	X	24	2,000										1.00	
3	X	24	3,000										1.50	
4	X	24	37,000										1.90	
5	X	24	93,000										1.20	
6	X	24	0										1.10	
7	X	24	60,000										1.20	
8	X	24	51,000										1.60	
9	X	24	2,000										0.60	
10	X	24	4,000										1.00	
11	X	24	54,000										1.30	
12	X	24	81,000										1.00	
13	X	24	1,000										1.30	Collected 4 Bacteria
14	X	24	71,000										1.20	
15	X	24	15,000										1.00	
16	X	24	1,000										1.00	
17	X	24	2,000										1.50	
18	X	24	35,000										2.00	
19	X	24	64,000										1.50	
20	X	24	0										1.50	
21	X	24	35,000										1.50	
22	X	24	38,000										1.30	
23	X	24	1,000										0.50	
24	X	24	2,000										1.40	
25	X	24	19,000										0.90	
26	X	24	18,000										1.00	
27	X	24	0										1.30	
28	X	24	17,000										0.70	
29	X	24	30,000										1.00	
30	X	24	4,000										0.50	
31	X	24	0										1.00	
Total			820,000											
Average			26,711											
Maximum			93,000											

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

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

Polymer Dose, ppm = 0

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 = 0.00

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

Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.42

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = 0.00

* 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.

2008
MORs

K
N
O
L
L
W
O
O
D



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

See page 4 for instructions.

650 A
FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: peflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Sweigheimer	C	7183	Mon-Fri 30 min. vnt
Other Operators:	Allan Finch	C	7806	Sun-Thur 30 Min. Vnt

II. Certification by Lead Chief Operator

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

 2-5-08
Signature and Date

Jim Sweigheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

Type of Disinfectant Used				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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose					
				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	5,000										1.30		
2	X	24	4,000										1.30		
3	X	24	0										0.90		
4	X	24	3,000										1.20		
5	X	24	4,000												
6	X	24	4,000										0.80		
7	X	24	2,000										1.00		
8	X	24	5,000										1.50		
9	X	24	5,000										1.20		
10	X	24	0										2.50		
11	X	24	4,000										1.20		
12	X	24	4,000												
13	X	24	2,000										1.30		
14	X	24	0										2.00		
15	X	24	0										1.90		
16	X	24	0										1.70		
17	X	24	0										1.60		
18	X	24	6,000										1.20		
19	X	24	6,000												
20	X	24	0										1.00		
21	X	24	0										1.90		
22	X	24	3,000										1.50		
23	X	24	55,000										1.50		
24	X	24	0										1.50	Collected 1 Bacter	
25	X	24	0										1.20		
26	X	24	0												
27	X	24	0										1.20		
28	X	24	0										2.00		
29	X	24	0										2.00		
30	X	24	4,000										1.50		
31	X	24	5,000										1.30		
Total			121,000												
Average			3,903												
Maximum			55,000												

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

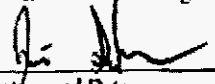
PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri. 40 min. Vnt
Other Operators:	Alan Finch	C	7806	Sun-Thur. 30 Min. Visit

II. Certification by Lead Chief Operator

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

 2-5-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	47,000											1.30		
2	X	24	0											0.70		
3	X	24	4,000											1.50		
4	X	24	0											1.60	Collected 4 Bactis	
5	X	24	0											1.70		
6	X	24	0											1.80		
7	X	24	0											1.80		
8	X	24	0											1.00		
9	X	24	0											1.90		
10	X	24	0											1.70		
11	X	24	0											1.80		
12	X	24	0											2.00		
13	X	24	0											1.40		
14	X	24	0											1.90		
15	X	24	0											1.70		
16	X	24	0											1.90		
17	X	24	0											1.70		
18	X	24	0											1.90		
19	X	24	0											1.70		
20	X	24	0											1.90		
21	X	24	0											1.70		
22	X	24	0											1.50		
23	X	24	0											1.50		
24	X	24	0											1.50		
25	X	24	0											1.50		
26	X	24	0											1.20		
27	X	24	0											1.50		
28	X	24	0											1.50		
29	X	24	0											1.50		
30	X	24	0											1.80		
31	X	24														
Total			51,000													
Average			1,758													
Maximum			47,000													

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



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

FILE 6071

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 30 min vat
Other Operators:	Allan Finch	C	7806	Sun-Thur 30 Min Vat

II. Certification by Lead Chief Operator

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

 Signature and Date	4-3-08 Printed or Typed Name	Jim Swegheimer License Number	7183
---	---------------------------------	----------------------------------	------

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	0											
2	X	24	0										1.70	
3	X	24	0										1.60	
4	X	24	0										1.80	
5	X	24	0											
6	X	24	0										1.70	
7	X	24	0										1.60	
8	X	24	0											
9	X	24	0										2.50	
10	X	24	0										2.00	
11	X	24	0										1.70	
12	X	24	0										1.50	Collected 1 Bacteria Today
13	X	24	0										2.00	
14	X	24	0										1.70	
15	X	24	0											
16	X	24	0										1.30	
17	X	24	0										1.70	
18	X	24	0										2.40	
19	X	24	0										1.70	
20	X	24	0										1.40	
21	X	24	0										1.20	
22	X	24	0											
23	X	24	0										2.30	
24	X	24	0										1.70	
25	X	24	0										1.80	
26	X	24	32,000										1.50	
27	X	24	2,000										1.40	
28	X	24	0										0.80	
29	X	24	0											
30	X	24	0										1.30	
31	X	24	0										1.30	
Total			34,000											
Average			1,097											
Maximum			32,000											

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



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

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: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			
B. Water Treatment Plant Information			
Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			
Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Jim Swegheimer	C	7183
Other Operators:	Allan Finch	C	7806

II. Certification by Lead Chief Operator

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

	5-5-08	Jim Swegheimer	7183
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: 3591121

Plant Name: Knollwood

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

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

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

Type of Disinfectant or UV Dose				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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	0										1.30	Low Demand	
2	X	24	0										1.30	Low Demand	
3	X	24	0										1.40	Low Demand	
4	X	24	0										1.50	Low Demand	
5	X	24	0											Low Demand	
6	X	24	0										2.00	Low Demand	
7	X	24	0										1.00	Low Demand	
8	X	24	0										1.10	Low Demand	
9	X	24	0										1.10	Low Demand	
10	X	24	0										0.90	Collected 4 Bactis Low Demand	
11	X	24	24,000										1.00		
12	X	24	24,000												
13	X	24	3,000										1.80		
14	X	24	3000										2.50		
15	X	24	4000										2.10		
16	X	24	21,000										2.00		
17	X	24	8000										2.00		
18	X	24	5,000										2.00		
19	X	24	5,000												
20	X	24	0										1.00	Low Demand	
21	X	24	15,000										2.00		
22	X	24	4,000										1.50		
23	X	24	6,000										1.50		
24	X	24	10000										1.00		
25	X	24	62,000										1.20		
26	X	24	62,000												
27	X	24	5,000										1.10		
28	X	24	5,000										1.50		
29	X	24	36,000										0.80		
30	X	24	104,000										1.30		
31	X	24													
Total			406,000												
Average			13,096												
Maximum			104,000												

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



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

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: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 30 min AM
Other Operators:	Allan Finch	C	7806	Sun-Thur 30 AM Visit
	John Coffee	C	6614	Sun. Compliance Check

II. Certification by Lead Chief Operator

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

 6-403
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	1,000									1.10		
2	X	24	73,000									1.00		
3	X	24	74,000									1.00		
4	X	24	74,000									1.00		
5	X	24	8,000									1.40		
6	X	24	4,000									1.10		
7	X	24	223,000									1.10		
8	X	24	9,000									0.90		
9	X	24	97,000									1.00		
10	X	24	97,000									1.00		
11	X	24	8,000									1.00		
12	X	24	2,000									1.50		
13	X	24	124,000									0.90	Collected 4 Bacteria	
14	X	24	209,000									0.90		
15	X	24	35,000									0.80		
16	X	24	138,000									1.50		
17	X	24	138,000											
18	X	24	39,000									1.00		
19	X	24	21,000									1.40		
20	X	24	106,000									1.20		
21	X	24	161,000									1.50		
22	X	24	38,000									1.20		
23	X	24	31,000									3.26		
24	X	24	31,000											
25	X	24	3,000									1.00		
26	X	24	2,000									1.50		
27	X	24	70,000									1.00		
28	X	24	145,000									1.30		
29	X	24	7,000									1.10		
30	X	24	2,000									1.20		
31	X	24	12,500											
Total			1,982,500											
Average			63,951											
Maximum			223,000											

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



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

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: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			

Plant Category (per subsection 62-699.310(4), F.A.C.): IV			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:	Jim Swegheimer	C	7183	Mon-Fri 30 min sat
Other Operators:	Allan Finch	C	7806	Sun-Thur 30 Min Vixit
	John Coffee	C	6614	Sun Compliance Check
	Ed Roberts	C	15119	Checked Plant Week Of 6-9-08

II. Certification by Lead Chief Operator

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

Signature and Date

Jim Swegheimer 7-8-08

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²		
1	X	24	123,100									1.00	
2	X	24	123,100									1.20	
3	X	24	19,400									1.00	
4	X	24	178,000									0.90	
5	X	24	253,200									0.70	
6	X	24	73,600									1.20	
7	X	24	196,200										
8	X	24	196,100									1.00	
9	X	24	135,900									0.40	
10	X	24	46,300									0.50	
11	X	24	41,400									1.00	
12	X	24	56,700									1.70	Collected 4 Bactis
13	X	24	34,200									0.90	Collected 3 Bactis
14	X	24	74,700										
15	X	24	74,700									1.50	Low to no demand
16	X	24	0									1.20	
17	X	24	13,900									1.30	
18	X	24	71,000									1.60	
19	X	24	448,900									1.30	
20	X	24	9,600									1.70	
21	X	24	22,400										
22	X	24	22,300									1.80	
23	X	24	4,800									1.20	
24	X	24	5,500									1.30	
25	X	24	41,500									1.50	
26	X	24	58,600									0.70	
27	X	24	900									1.70	
28	X	24	19,700										
29	X	24	19,700									2.20	
30	X	24	3,800										No staffing compliance coverage
31	X	24											
Total			2,365,200										
Average			76,840										
Maximum			448,900										

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



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

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: Sanlando Utilities Inc. - Knollwood WTP 3591121-2 PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
Number of Service Connections at End of Month: 300 Total Population Served at End of Month: 1,050
PWS Owner: Sanlando Utilities Corp.
Contact Person: Patrick Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32711
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-1919
Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Knollwood Plant Telephone Number: 407-260-5065
Plant Address: 108 Pressview Ave. City: Longwood State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000
Plant Category (per subsection 62-699.310(4), F.A.C.): IV 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:	Jim Swegheimer	C	7183	Mon-Fri 30 min. VOT
Other Operators:	Allen Finch	C	7806	Tue-Sat 30 Min VOT
	John Collee	C	6614	Sun Compliance Check
	Ed Roberts	C	15119	Weekend Check
	Elsa Williams	C	14816	Weekend Check

II. Certification by Lead/Chief Operator

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

for a signature 8-5-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Flow Condition
				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	4,000										1.20	Collect
2	X	24	66,000										1.30	
3	X	24	96,000										0.80	
4	X	24	5,000										1.30	
5	X	24	55,000											
6	X	24	55,000										2.10	
7	X	24	5,000										0.90	
8	X	24	2,000										1.20	
9	X	21	20,000										2.00	
10	X	24	78,000										1.10	
11	X	24	4,000										1.50	
12	X	24	41,000											
13	X	24	41,000										2.20	
14	X	24	0										0.60	Flow Th
15	X	24	0										1.10	
16	X	24	6,000										1.00	Flow Th
17	X	24	13,000										1.70	
18	X	24	374,000										1.10	
19	X	24	15,000											
20	X	21	15,000										1.40	
21	X	24	6,000										1.50	
22	X	24	5,000										1.60	
23	X	24	9,000										1.40	
24	X	24	10,000										1.20	
25	X	24	2,000										1.40	
26	X	24	5,000										1.30	
27	X	24	22,000										1.10	
28	X	24	34,000										1.00	
29	X	24	34,000										1.20	
30	X	24	159,000										1.20	
31	X	21	79,000										1.20	
Total			1,260,000											
Average			40,645											
Maximum			374,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

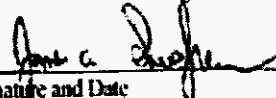
PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@unwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon.-Fri. 20 min. visit
Other Operators:	Alan Finch	C	7806	Tue.-Sat. 30 Min. Visit
	John Coffee	C	6614	Sun. Compliance Check
	Kathy Sillitoe	B	13094	Checked Part 8/28/09
	Elsa Williams	C	14846	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

 Signature and Date	9.8.09 Printed or Typed Name	Jim Swegheimer License Number
---	---------------------------------	----------------------------------

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	38,000										1.50		
2	X	24	105,000										1.40		
3	X	24	81,000										1.20		
4	X	24	122,000										1.70		
5	X	24	77,000										1.90		
6	X	24	24,000										1.70		
7	X	24	339,000										1.60	Collected Bacteria	
8	X	24	11,000										1.70		
9	X	24	5,000										1.80		
10	X	24	31,000										1.60		
11	X	24	8,000										1.30		
12	X	24	4,000										1.60		
13	X	24	17,000										1.20		
14	X	24	4,000										1.80		
15	X	24	0										0.90	Low Flow	
16	X	24	4,000										1.80		
17	X	24	2,000										2.60		
18	X	24	0										1.50	Low Flow	
19	X	24	0										1.70	Low Flow	
20	X	24	5,000										1.50		
21	X	24	0										1.60	Low Flow	
22	X	24	0										1.20	Low Flow	
23	X	24	0										1.50	Low Flow	
24	X	24	0										1.20	Low Flow	
25	X	24	6,000										0.90		
26	X	24	2,000										1.10		
27	X	24	4,000										1.50		
28	X	24	5,000										1.40		
29	X	24	2,000										1.40		
30	X	24	5,000										1.20		
31	X	24	1,000										1.30		
Total			901,000												
Average			30,033												
Maximum			339,000												

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



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

FILE COPY

REVISED

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:	☒ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			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:	Jim Swegheimer	C	7183	Mon-Fri - 30 min. vnt
Other Operators:	Allan Finch	C	7806	Fri-Sat - 30 Min. Visit
	Cecy Sudol	C	14271	Weekend Compliance Check
	Kathy Sillitoe	B	13091	Checked Part 9/2/08
	Hisa Williams	C	14846	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

 10-3-08	Jim Swegheimer	7183
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: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	3,000										1.90	
2	X	24	0										1.50	low flow
3	X	24	3,000										1.60	
4	X	24	2,000										1.50	
5	X	24	1,000										1.40	
6	X	24	4,000										1.20	
7	X	24	5,000										2.50	
8	X	24	0										0.90	low flow
9	X	24	2,000										1.20	
10	X	24	8,000										1.00	
11	X	24	4,000										1.50	Collected 4 Bactis
12	X	24	0										1.00	low flow
13	X	24	7,000										0.90	
14	X	24	0										1.50	low flow
15	X	24	6,000										1.50	
16	X	24	2,000										1.40	
17	X	24	4,000										1.20	
18	X	24	4,000										1.80	
19	X	24	0										1.50	low flow
20	X	24	7,000										1.40	
21	X	24	5,000										1.60	
22	X	24	0										1.20	low flow
23	X	24	2,000										1.50	
24	X	24	3,000										1.50	
25	X	24	3,000										1.30	
26	X	24	0										1.20	low flow
27	X	24	2,000										1.50	
28	X	24	4,000										1.10	
29	X	24	0										1.00	low flow
30	X	24	0										1.40	low flow
31	X	24												
Total			81,000											
Average			2,793											
Maximum			8,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Santando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Santando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri. 30 min. visit
Other Operators:	Allan Finch	C	7806	Tue-Sat. 30 Min. Visit
	Tony Sillitoe	A	12749	Checked Plant 10/1,2/08
	Eric Williams	C	14846	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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 Point 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 Point 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	3,000										1.10		
2	X	24	4,000										0.90		
3	X	24	0										1.40	Low Flow	
4	X	24	4,000										1.30		
5	X	24	38,000										2.00		
6	X	24	0										1.20	Low Flow	
7	X	24	0										0.90	Low Flow	
8	X	24	21,000										1.50		
9	X	24	4,000										1.60		
10	X	24	0										1.40	Low Flow	
11	X	24	5,000										1.60		
12	X	24	6,000										1.30		
13	X	24	2,000										1.20	Collected 4 Bactis	
14	X	24	0										1.50	low flow	
15	X	24	4,000										1.50		
16	X	24	42,000										0.90		
17	X	24	3,000										1.20		
18	X	24	41,000										1.10		
19	X	24	49,000										1.30	low flow	
20	X	24	0										1.00		
21	X	24	8,000										1.20		
22	X	24	12,000										1.40		
23	X	24	93,000										1.30		
24	X	24	2,000										1.20		
25	X	24	5,000										1.30		
26	X	24	1,000										1.50		
27	X	24	0										1.20	Low Flow	
28	X	24	0										1.50	Low Flow	
29	X	24	5,000										1.00		
30	X	24	7,000										1.40		
31	X	24	16,000										1.20		
Total			393,000												
Average			12,677												
Maximum			93,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pefflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065		
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Jim Sweheimer	C	7183	Mon-Fri 30 min. visit
Other Operators:	Alan Finch	C	7806	Tue-Sat 30 Min Visit
	Corey Sudol	C	11279	Checked Plant 11/27,28/08
	Lisa Williams	C	14846	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

Signature and Date

12-5-08

Printed or Typed Name

License Number

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Operator		Days Plant Staffed or Visited by Operator (Place "N")	Hours Plant in Operation	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
Day of the Month	Operator			Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose					
					Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²		
1	X	24	124,000										1.30		
2	X	24	10,000										1.20		
3	X	24	14,000										1.30		
4	X	24	21,000										1.50		
5	X	24	14,000										1.00		
6	X	24	84,000										2.00	Collected 4 Bactis	
7	X	24	50,000										1.40		
8	X	24	84,000										1.20		
9	X	24	62,000										1.40		
10	X	24	69,000										1.20		
11	X	24	35,000										1.70		
12	X	24	14,000										1.20		
13	X	24	65,000										1.50		
14	X	24	4,000										1.20		
15	X	24	2,000										1.30		
16	X	24	47,000										1.40		
17	X	24	4,000										1.40		
18	X	24	6,000										1.40		
19	X	24	6,000										1.40		
20	X	24	73,000										1.30		
21	X	24	4,000										1.00		
22	X	24	15,000										1.10		
23	X	24	73,000										1.30		
24	X	24	8,000										1.00		
25	X	24	9,000										1.50		
26	X	24	88,000										1.50		
27	X	24	99,000										2.10		
28	X	24	75,000										1.70		
29	X	24	83,000										1.60		
30	X	24	120,000										1.30		
31	X	24													
Total			1,303,000												
Average			42,032												
Maximum			124,000												

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



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

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: Santando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month: 300			Total Population Served at End of Month: 1,050	
PWS Owner: Santando Utilities Corp.				
Contact Person: Patrick Flynn			Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com				
B. Water Treatment Plant Information				
Plant Name: Knollwood			Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.			City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			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:	Jim Swegheimer	C	7183	Mon-Fri - 30 min. visit
Other Operators:	Allan Finch	C	7806	Tue-Sat - 30 Min. Visit
	Corey Sudd	C	14279	Checked Plant 12/25-26-2008
	Eric Williams	C	14846	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check
	Kathy Sullivan	B	13694	12/1/08

II. Certification by Lead/Chief Operator

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

Signature and Date: Jim Swegheimer 1-3-09

Printed or Typed Name: Jim Swegheimer

License Number: 7183

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

PWS Identification Number: 3591121

Plant Name: Knollwood

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Date of the Month	Days Plant Stated or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations				UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	24,000										1.20	
2	X	24	33,000										1.40	
3	X	24	15,000										1.50	Collected 4 Bactis
4	X	24	70,000										1.50	
5	X	24	24,000										1.00	
6	X	24	55,000										1.00	
7	X	24	64,000										1.20	
8	X	24	25,000										1.50	
9	X	24	14,000										1.60	
10	X	24	23,000										1.00	
11	X	24	55,000										1.30	
12	X	24	1,000										1.30	Low Flow
13	X	24	1,000										0.50	Low Flow
14	X	24	2,000										1.40	Low Flow
15	X	24	6,000										1.40	Low Flow
16	X	24	3,000										1.30	Low Flow
17	X	24	21,000										1.50	
18	X	24	32,000										1.40	
19	X	24	35,000										1.20	
20	X	24	13,000										1.30	
21	X	24	26,000										1.30	
22	X	24	31,000										1.50	
23	X	24	17,000										1.40	
24	X	24	21,000										1.00	
25	X	24	40,000										1.70	
26	X	24	0										1.70	No Flow
27	X	24	6,000										1.60	Low Flow
28	X	24	8,000										1.40	
29	X	24	12,000										1.00	
30	X	24	9,000										1.30	
31	X	24	90,000										1.00	
Total			776,000											
Average			25,022											
Maximum			90,000											

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

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

PWS Identification Number: 3591121

Plant Name: Knollwood

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 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 = 0

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 = 0.40

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

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = 0.00

* 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.

2007
MORs

D
E
S

P
I
N
A
R



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 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:		☒ Raw Ground Water	☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Roy Mericulle	C	13808	Sun 1500-1830
	Alex Lorenzo	C	13756	Fri 0700-1530
	Terry Sillitoe	A	12749	Fri 0500-1330

II. Certification by Lead/Chief Operator

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

Jim A. Swegheimer 2-7-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Plaines WTP

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

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

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

Days Staffed or Visited by Operator (Place "X")	Day of the Month	Hours of Operation in Plant	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) at C First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Required, mg-min/L	Minimum Operating UV Dose, sec/cm ²	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	System, mg/L	CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
														CT Calculations																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
1	X	24	2,461,000										2.20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

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

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Type of Disinfectant Maintained in Distribution System:				☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide											
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	2,362,000										1.20		
2	X	24	2,020,000										1.30		
3	X	24	2,675,000										1.00		
4	X	24	2,372,000										1.20		
5	X	24	1,960,000										1.30		
6	X	24	2,675,000										1.00		
7	X	24	3,234,000										1.20		
8	X	24	2,625,000										1.00		
9	X	24	2,835,000										1.10		
10	X	24	3,664,000										1.40		
11	X	24	2,414,000										1.50		
12	X	24	2,250,000										1.30		
13	X	24	2,378,000										2.00		
14	X	24	2,896,000										1.70		
15	X	24	2,226,000										1.80		
16	X	24	2,266,000										1.30		
17	X	24	3,287,000										2.00		
18	X	24	2,715,000										1.10		
19	X	24	2,509,000										1.20		
20	X	24	3,370,000										2.00		
21	X	24	3,769,000										1.50		
22	X	24	2,979,000										1.40		
23	X	24	3,017,000										1.50		
24	X	24	3,811,000										1.60		
25	X	24	3,670,000										1.50		
26	X	24	2,682,000										1.70		
27	X	24	3,349,000										2.20		
28	X	24	3,945,000										1.50		
29															
30															
31															
Total			79,955,000												
Average			2,855,535												
Maximum			3,945,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III			
Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Lead/Chief Operator:	Jim Swegheimer	License Class: C	License Number: 7183
Other Operators:	Ray Houge	C	14256
	Roy Mericulle	C	13808
	Alex Lorenzo	C	13756
	Kathy Sillae	C	13094
	Tom Keyes	A	2181

II. Certification by Lead/Chief Operator

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

Signature and Date: Jim Swegheimer 4.3.07

Printed or Typed Name: Jim Swegheimer

License Number: 7183

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	2,893,000										0.90		
2	X	24	3,129,000										1.00		
3	X	24	3,068,000										2.20		
4	X	24	2,742,000										1.80		
5	X	24	2,373,000										1.20		
6	X	24	3,345,000										1.00		
7	X	24	3,747,000										1.20		
8	X	24	3,663,000										1.00		
9	X	24	3,377,000										1.20		
10	X	24	4,865,000										1.20		
11	X	24	3,223,000										1.20		
12	X	24	3,222,000										1.00		
13	X	24	3,597,000										1.80		
14	X	24	3,189,000										1.50		
15	X	24	3,165,000										0.50		
16	X	24	2,753,000										1.20		
17	X	24	3,817,000										1.00		
18	X	24	3,691,000										1.40		
19	X	24	2,818,000										1.20		
20	X	24	3,637,000										1.70		
21	X	24	4,125,000										1.10		
22	X	24	3,638,000										0.50		
23	X	24	3,581,000										0.70		
24	X	24	4,624,000										1.10		
25	X	24	4,400,000										1.90		
26	X	24	3,612,000										1.40		
27	X	24	3,903,000										1.20		
28	X	24	4,870,000										1.10		
29	X	24	4,119,000										0.70		
30	X	24	4,129,000										1.50		
31	X	24	4,344,000										0.90		
Total			112,569.00												
Average			3,631.258												
Maximum			4,870,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP, 3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1330
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Roy Mericulle	C	13808	Sun 1500-1530
	Alex Lorenzo	C	13756	Sat 1220-1435
	Tom Keyes	A	2181	Sun -1300-1330

II. Certification by Lead/Chief Operator

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

 5-2-07	Jim Swegheimer	7183
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: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	4,775,000										1.10		
2	X	24	3,761,000										1.20		
3	X	24	4,442,000										1.30		
4	X	24	4,909,000										1.20		
5	X	24	4,085,000										0.70		
6	X	24	3,923,000										1.00		
7	X	24	5,241,000										0.80		
8	X	24	4,457,000										0.70		
9	X	24	2,573,000										1.00		
10	X	24	2,911,000										0.90		
11	X	24	3,328,000										1.20		
12	X	24	2,898,000										1.00	Collected 10 Bactiv	
13	X	24	3,421,000										1.20		
14	X	24	3,971,000										1.40		
15	X	24	2,928,000										1.40		
16	X	24	2,118,000										1.00		
17	X	24	4,109,000										0.70		
18	X	24	3,957,000										1.00		
19	X	24	3,507,000										0.40		
20	X	24	3,148,000										1.00		
21	X	24	4,190,000										0.80		
22	X	24	4,278,000										1.20		
23	X	24	3,484,000										1.00		
24	X	24	4,454,000										1.10		
25	X	24	3,914,000										1.10		
26	X	24	4,110,000										0.90		
27	X	24	3,759,000										0.80		
28	X	24	5,036,000										0.80		
29	X	24	4,831,000										1.40		
30	X	24	4,897,000										1.00		
31															
Total			117,415,000												
Average			3,913,833												
Maximum			5,241,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Roy Mericulle	C	13808	Sun 1500-1530
	Alex Lorenzo	C	13756	Sat 1220-1435
	Corey Sudol	C	14271	Sat 0700-1400

II. Certification by Lead/Chief Operator

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

Jim a Swegheimer 6-5-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														Chlorine Dioxide
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²			Minimum UV Dose Required, mW-sec/cm²
1	X	24	4,552,000									1.10		
2	X	24	5,064,000									0.90		
3	X	24	4,796,000									1.00		
4	X	24	4,423,000									1.50		
5	X	24	5,631,000									0.90		
6	X	24	3,578,000									1.00		
7	X	24	3,004,000									1.20		
8	X	24	3,582,000									1.00	Collected 3 Bactis	
9	X	24	4,562,000									1.20		
10	X	24	3,087,000									0.40	Collected 7 Bactis	
11	X	24	3,516,000									1.10		
12	X	24	4,961,000									0.90		
13	X	24	3,390,000									0.70		
14	X	24	2,624,000									1.20		
15	X	24	3,697,000									0.50		
16	X	24	4,381,000									1.20		
17	X	24	3,054,000									0.80		
18	X	24	3,179,000									1.10		
19	X	24	4,436,000									1.20		
20	X	24	4,005,000									0.80		
21	X	24	3,515,000									1.00		
22	X	24	4,498,000									1.90		
23	X	24	4,477,000									1.50		
24	X	24	3,416,000									0.70		
25	X	24	3,756,000									0.60		
26	X	24	4,718,000									0.60		
27	X	24	4,464,000									0.60		
28	X	24	3,810,000									1.30		
29	X	24	4,824,000									1.0		
30	X	24	5,436,000									0.80		
31	X	24	4,428,000									0.60		
Total			126,864,000											
Average			4,092,387											
Maximum			5,631,000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Jim Swegheimer	C	7183
Other Operators:	Ray Houge	C	14256
	Roy Mericulle	C	13808
	Alex Lorenzo	C	13756
	Kathy Sillitoe	B	13094
	Terry Sillitoe	A	12749
	Tom Keves	A	2181

II. Certification by Lead/Chief Operator

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


Signature and Date

7-3-07

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water 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	3,142,000										0.60		
2	X	24	3,476,000										0.60		
3	X	24	3,610,000										1.10		
4	X	24	3,359,000										1.00		
5	X	24	4,024,000										1.20		
6	X	24	3,378,000										1.50		
7	X	24	3,186,000										1.00		
8	X	24	3,537,000										1.10		
9	X	24	4,839,000										0.60		
10	X	24	4,315,000										0.90		
11	X	24	2,715,000										1.20		
12	X	24	3,087,000										0.30		
13	X	24	2,766,000										0.70		
14	X	24	2,546,000										1.00	Collected 3 Bactis	
15	X	24	2,556,000										1.00		
16	X	24	3,795,000										0.50		
17	X	24	3,731,000										0.90		
18	X	24	3,041,000										1.00		
19	X	24	2,907,000										1.20	Collected 7 Bactis	
20	X	24	3,123,000										1.00		
21	X	24	2,930,000										1.40		
22	X	24	2,977,000										0.80		
23	X	24	4,162,000										1.00		
24	X	24	4,057,000										1.30		
25	X	24	2,778,000										1.10		
26	X	24	3,601,000										0.60		
27	X	24	4,107,000										1.10		
28	X	24	2,511,000										0.40		
29	X	24	3,892,000										1.20		
30	X	24	4,929,000										0.50		
31	X	24													
Total			103,077.00												
Average			3,435,900												
Maximum			4,929,000												

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

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

Polymer Dose, ppm =

Acrylamide Level, %† =

- 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):

Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Elsa Wilhams	C	14846	Sat 0700-1500
	Tom Keyes	A	2181	Sat 1430-1130

II. Certification by Lead/Chief Operator

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

Jim Swegheimer 7-7-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

FILE COPY

680

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations					UV Dose					
					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	3,690,000											1.00	Collected 10 Hg ₂
2	X	24	3,550,000											1.00	
3	X	24	3,816,000											1.30	
4	X	24	4,336,000											1.20	
5	X	24	3,752,000											1.90	
6	X	24	3,662,000											1.10	
7	X	24	4,860,000											1.00	
8	X	24	4,706,000											1.60	
9	X	24	3,668,000											1.20	
10	X	24	3,462,000											1.80	
11	X	24	3,848,000											1.10	
12	X	24	3,455,000											0.70	
13	X	24	3,261,000											1.00	
14	X	24	3,880,000											0.50	
15	X	24	3,353,000											1.20	
16	X	24	3,030,000											1.10	
17	X	24	3,337,000											1.60	
18	X	24	3,259,000											1.00	
19	X	24	2,700,000											1.50	
20	X	24	3,048,000											1.10	
21	X	24	3,221,000											1.00	
22	X	24	2,515,000											1.40	
23	X	24	1,993,000											1.00	
24	X	24	2,722,000											1.00	
25	X	24	3,122,000											1.00	
26	X	24	2,736,000											1.00	
27	X	24	3,012,000											1.00	
28	X	24	3,102,000											1.20	
29	X	24	3,065,000											0.60	
30	X	24	2,477,000											2.00	
31			2,332,000											1.20	
Total			102,976,000											1.00	
Average			3,321,806												
Maximum			4,860,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

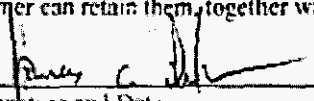
PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: peflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,040,000 (2,61,000)				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Ray Houge	C	14256	Sat 1230-1300
	Elsa Williams	C	14846	Sat 0700-1500
	Tom Keyes	A	2181	Sat 1330-1430
	Alex Lorenzo	C	13756	Sun Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

Signature and Date:  7-6-07

Printed or Typed Name: Jim Swegheimer

License Number: 7183

FILE COPY

680

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Type of Disinfectant Residual Maintained in Distribution System															Type of Disinfectant Residual Maintained in Distribution System														
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation															
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²																	
1	X	24	1,851,000											1.20															
2	X	24	1,319,000											1.50															
3	X	24	3,218,000											1.00															
4	X	24	3,218,000												No Sample Collected														
5	X	24	2,676,000											0.60															
6	X	24	3,248,000											1.10															
7	X	24	3,976,000											0.90															
8	X	24	3,639,000											1.20															
9	X	24	3,370,000											0.60															
10	X	24	4,690,000											0.70															
11	X	24	4,222,000											0.40															
12	X	24	3,650,000											0.40															
13	X	24	2,560,000											0.90															
14	X	24	3,307,000											2.00															
15	X	24	4,042,000											1.20															
16	X	24	3,441,000											0.80	Collected 10 Bacteria														
17	X	24	3,236,000											0.50															
18	X	24	4,360,000											0.90															
19	X	24	4,533,000											1.00															
20	X	24	3,341,000											1.20															
21	X	24	4,228,000											2.00															
22	X	24	4,438,000											1.20															
23	X	24	3,977,000											0.50															
24	X	24	3,231,000											0.90															
25	X	24	2,765,000											1.10															
26	X	24	2,669,000											0.40															
27	X	24	2,409,000											1.10															
28	X	24	3,210,000											0.90															
29	X	24	5,758,000											1.20															
30	X	24	3,502,000											0.70															
31	X	24	2,506,000											0.70															
Total			106,593,00																										
Average			3,438,483																										
Maximum			5,758,000																										

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP 3591121-1		PWS Identification Number: 3591121	
PWS Type:	☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant:	☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Ray Houye	C	14256	Sat. 1230-1300
	Elsa Williams	C	14846	Sat. 0700-1500
	Corey Sudol	C	14271	Mon. 0700-1530
	Alex Lorenzo	C	13756	Sun. Weekend Compliance Check
	Kathy Sillitoe	B	13094	Thurs. 0700-1600

II. Certification by Lead/Chief Operator

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

Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "N")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²			Minimum UV Dose Required, mW-sec/cm²
1	N	24	2,810,000										1.40	
2	N	24	2,407,000										1.60	
3	N	24	2,297,000										1.20	
4	N	24	3,232,000										1.40	
5	N	24	3,822,000										0.60	
6	N	24	3,538,000										0.50	
7	N	24	3,751,000										1.00	
8	N	24	3,339,000										0.80	
9	N	24	3,187,000										0.90	
10	N	24	2,316,000										1.00	
11	N	24	2,725,000										0.60	
12	N	24	2,995,000										0.90	
13	N	24	2,319,000										1.50	
14	N	24	2,775,000										1.30	
15	N	24	2,575,000										1.00	
16	N	24	2,835,000										2.00	
17	N	24	2,361,000										1.10	
18	N	24	2,628,000										0.80	
19	N	24	2,321,000										0.80	
20	N	24	1,965,000										2.00	Collected 10 Bactis
21	N	24	2,824,000										1.20	
22	N	24	2,490,000										1.00	
23	N	24	2,171,000										1.40	
24	N	24	2,079,000										1.30	
25	N	24	2,592,000										0.70	
26	N	24	2,544,000										1.10	
27	N	24	1,930,000										1.60	
28	N	24	2,366,000										1.10	
29	N	24	2,315,000										1.50	
30	N	24	2,469,000										1.00	
31														
Total			80,508,000											
Average			2,683,500											
Maximum			3,822,000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@duiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sun Compliance Check
	Lisa Williams	C	14846	Sat 0700-1500
	Terry Sallins	A	12749	Fri 0700-1500

II. Certification by Lead/Chief Operator

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

 10-5-07
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/l.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	
1	X	24	2,052,000									0.70	
2	X	24	2,042,000									1.00	
3	X	24	2,585,000									1.10	
4	X	24	1,970,000									1.00	
5	X	24	2,161,000									1.20	
6	X	24	2,895,000										
7	X	24	1,965,000									0.70	
8	X	24	2,038,000									0.70	
9	X	24	2,658,000									0.70	Collected 10 Bactis Today
10	X	24	3,220,000									1.00	
11	X	24	2,313,000									1.10	
12	X	24	3,512,000									1.20	
13	X	24	3,412,000									1.00	
14	X	24	3,453,000									2.40	
15	X	24	2,927,000									1.40	
16	X	24	3,373,000									0.80	
17	X	24	3,912,000									0.90	
18	X	24	2,934,000									1.00	
19	X	24	3,192,000									0.80	
20	X	24	3,224,000									2.60	
21	X	24	2,272,000									1.00	
22	X	24	2,193,000									1.00	
23	X	24	3,144,000									1.10	
24	X	24	3,365,000									1.50	
25	X	24	2,120,000									1.20	
26	X	24	2,917,000									1.50	
27	X	24	2,348,000									1.10	
28	X	24	2,362,000									1.00	
29	X	24	1,879,000									1.50	
30	X	24	2,122,000									1.20	
31	X	24	2,402,000									1.40	
Total			82,767,000										
Average			2,669,741										
Maximum			3,912,000										

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



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

FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP, 3591121-1 PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
Number of Service Connections at End of Month: 2,308 Total Population Served at End of Month: 8,078
PWS Owner: Sanlando Utilities Corp.
Contact Person: Patrick Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-1919
Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP. Plant Telephone Number: 407-260-5065
Plant Address: 125 Western Fork City: Longwood State: FL Zip Code: 32780
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000
Plant Category (per subsection 62-699.310(4), F.A.C.): IV 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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenas	C	13756	Sun Weekend Compliance Check
	Elsa Williams	C	14836	Sat 1135-1150
	Corey Sudel	C	14271	Thursday 0700-1530

II. Certification by Lead/Chief Operator

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

Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	1,823,000										1.90		
2	X	24	2,079,000										1.50		
3	X	24	2,876,000										1.00		
4	X	24	2,570,000										1.10		
5	X	24	2,209,000										0.90		
6	X	24	3,052,000										0.50		
7	X	24	3,281,000										1.00		
8	X	24	2,518,000										1.00		
9	X	24	3,007,000										1.50		
10	X	24	3,716,000										1.50		
11	X	24	3,076,000										2.70		
12	X	24	2,791,000										2.00		
13	X	24	3,302,000										0.40		
14	X	24	3,718,000										0.90		
15	X	24	3,002,000										1.00		
16	X	24	3,432,000										1.50		
17	X	24	3,719,000										1.50		
18	X	24	3,266,000										1.60		
19	X	24	3,172,000										2.40		
20	X	24	3,178,000										2.00		
21	X	24	3,907,000										1.60		
22	X	24	2,827,000										2.20		
23	X	24	3,578,000										2.20		
24	X	24	3,473,000										1.40		
25	X	24	3,308,000										1.50		
26	X	24	2,658,000										1.10		
27	X	24	3,122,000										1.40		
28	X	24	2,883,000										1.00		
29	X	24	2,212,000										2.00		
30	X	24	2,570,000										1.70		
31															
Total			90,325,000												
Average			3,010,833												
Maximum			3,907,000												

12-11-07 MOC

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



FILE COPY

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

PWS Name: Santando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Santando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant:	☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Sweigamer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Alex Lorenzi	C	13756	Sun. Weekend Compliance Check
	Hsa Williams	C	14846	Sat. 1135-1150
	Corey Sudel	C	14271	Thursday 0700-1530
	Doug Goodwin	C	2740	Sun. Compliance Check

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

Signature and Date 1-7-08

Jim Sweigheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	2,392,000										1.00		
2	X	24	2,689,000										1.80		
3	X	24	2,345,000										1.20		
4	X	24	3,039,000										0.80		
5	X	24	3,120,000										1.00		
6	X	24	2,954,000										1.10		
7	X	24	3,202,000										1.00		
8	X	24	3,236,000										0.90		
9	X	24	2,919,000										1.40		
10	X	24	2,619,000										1.00		
11	X	24	3,126,000										0.60	Collected 10 Bactis	
12	X	24	3,339,000										1.20		
13	X	24	2,823,000										0.80		
14	X	24	2,962,000										1.50		
15	X	24	2,916,000										1.10		
16	X	24	2,146,000										0.90		
17	X	24	1,932,000										1.20		
18	X	24	2,670,000										0.90		
19	X	24	3,273,000										1.00		
20	X	24	2,511,000										1.50		
21	X	24	2,726,000										1.00		
22	X	24	2,506,000										0.90		
23	X	24	2,494,000										0.70		
24	X	24	2,264,000										0.90		
25	X	24	2,834,000										1.30		
26	X	24	2,931,000										1.20		
27	X	24	2,515,000										0.90		
28	X	24	3,024,000										1.30		
29	X	24	3,192,000										1.00		
30	X	24	2,684,000										0.50		
31	X	24	2,301,000										1.00		
Total			85,687,000												
Average			2,764,096												
Maximum			3,339,000												

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

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

Polymer Dose, ppm = 0

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 = 0.00

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):

Sequestrant Dose, mg/L, of phosphate as PO_4 or mg/L, of silicate as SiO_2 = 1.10

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = 0.00

* 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.

**2008
MORs**

**D
E
S

P
I
N
A
R**



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

680 PA

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:	☒ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			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:	Jim Sweigheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Compliance Check
	John Coffe	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Sun-Thur 0700-1530

II. Certification by Lead Chief Operator

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

 2-5-08
Signature and Date

Jim Sweigheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	2,819,000										1.30		
2	X	24	2,853,000										0.50		
3	X	24	2,394,000										0.90		
4	X	24	3,278,000										0.80		
5	X	24	2,671,000										0.60		
6	X	24	2,735,000										1.50		
7	X	24	2,342,000										1.00		
8	X	24	2,852,000										0.80		
9	X	24	3,117,000										1.20		
10	X	24	2,492,000										2.20		
11	X	24	3,310,000										1.50		
12	X	24	2,719,000										1.20		
13	X	24	1,974,000										2.30		
14	X	24	1,103,000										2.00		
15	X	24	2,641,000										2.00		
16	X	24	3,316,000										1.20		
17	X	24	1,924,000										1.40		
18	X	24	2,378,000										1.00		
19	X	24	2,140,000										1.10		
20	X	24	1,101,000										1.00		
21	X	24	1,879,000										1.80		
22	X	24	2,515,000										2.20	Collected to Bypass	
23	X	24	2,088,000										1.20		
24	X	24	2,093,000												
25	X	24	2,400,000										1.00		
26	X	24	2,296,000										1.60		
27	X	24	1,921,000												
28	X	24	1,834,000										1.50		
29	X	24	2,412,000										1.20		
30	X	24	2,528,000										1.10		
31	X	24	2,421,000										1.70		
Total			74,546,000												
Average			2,404,709												
Maximum			3,316,000												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Compliance Check
	John Coffe	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Sun-Thur. 0700-1530
	Elsa Williams	C	14816	Sat 1315-1415

II. Certification by Lead Chief Operator

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

 3-5-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP

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

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

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

Type of Distribution				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
Day of the Month	Days Plant Staffed or Visited by Operator ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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	1,508,000										1.10		
2	X	24	1,508,000										2.40		
3	X	24	2,635,000										1.70		
4	X	24	1,907,000										2.70		
5	X	24	2,848,000										1.50		
6	X	24	2,821,000										1.40	Collected 10 Harts	
7	X	24	2,262,000										1.50		
8	X	24	3,106,000										0.80		
9	X	24	2,860,000										2.60		
10	X	24	2,534,000										1.20		
11	X	24	2,300,000										1.00		
12	X	24	2,152,000										1.50		
13	X	24	2,085,000										2.00		
14	X	24	2,253,000										1.10		
15	X	24	2,583,000										1.00		
16	X	24	3,272,000										1.80		
17	X	24	2,205,000										1.10		
18	X	24	1,954,000										1.2		
19	X	24	2,640,000										1.50		
20	X	24	3,078,000										1.50		
21	X	24	1,934,000										2.00		
22	X	24	2,439,000										1.50		
23	X	24	2,439,000										1.70		
24	X	24	2,152,000										1.80		
25	X	24	1,952,000										1.10		
26	X	24	2,190,000										1.00		
27	X	24	2,356,000												
28	X	24	2,157,000												
29	X	24	3,070,000												
30	X	24													
31	X	24													
Total			69,200,000												
Average			2,386,206												
Maximum			3,272,000												

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



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

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: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Sweigheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Compliance Check
	John Coffe	C	6614	Sun Compliance Check
	Alban Finch	C	7806	Sun - Thru 0700-1530
	Kathy Sillitoe	II	11094	Mon & Tues 0800-1630

II. Certification by Lead Chief Operator

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

Signature and Date
Jim C. Sweigheimer 4-3-08
C7183

Jim Sweigheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose					
				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	3,070,000										1.00	
2	X	24	2,349,000										1.50	
3	X	24	3,142,000										1.30	
4	X	24	2,051,000										1.00	
5	X	24	2,577,000											
6	X	24	2,538,000										1.60	
7	X	24	1,960,000										0.60	
8	X	24	2,464,000										0.80	
9	X	24	2,219,000										2.10	
10	X	24	2,080,000										1.50	
11	X	24	2,035,000										1.90	
12	X	24	2,443,000										1.00	
13	X	24	2,591,000										2.10	Collected 10 Bactis Today
14	X	24	2,459,000										1.40	
15	X	24	5,166,000										0.80	
16	X	24	3,007,000										2.80	
17	X	24	2,381,000										5.00	
18	X	24	2,301,000										5.00	
19	X	24	2,703,000										1.90	
20	X	24	3,310,000										0.60	
21	X	24	2,154,000										1.00	
22	X	24	3,522,000											
23	X	24	2,793,000										2.00	
24	X	24	2,771,000										2.00	
25	X	24	2,267,000										1.70	
26	X	24	3,247,000										1.20	
27	X	24	3,356,000										1.60	
28	X	24	3,332,000										0.80	
29	X	24	4,012,000										0.80	
30	X	24	3,235,000										1.00	
31	X	24	2,783,000										1.10	
Total			86,318,000											
Average			2,784,451											
Maximum			5,166,000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008				
A. Public Water System (PWS) Information				
PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1				
PWS Identification Number: 3591121				
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month: 2,308				
Total Population Served at End of Month: 8,078				
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn				
Contact Person's Title: Regional Director				
Contact Person's Mailing Address: 200 Weathersfield Ave.				
City: Altamonte Springs				
State: FL				
Zip Code: 32714				
Contact Person's Telephone Number: 407-869-1919				
Contact Person's Fax Number: 407-869-1919				
Contact Person's E-Mail Address: pcflynn@uiwater.com				
B. Water Treatment Plant Information				
Plant Name: Des Pinar WTP.				
Plant Telephone Number: 407-260-5065				
Plant Address: 125 Western Fork				
City: Longwood				
State: FL				
Zip Code: 32750				
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
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:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Compliance Check
	John Coffe	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Sun - Thor. 0700-1530
	Eddie Roberts	C	15119	Mon & Tues. 0800-1530
	Ray Houge	B	14256	Weekend Compliance Check

II. Certification by Lead Chief Operator

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


Signature and Date

5-5-08

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²		
1	X	24	3,239,000									1.70	
2	X	24	3,144,000									1.20	
3	X	24	2,745,000									1.30	
4	X	24	3,760,000									1.40	
5	X	24	2,614,000									0.80	
6	X	24	1,695,000									1.10	
7	X	24	1,825,000									1.20	
8	X	24	2,151,000									1.10	Collected 3 bacts
9	X	24	3,407,000									1.40	
10	X	24	2,876,000									1.10	Collected 7 bacts
11	X	24	3,588,000									1.30	
12	X	24	3,629,000									1.80	
13	X	24	2,216,000									2.00	
14	X	24	2,463,000									1.00	
15	X	24	2,985,000									1.30	
16	X	24	3,991,000									1.20	
17	X	24	3,600,000									2.10	
18	X	24	4,307,000									1.40	
19	X	24	4,277,000									1.50	
20	X	24	3,451,000									1.60	
21	X	24	3,228,000									1.60	
22	X	24	4,308,000									0.20	
23	X	24	4,423,000									1.10	
24	X	24	3,628,000									1.50	
25	X	24	4,796,000									1.00	
26	X	24	4,681,000									0.90	
27	X	24	3,771,000									1.50	
28	X	24	2,995,000									1.00	
29	X	24	4,089,000									1.20	
30	X	24	4,359,000									1.40	
31	X	24											
Total			101,841,00										
Average			3,394,700										
Maximum			4,796,000										

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



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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Weekend Compliance Check
	John Coffee	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Tues-Sat 0700-1530
	Eddie Roberts	C	15119	Weekend Compliance Check
	Uisa Williams	C	14846	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

 6-4-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	4,168,000									1.30		
2	X	24	5,120,000									1.10		
3	X	24	4,226,000									0.80		
4	X	24	4,795,000									1.10		
5	X	24	3,736,000									1.20		
6	X	24	5,038,000									1.10		
7	X	24	4,862,000									1.50		
8	X	24	5,329,000									1.40		
9	X	24	5,336,000									1.20		
10	X	24	4,755,000									1.00		
11	X	24	4,773,000									1.00		
12	X	24	4,377,000									1.10		
13	X	24	5,201,000									1.80		
14	X	24	5,185,000									1.20		
15	X	24	5,095,000									1.30	Collected 10 Bores	
16	X	24	4,866,000									1.10		
17	X	24	6,569,000									1.20		
18	X	24	4,678,000									1.00		
19	X	24	3,845,000									1.20		
20	X	24	3,998,000									1.80		
21	X	24	4,350,000									1.10		
22	X	24	3,074,000									0.90		
23	X	24	3,043,000									1.80		
24	X	24	4,008,000									1.50		
25	X	24	2,862,000									1.10		
26	X	24	3,291,000									0.50		
27	X	24	3,847,000									0.90		
28	X	24	4,193,000									1.00		
29	X	24	4,137,000									1.10		
30	X	24	3,688,000									1.10		
31	X	24	6,165,000									1.20		
Total			138,010,000											
Average			4,451,935											
Maximum			6,569,000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Allamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	John Coffee	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Sun Compliance Check
	Eddie Roberts	C	15119	Tues-Sat 0700-1530
	Elsa Williams	C	14846	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

Jim Swegheimer 7-8-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Type of Disinfection Process Utilized at Distribution System														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	6,165,000										1.00	
2	X	24	3,626,000										1.50	
3	X	24	3,964,000										1.10	
4	X	24	4,324,000										1.00	
5	X	24	6,386,000										1.30	
6	X	24	4,190,000										1.00	
7	X	24	5,074,000										1.20	
8	X	24	5,564,000										1.10	
9	X	24	4,278,000										0.30	
10	X	24	4,264,000										0.50	
11	X	24	2,875,000										0.30	
12	X	24	3,137,000										0.50	
13	X	24	2,772,000										0.50	
14	X	24	3,165,000										1.20	
15	X	24	4,451,000										1.80	
16	X	24	2,678,000										1.20	
17	X	24	2,313,000										1.20	
18	X	24	2,904,000										1.40	
19	X	24	2,904,000										1.20	Collected 10 Bactis
20	X	24	2,505,000										1.00	
21	X	24	3,503,000										1.60	Estimated flows due to equipment malfunction
22	X	24	4,165,000										1.80	June 21-June 30, 2008
23	X	24	4,815,000										0.60	
24	X	24	3,808,000										0.80	
25	X	24	4,428,000										0.90	
26	X	24	4,027,000										1.20	
27	X	24	3,666,000										1.30	
28	X	24	4,864,000										1.10	
29	X	24	4,874,000										1.00	
30	X	24	4,020,000										1.80	NC staffing compliance coverage
31	X	24												
Total			118,109,000											
Average			3,936,966											
Maximum			6,386,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

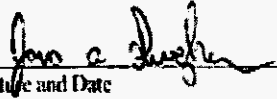
PWS Name: Sanlando Utilities Inc.-Des Pinar WTP 3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	
Contact Person's Telephone Number: 407-869-1919		State: FL	
Contact Person's E-Mail Address: pcflynn@uiwater.com		Zip Code: 32714	
		Contact Person's Fax Number: 407-869-1919	

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood		
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		State: FL		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000		Zip Code: 32750		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	John Coffee	C	6614	Sun Compliance Check
	Allan Finch	C	7806	Tue-Sat 0700-1530
	Eddie Roberts	C	15119	Weekend Check
	Edna Williams	C	11816	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

 Signature and Date	8-5-08	Jim Swegheimer Printed or Typed Name	7183 License Number
---	--------	---	------------------------

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

PWS Identification Number: 359121

Plant Name: Des Pinar WTP

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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 Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24	2,759,000										1.80	Estimated flow
2	X	24	2,961,000										1.80	Estimated flow
3	X	24	3,149,000										1.80	Estimated flow
4	X	24	3,179,000										1.50	Estimated flow
5	X	24	3,048,000										1.40	Estimated flow
6	X	24	3,486,000										1.10	Estimated flow
7	X	24	3,113,000										1.20	Estimated flow
8	X	24	2,924,000										1.50	Estimated flow
9	X	24	2,942,000										1.50	Estimated flow
10	X	24	2,872,000										1.10	Collected 10 Bacter Estimated flow
11	X	24	2,642,000										1.50	Estimated flow
12	X	24	2,890,000										1.40	Estimated flow
13	X	24	3,600,000										1.30	Estimated flow
14	X	24	2,589,000										0.90	Estimated flow
15	X	24	2,977,000										1.10	Estimated flow
16	X	24	1,784,000										1.40	Estimated flow
17	X	24	2,385,000										1.60	Estimated flow
18	X	24	1,365,000										1.30	Estimated flow
19	X	24	2,189,000										1.80	
20	X	24	3,503,000										1.10	
21	X	24	2,711,000										1.40	
22	X	24	2,727,000										1.30	
23	X	24	3,042,000										0.40	
24	X	24	2,488,000										1.10	
25	X	24	2,179,000										1.50	
26	X	24	2,397,000										1.40	
27	X	24	3,284,000										1.40	
28	X	24	2,439,000										1.10	
29	X	24	1,647,000										1.10	
30	X	24	1,669,000										1.10	
31	X	24	1,607,000										1.50	
Total			82,547,000											
Average			2,662,806											
Maximum			3,600,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Santando Utilities Inc.-Des Pinar WTP 3591121-1
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
Number of Service Connections at End of Month: 2,308
Total Population Served at End of Month: 8,078

PWS Owner: Santando Utilities Corp.
Contact Person: Patrick Flynn
Contact Person's Mailing Address: 200 Weatherfield Ave.
Contact Person's Telephone Number: 407-869-1919
Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP
Plant Address: 125 Western Fork
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day (Operating Capacity of Plant, gallons per day: 6,261,000
Plant Category (per subsection 62-699.310(4), F.A.C.): IV

Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Jim Sweighmer	C	7183
Other Operators:	Miles Lescrau	C	13756
	Allan Finch	C	7806
	Kathy Sillies	B	13694

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Day(s) Shift(s) Worked	Mon-Fri 0700-1530	Sat Compliance Check	Tue-Sat 0700-1530	Worked Plant 8-28-29
Days(s) Shift(s) Worked				

Plant Telephone Number: 407-260-5065
State: FL
City: Longwood
Zip Code: 32750

II. Certification by Lead/Chief Operator

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

Signature and Date: Jim S. Sweighmer 9-8-09

Printed or Typed Name: Jim Sweighmer

License Number: 7183

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24	1,428,000										1.00	High service motor #1 rebuilt back online	
2	X	24	1,312,000										1.20		
3	X	24	2,557,000										1.50		
4	X	24	1,823,000										1.30	High service motor #2 rebuilt back online	
5	X	24	1,868,000										1.20		
6	X	24	3,382,000										1.30		
7	X	24	3,159,000										1.60	High service motor #3 rebuilt back online	
8	X	24	3,578,000										1.50		
9	X	24	3,698,000										1.40		
10	X	24	3,350,000										1.30		
11	X	24	4,056,000										1.00		
12	X	24	3,055,000										1.30	Collected 10 Bags	
13	X	24	3,282,000										1.00		
14	X	24	2,903,000										1.30		
15	X	24	2,158,000										1.30		
16	X	24	2,704,000										1.40		
17	X	24	3,427,000										2.80		
18	X	24	1,795,000										1.20		
19	X	24	1,718,000										1.40		
20	X	24	1,945,000										1.30		
21	X	24	3,845,000										1.70		
22	X	24	1,541,000										2.00	Well motor #2 burnt back online 9/4/08	
23	X	24	1,794,000										1.40		
24	X	24	2,654,000										1.20		
25	X	24	1,480,000										1.30	Well motor #1A rebuilt back online	
26	X	24	1,607,000										1.00		
27	X	24	2,023,000										1.40		
28	X	24	2,186,000										1.20		
29	X	24	1,949,000										1.20		
30	X	24	2,234,000										1.30		
31	X	24	2,830,000										1.2		
Total			77,343,000												
Average			2,494,935												
Maximum			4,056,000												

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



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

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: Sanlando Utilities Inc.-Des Pinar WTP,3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(1), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sun Compliance Check
	Allan Finch	C	7806	Tue-Sat 0700-1530
	Kathy Silline	B	13094	Worked Plant 9/2/08
	Cotey Sudol	C	14271	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

Jim Swegheimer
Signature and Date

10-3-08

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	1,427,000									1.40		
2	X	24	2,184,000									1.40		
3	X	24	2,309,000									1.20		
4	X	24	2,291,000									1.30		
5	X	24	2,124,000									1.00		
6	X	24	4,682,000									0.60		
7	X	24	2,996,000									0.40		
8	X	24	2,512,000									1.40		
9	X	24	2,657,000									1.20		
10	X	24	2,884,000									0.70		
11	X	24	2,471,000									1.00		
12	X	24	1,831,000									1.30		
13	X	24	2,492,000									1.00		
14	X	24	3,223,000									1.00		
15	X	24	2,919,000									1.00		
16	X	24	2,067,000									0.80		
17	X	24	2,166,000									0.70		
18	X	24	2,575,000									2.20	Collected In Bacter	
19	X	24	2,274,000									1.00		
20	X	24	2,825,000									1.40		
21	X	24	3,720,000									0.60		
22	X	24	2,227,000									0.70		
23	X	24	1,926,000									0.60		
24	X	24	2,135,000									1.00		
25	X	24	2,463,000									1.00		
26	X	24	2,185,000									1.00		
27	X	24	2,965,000									1.40		
28	X	24	3,548,000									1.30		
29	X	24	1,530,000									1.30		
30	X	24	1,892,000									1.60		
31	X	24												
Total			75,799,000											
Average			2,520,633											
Maximum			4,682,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121		
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.				
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: peflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant:	☒ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			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:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sun. Compliance Check
	Allan Finch	C	7806	Tue.-Sat 0700-1530
	Terry Silitoe	A	12749	Worked Plant 10/1,2/08
	Usha Williams	C	14846	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

Signature and Date

Jim Swegheimer 11-7-08

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	2,565,000										1.40	
2	X	24	2,733,000										1.00	
3	X	24	2,712,000										0.90	
4	X	24	3,017,000										0.80	
5	X	24	4,016,000										2.20	
6	X	24	2,693,000										1.40	
7	X	24	2,333,000										1.30	
8	X	24	2,961,000										2.00	
9	X	24	2,564,000										1.80	
10	X	24	1,916,000										1.50	
11	X	24	2,061,000										1.30	
12	X	24	2,973,000										1.20	
13	X	24	2,090,000										1.70	
14	X	24	2,022,000										1.70	Collected 10 Bactis
15	X	24	2,671,000										1.30	
16	X	24	2,760,000										1.70	
17	X	24	3,205,000										1.90	
18	X	24	2,750,000										1.60	
19	X	24	1,522,000										1.40	
20	X	24	2,996,000										1.20	
21	X	24	2,550,000										1.40	
22	X	24	3,262,000										1.70	
23	X	24	3,523,000										1.70	
24	X	24	2,321,000										1.70	
25	X	24	2,372,000										1.50	
26	X	24	3,190,000										1.20	
27	X	24	2,138,000										1.50	
28	X	24	2,219,000										1.60	
29	X	24	2,841,000										1.50	
30	X	24	3,266,000										1.60	
31	X	24	2,640,000										1.50	
Total			84,146,000											
Average			2,714,387											
Maximum			4,046,000											

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



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

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: Santando Utilities Inc.-Des Pinar WTP 3591121-1		PWS Identification Number: 3591121	
PWS Type:	☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Santando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant:	☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Alex Forzetta	C	13756	Sun Compliance Check
	Allan Finch	C	3806	Tue-Sat 0700-1530
	Vince Sandoz	C	14271	Worked Plant 11/27,28/08
	Eisa Williams	C	14846	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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

 11-5-08
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP

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

Means of Achieving Four-Log Virus Inactivation Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations				UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	3,501,000										1.10	
2	X	24	3,519,000										1.20	
3	X	24	2,012,000										1.00	
4	X	24	2,252,000										1.40	
5	X	24	2,982,000										1.40	
6	X	24	3,230,000										2.20	
7	X	24	3,644,000										1.10	
8	X	24	3,343,000										1.10	
9	X	24	4,041,000										1.20	
10	X	24	2,145,000										1.40	Collected 10 Bacteria
11	X	24	2,650,000										1.70	
12	X	24	3,327,000										1.50	
13	X	24	3,491,000										1.20	
14	X	24	2,557,000										1.00	
15	X	24	3,041,000										1.30	
16	X	24	3,030,000										1.40	
17	X	24	2,151,000										1.40	
18	X	24	2,327,000										1.20	
19	X	24	3,092,000										1.00	
20	X	24	3,425,000										1.60	
21	X	24	2,679,000										1.20	
22	X	24	3,400,000										1.30	
23	X	24	3,994,000										1.40	
24	X	24	2,573,000										1.30	
25	X	24	2,641,000										1.40	
26	X	24	3,128,000										1.70	
27	X	24	3,455,000										2.10	
28	X	24	2,740,000										0.40	
29	X	24	4,005,000										1.50	
30	X	24	3,740,000										1.50	
31	X	24												
Total			91,524,000											
Average			2,952,400											
Maximum			4,041,000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

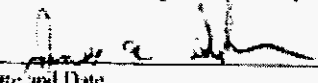
PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1		PWS Identification Number: 3591121	
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: peflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP		Plant Telephone Number: 407-260-5065		
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Alex Lotens	C	13756	Sun. Compliance Check
	Allan Finch	C	7806	Tue-Sat.0700-1530
	Corey Sndol	C	11271	Worked Plant 12/25,26/08
	Fisa Williams	C	11846	Weekend Compliance Check
	Kathy Sillitoe	B	13094	Worked 12/1/08

II. Certification by Lead/Chief Operator

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

 1-8-09
Signature and Date

Jim Swegheimer
Printed or Typed Name

7183
License Number

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Stopped or Visited by	Hours of Operation (Place "X")	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	4,413,000										1.40		
2	X	24	1,937,000										1.60		
3	X	24	2,897,000										1.30		
4	X	24	2,843,000										1.80	Collected 10 Bactis	
5	X	24	2,452,000										1.20		
6	X	24	3,691,000										1.10		
7	X	24	3,553,000										1.60		
8	X	24	2,329,000										1.20		
9	X	24	2,283,000										1.50		
10	X	24	3,075,000										1.20		
11	X	24	3,087,000										1.50		
12	X	24	1,929,000										1.20		
13	X	24	2,261,000										1.10		
14	X	24	3,617,000										1.40		
15	X	24	2,519,000										1.20		
16	X	24	1,692,000										1.20		
17	X	24	3,100,000										1.40		
18	X	24	3,156,000										1.30		
19	X	24	2,116,000										1.70		
20	X	24	3,113,000										1.50		
21	X	24	3,528,000										1.20		
22	X	24	2,402,000										1.50		
23	X	24	2,261,000										1.40		
24	X	24	3,294,000										1.50		
25	X	24	3,177,000										0.20		
26	X	24	2,353,000										1.40		
27	X	24	2,920,000										1.20		
28	X	24	3,208,000										1.30		
29	X	24	2,124,000										1.20		
30	X	24	2,102,000										1.40		
31	X	24	2,851,000										1.40		
Total			86,128,000												
Average			2,778,322												
Maximum			4,413,000												

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

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

PWS Identification Number: 3591121

Plant Name: Des Pinar WTP.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 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 = 0

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 = 1.07

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):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.10

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = 0.00

* 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.

2007 DMRs

D
E
S

P
I
N
A
R

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

680
FILE COPY

PERMITTEE NAME: Santando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

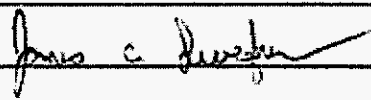
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1 2007 To: January 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.260									
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement	0.4 (An. Avg.)		MGD					0	5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.291									
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD					0	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0						
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG-L	0	Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7	5.4					
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG-L	0	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				14.7						
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG-L	0	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				22.0	33.6					
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG-L	0	Weekly	8-hour FPC

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)
James A. Sweeney/Lead Operator		407-869-1919	07/02/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1 2007 To: January 31 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.9					
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SD	0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1						
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			*100ML	0	Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0				
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	*100ML	0	Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2						
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L	0	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.68						
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L	0	Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				195.4						
PARM Code 00082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L	0	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				190.0						
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L	0	Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.299									
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.5 (An. Avg.)		MGD					0	5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.291	0.291								
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					0	5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58%						
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER-CENT	0	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: Sandalo Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

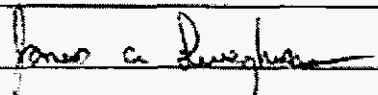
COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: January 1 2007 to January 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.044								
PARM Code 50050 Y Mon Site No. FIW-3		Permit Requirement	0.1 (An Avg.)	MGD					0	5 Days/Week	Flow meters and totalizers
Flow		Sample Measurement	0								
PARM Code 50050 I Mon Site No. FIW-3		Permit Requirement	Report (Mo Avg.)	MGD					0	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C		Sample Measurement			8.0						
PARM Code 80082 Y Mon Site No. EFA-1		Permit Requirement			20.0 (An Avg.)			MGL	0	Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement			3.7	5.47					
PARM Code 80082 A Mon Site No. EFA-1		Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		MGL	0	Weekly	8-hour FPC
Solids, Total Suspended		Sample Measurement			14.7						
PARM Code 00530 Y Mon Site No. EFA-1		Permit Requirement			20.0 (An Avg.)			MGL	0	Weekly	8-hour FPC
Solids, Total Suspended		Sample Measurement			22.0	53.6					
PARM Code 00530 A Mon Site No. EFA-1		Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		MGL	0	Weekly	8-hour FPC

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)
James A. Swagheimer/Lead Operator		407-869-1919	07/02/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: January 1, 2007 To: January 31, 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.9					
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	0	5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement				1.1						
Coliform, Fecal	Permit Requirement				200 (An Avg.)			#/100ML	0	Weekly	Grab
PARM Code 74055 Y	Sample Measurement				<1.0	<1.0	<1.0				
Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML	0	Weekly	Grab
Coliform, Fecal	Sample Measurement				2.2						
PARM Code 74055 A	Permit Requirement				0.5 (Min.)			MG/L	0	5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement										
Total Residual Chlorine (For Disinfection)	Permit Requirement										
PARM Code 50060 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										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011080

From: January 1 2007

To: January 31 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.294	0.294	0		
2				7.4		2.2	0.299	0.299	0		
3	2.41	<1.0	0.010	7.5	13.3	2.2	0.287	0.287	0	145	163
4				7.4		2.2	0.299	0.299	0		
5				7.5		2.2	0.271	0.271	0		
6				7.5		2.2	0.315	0.315	0		
7				7.5		2.2	0.317	0.317	0		
8				7.9		2.2	0.272	0.272	0		
9				7.5		2.2	0.288	0.288	0		
10	4.59	<1.0	1.14	7.5	25.2	2.2	0.270	0.270	0	198	207
11				7.4		2.2	0.340	0.340	0		
12				7.5		2.2	0.310	0.310	0		
13				7.4		2.2	0.298	0.298	0		
14				7.4		2.2	0.313	0.313	0		
15				7.4		2.2	0.287	0.287	0		
16				7.5		2.2	0.266	0.266	0		
17	3.82	<1.0	0.45	7.5	4.25	2.2	0.270	0.270	0	166	213
18				7.2		2.2	0.271	0.271	0		
19				7.7		2.2	0.286	0.286	0		
20				7.5		2.2	0.293	0.293	0		
21				7.9		2.2	0.411	0.411	0		
22				7.5		2.2	0.269	0.269	0		
23				7.4		2.2	0.269	0.269	0		
24	5.47	<1.0	0.67	7.4	53.6	2.2	0.274	0.274	0	198	193
25				7.5		2.2	0.277	0.277	0		
26				7.5		2.2	0.273	0.273	0		
27				7.4		2.2	0.297	0.297	0		
28				7.4		2.2	0.299	0.299	0		
29				7.5		2.2	0.246	0.246	0		
30				7.3		2.2	0.295	0.295	0		
31	2.00	<1.0	2.68	7.4	13.6	2.2	0.266	0.266	0	243	201
Total	18.29	5.0	4.95		109.9		9.022	9.022	0	950	977
Mo. Avg	3.7	<1.0	0.99		22.0		0.291	0.291	0	190	195.4

PLANT STAFFING:

Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alex Lorenzo</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elsa Steger</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>James Sweigheimer</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 1319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sandalio Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Lies Pinat) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011089

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-091

MONITORING GROUP DESC: Percolation Ponds, including Inflow

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: February 1, 2007 To: February 28, 2007

FILE COPY
Domestic

REPORT GROUP

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement				0		
PARM Code 00040 Y	Permit Requirement (An Avg)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement				0		
PARM Code 00050 I	Report Requirement (Mo Avg)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.5		0		
PARM Code 00082 Y	Permit Requirement		20.0 (An Avg)			Weekly	8-hour TPC
Flow	Sample Measurement		2.9	4.0	0		
PARM Code 00082 A	Permit Requirement		30.0 (Mo Avg)	60.0 (Max)		Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement		14.7		0		
PARM Code 00030 Y	Permit Requirement		20.0 (An Avg)			Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement		10.6	16.0	0		
PARM Code 00050 A	Permit Requirement		30.0 (Mo Avg)	60.0 (Max)		Weekly	8-hour TPC

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	DATE	DATE OF REVIEW
Lead Operator James A. Sweigert		07/02/20	07/02/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: ILA011080

MONITORING PERIOD: From: February 1, 2007 To: February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	8.0			0		
PARM Code 00400 A	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		ND		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y	Permit Requirement				200 (An. Avg.)			* 100ML		Weekly	Grab
Mon Site No. EFA-1	Sample Measurement				<1.0	<1.0	<1.0		0		
Coliform, Fecal	Permit Requirement				Report (Mo. Geo. Mean)	100 (90%)	800 (Max.)	* 100ML		Weekly	Grab
PARM Code 74055 A	Sample Measurement				2.2				0		
Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.52				0		
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour EPC
Mon Site No. EFA-1	Sample Measurement				220				0		
Nitrogen, Nitrate, Total (as N)	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour EPC
PARM Code 00620 A	Sample Measurement				198				0		
Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour EPC
Solids, Total Suspended	Sample Measurement								0		
PARM Code 00530 G	Permit Requirement							MG/L		Weekly	8-hour EPC
Mon Site No. INF-1	Sample Measurement	0.299							0		
Flow (Total through plant)	Permit Requirement	0.5 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
PARM Code 50050 P	Sample Measurement	0.293	0.289						0		
Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement				58%				0		
PARM Code 00180 I	Permit Requirement				Report (Mo. Total)			PER- CNT		Monthly	Calculated
Mon Site No. FLW-1											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Westersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

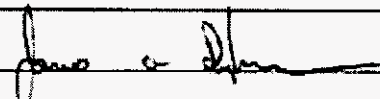
COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From February 1 2007 To February 28 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.029							0		
PARM Code 50050 Y	Sample Measurement										
Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow		0.0							0		
PARM Code 50050 I	Sample Measurement										
Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5				0		
PARM Code R0082 Y	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
Mon Site No. EFA-1	Sample Measurement				2.9	4.0			0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
PARM Code R0082 A	Sample Measurement				14.7				0		
Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.6	16.0			0		
PARM Code 00530 Y	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Mon Site No. EFA-1	Sample Measurement										
Solids, Total Suspended	Permit Requirement										
PARM Code 00530 A	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement										

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 James A. Sweigheimer		407-864-1919	07/02/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: February 1 2007 To: February 28 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	8.0			0		
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		MU		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement				<1.0				0		
Coliform, Fecal	Permit Requirement				200 (An. Avg.)			≠ 100%L		Weekly	Grab
PARM Code 74055 Y	Sample Measurement				<1.0	<1.0	<1.0		0		
Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	≠ 100%L		Weekly	Grab
PARM Code 74055 A	Sample Measurement				2.2				0		
Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 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										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011080
From: February 12 2007

To: February 28 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Pere Ponds (MGD)	Flow, to Spray field (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.284	0.284	0		
2				7.5		2.2	0.283	0.283	0		
3				7.4		2.2	0.303	0.303	0		
4				7.3		2.2	0.313	0.313	0		
5				7.5		2.2	0.275	0.275	0		
6				7.4		2.2	0.270	0.270	0		
7	3.1	<1.0	0.5	7.5	4.0	2.2	0.288	0.288	0	168	233
8				7.5		2.2	0.324	0.324	0		
9				7.6		2.2	0.288	0.288	0		
10				7.5		2.2	0.242	0.242	0		
11				7.6		2.2	0.287	0.287	0		
12				7.4		2.2	0.327	0.327	0		
13				8.0		2.2	0.338	0.338	0		
14	2.6	<1.0	0.07	7.9	16.0	2.2	0.318	0.318	0	255	244
15				7.2		2.2	0.319	0.319	0		
16				7.5		2.2	0.281	0.281	0		
17				7.4		2.2	0.314	0.314	0		
18				7.5		2.2	0.301	0.301	0		
19				7.5		2.2	0.313	0.313	0		
20				7.6		2.2	0.267	0.267	0		
21	2.2	<1.0	0.06	7.5	8.4	2.2	0.270	0.270	0	113	210
22				7.5		2.2	0.291	0.291	0		
23				7.6		2.2	0.261	0.261	0		
24				7.3		2.2	0.293	0.298	0		
25				7.4		2.2	0.319	0.319	0		
26				7.4		2.2	0.266	0.266	0		
27				7.1		2.2	0.293	0.293	0		
28	4.0	<1.0	0.03	7.5	14.0	2.2	0.280	0.280	0	255	191
29											
30											
31											
Total	11.86	4.0	0.66		42.4		8.213	8.213	0	791	878
Mo. Avg	2.96	<1.0	0.16		10.6		0.293	0.293	0	198	220

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Weekend Operator

Class:

C

Certificate No:

14187

Name:

Elsa Stetter

Weekend Operator

Class:

A

Certificate No:

7057

Name:

Ed Roberts

Lead Operator

Class:

B

Certificate No:

2873

Name:

James A. Swegheimer

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: **Santando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT GROUP:

FILE COPY
Non-Hazardous
Domestic

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

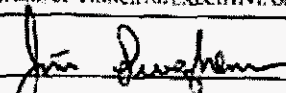
MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **Percolation Ponds, including Influent**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: **From: March 1 2007 To March 31 2007**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.282				0		
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.303				0		
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOI, Carbonaceous 5 day, 20C	Sample Measurement			7.6		0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	MGL		Weekly	8-hour FPC
DOI, Carbonaceous 5 day, 20C	Sample Measurement			8.1	16.9	0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MGL	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			16.7		0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)		MGL	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			31.4	81.5	1		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MGL	Weekly	8-hour FPC

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)
Jim Sweghmet/ lead operator		407-869-1919	07/04/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): the max tsx was exceeded on 3/26/07 there was a issue with the aeration wall it was replaced the next day 3/27/07

FACILITY:

Woodlands (Des Pinar) WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1 2007 To March 31 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.9			0		
PARM Code 09400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Gen. Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5				0		
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				0.20				0		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				167				0		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				198				0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.300							0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.5 (An. Avg.)		MGD							
Flow (Total through plant)	Sample Measurement	0.303	0.295							5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					0		
Percent Capacity, (TMALDF/ Permitted Capacity) x 100	Sample Measurement				59%					5 Days/Week	Flow meters and totalizers
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER- CENT		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: **Santando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT GROUP: **Monthly Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
MONITORING GROUP DESC: **Sprayfield**

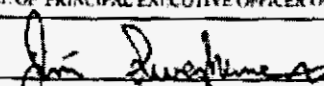
COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: **From: March 1 2007 To March 31 2007**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018							0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0							0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.11	16.9			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				16.7				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				31.4	81.5			1		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC

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)
Jim Swephermet/ lead operator		407-869-1919	07/04/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): the max tax was exceeded on 3/26/07 there was a issue with the aeration wall it was replaced the next day 3/27/07

MONITORING GROUP NUMBER: R-007
MONITORING PERIOD: From March 1 2007 To March 3

APPENDIX

2007
PERMIT NUMBER: FLV011080

1000 Form 67-620-910(10), Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011080
From: March 1 2007 To: March 31 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.3		2.2	0.299	0.299	0		
2				7.5		2.2	0.269	0.269	0		
3				7.4		2.2	0.289	0.289	0		
4				7.4		2.2	0.303	0.303	0		
5	2.8	<1.0	0.09	7.5	10.5	2.2	0.270	0.270	0	158	167
6				7.5		2.2	0.289	0.289	0		
7				7.5		2.2	0.271	0.271	0		
8				7.5		2.2	0.281	0.281	0		
9				7.5		2.2	0.267	0.267	0		
10				7.4		2.2	0.290	0.290	0		
11				7.3		2.2	0.276	0.276	0		
12				7.7		1.5	0.270	0.270	0		
13				7.3		2.2	0.269	0.269	0		
14	9.5	<1.0	0.09	7.3	24.0	2.2	0.246	0.246	0	215	190
15				7.3		2.2	0.260	0.260	0		
16				7.3		2.2	0.261	0.261	0		
17				7.4		2.2	0.297	0.297	0		
18				7.4		2.2	0.321	0.321	0		
19				7.5		2.2	0.278	0.278	0		
20				7.6		2.2	0.296	0.296	0		
21	3.3	<1.0	0.2	7.5	9.6	2.2	0.292	0.292	0	197	153
22				7.4		2.2	0.291	0.291	0		
23				7.7		2.2	0.291	0.291	0		
24				7.6		2.2	0.327	0.327	0		
25				7.4		2.2	0.325	0.325	0		
26	16.9	<1.0	0.1	7.4	81.5	2.2	0.337	0.337	0	220	157
27				7.4		2.2	0.425	0.425	0		
28				7.9		2.2	0.456	0.456	0		
29				7.5		2.2	0.353	0.353	0		
30				7.5		2.2	0.352	0.352	0		
31				7.4		2.2	0.357	0.357	0		
Total	32.4	4.0	0.48		125.6		9.408	9.408	0	790	667
Mo. Avg.	8.1	<1.0	0.12		31.4		0.303	0.303	0	198	167

PLANT STAFFING:

Weekend Shift Operator	Class: B	Certificate No: 7676	Name: Nathan Van Meter
Weekend Shift Operator	Class: C	Certificate No: 14187	Name: Elsa Williams
Weekend Shift Operator	Class: A	Certificate No: 7057	Name: Ed Roberts
Lead Operator	Class: C	Certificate No: 7873	Name: Jim Sweeheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

680

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

PERMITTEE NAME: **Santando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **Percolation Ponds, including Influent**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: **From: April 1 2007 To April 30 2007**

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.286							0		
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.321							0		
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.4				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MGL		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0	8.5			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MGL		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				16.7				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MGL		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				8.3	14.5			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MGL		Weekly	8-hour FPC

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)
James Sweigher/Lead Operator		407-869-1919	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1 2007 To April 30 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.9			0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.12				0		
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2				0		
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				0.312				0		
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
HCO ₃ ⁻ , Carbonaceous 5 day, 20C	Sample Measurement				182				0		
PARM Code 00082 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				186				0		
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MG/L		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.302							0		
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.5 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.321	0.305						0		
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement				61%				0		
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PER-CENT		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: **Santando Utilities Corporation**
MAILING ADDRESS: **200 Weatherfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTP**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: **April 1 2007** To **April 30 2007**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.016							0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0							0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD ₅ , Carbonaceous 5 day, 20C	Sample Measurement				7.4				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour FPC
BOD ₅ , Carbonaceous 5 day, 20C	Sample Measurement				5.0	8.5			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				16.7				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				8.3	14.8			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC

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)
James Sweghmet/ Lead Operator		407-869-1919	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: 11-A011080

MONITORING PERIOD: From: April 1, 2007 To: April 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.9			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.12				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			<100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo Geo. Mean)	400 (90%)	800 (Max.)	<100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2				0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA011080
From: April 1 20007 To: April 30 2007

DAILY SAMPLE RESULTS - PART B

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Pere Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.354	0.354	0		
2				7.4		2.2	0.312	0.312	0		
3				7.4		2.2	0.322	0.322	0		
4	6.00	<1.0	0.15	7.4	4.5	2.2	0.330	0.330	0	86.0	150
5				7.4		2.2	0.330	0.330	0		
6				7.5		2.2	0.305	0.305	0		
7				7.6		2.2	0.312	0.312	0		
8				7.5		2.2	0.339	0.339	0		
9				7.5		2.2	0.301	0.301	0		
10				7.4		2.2	0.318	0.318	0		
11	8.47	<1.0	0.15	7.4	5.75	2.2	0.293	0.293	0	318	195
12				7.5		2.2	0.292	0.292	0		
13				7.5		2.2	0.305	0.305	0		
14				7.4		2.2	0.280	0.280	0		
15				7.4		2.2	0.299	0.299	0		
16				7.4		2.2	0.274	0.274	0		
17				7.4		2.2	0.293	0.293	0		
18	2.72	<1.0	0.31	7.5	8.0	2.2	0.275	0.275	0	213	210
19				7.3		2.2	0.313	0.313	0		
20				7.4		2.2	0.277	0.277	0		
21				7.4		2.2	0.233	0.233	0		
22				7.5		2.2	0.257	0.257	0		
23	2.82	<1.0	0.24	7.5	14.8	2.2	0.328	0.328	0	127	171
24				7.5		2.2	0.716	0.716	0		
25				7.9		2.2	0.383	0.383	0		
26				7.9		2.2	0.384	0.384	0		
27				7.8		2.2	0.267	0.267	0		
28				7.5		2.2	0.284	0.284	0		
29				7.4		2.2	0.291	0.291	0		
30				8.0		2.2	0.388	0.388	0		
31											
Total	20.01	<1.0	0.850		33.05		9.655	9.655	0	744	726
Mo. Avg	5.0	<1.0	0.213		8.3		0.321	0.321	0	186	182

PLANT STAFFING:

Weekend Shift Operator	Class: C	Certificate No: 8518	Name: Alex Lorenzo
Weekend Shift Operator	Class: C	Certificate No: 14187	Name: Elsa Williams
Weekday Shift Operator	Class: A	Certificate No: 7057	Name: Eddie Roberts
Lead Operator	Class: B	Certificate No: 7873	Name: James Sweighamer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

680

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

PERMITTEE NAME: Sanford Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

UNIT: Final
CLASS SIZE: N/A

REPORT GROUP

FILE COPY

Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTP
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Infiltrat

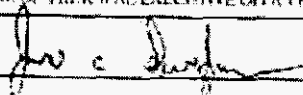
COUNTY: Seminole

NO DISCHARGE FROM SITE ☐

MONITORING PERIOD From: May 1 2007 To May 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.295				0		
PARM Code 50950 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.280				0		
PARM Code 50950 I Mon Site No. FLW-2	Permit Requirement	Report (No Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD ₅ Carbonaceous 5 day, 20C	Sample Measurement			6.91		0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	MG/L		Weekly	8-hour EPA
BOD ₅ Carbonaceous 5 day, 20C	Sample Measurement			5.77	14	0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour EPA
Solids, Total Suspended	Sample Measurement			16.9		0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)		MG/L	Weekly	8-hour EPA
Solids, Total Suspended	Sample Measurement			21.06	50.0	0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour EPA

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)
James A Sweptimer		407-869-1919	07/06/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlark (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD: From May 1, 2007 To May 31, 2007

PERMIT NUMBER: E-0011000

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Lx.	Frequency of Analysis	Sample Type
pH					7.2	7.6			0		
PARM Code 00400 A	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		ND		5 Days/Week	Grab
Coliform, Fecal											
PARM Code 74055 Y	Sample Measurement				<1.0				0		
Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			1000000		Weekly	Grab
Coliform, Fecal											
PARM Code 74055 A	Sample Measurement				<1.0	<1.0	<1.0		0		
Mon Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	1000000		Weekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.2				0		
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.58				0		
PARM Code 00620 A	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour HPC
Mon Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				175				0		
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour HPC
Mon Site No. INF-1											
Solids, Total Suspended	Sample Measurement				195				0		
PARM Code 00330 G	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour HPC
Mon Site No. INF-1											
Flow (Total through plant)	Sample Measurement	0.301							0		
PARM Code 50050 P	Permit Requirement	0.5 (An. Avg.)		MG/D						5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1											
Flow (Total through plant)	Sample Measurement	0.280	0.301						0		
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MG/D						5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1											
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement				60%				0		
PARM Code 00100 1	Permit Requirement				Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon Site No. FLW-1											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanford Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (D/S Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R4002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: May 1, 2007 To: May 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARAM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0				0		
PARAM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.91		0		
PARAM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	MG/L		Weekly	8-hour FPN
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.77	14.0	0		
PARAM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPN
Solids, Total Suspended	Sample Measurement			16.9		0		
PARAM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)		MG/L	Weekly	8-hour FPN
Solids, Total Suspended	Sample Measurement			21.06	50.0	0		
PARAM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPN

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)
James A. Sweigheiser		407-869-1919	07/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Plaines) WWT

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD: From May 1, 2007 To May 31, 2007

PERMIT NUMBER: ILA001080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6			0		
PARM Code 09400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		N/A		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (Ar. Avg.)			≠ 1000 ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	≠ 1000 ML		Weekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.2				0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	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: 11-A011080
Monitoring Period: From May 1 2007 To May 31 2007

Facility: Woodlands (DSS Plant) WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH(SU)	TSS (MG/L)	IRC (For Disinfect) (MG/L)	Flow, total through plant (MGID)	Flow, to Pere Ponds (MGID)	Flow, to Spray field (MGID)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.279	0.279	0		
2	2.74	<1.0	0.6	7.5	8.80	2.2	0.273	0.273	0	384	203
3				7.6		2.2	0.283	0.283	0		
4				7.6		2.2	0.285	0.285	0		
5				7.5		2.2	0.274	0.274	0		
6				7.2		2.2	0.311	0.311	0		
7				7.5		2.2	0.259	0.259	0		
8	<2.0	<1.0	0.2	7.5	4.5	2.2	0.273	0.273	0	167	161
9				7.5		2.2	0.276	0.276	0		
10				7.4		2.2	0.277	0.277	0		
11				7.5		2.2	0.282	0.282	0		
12				7.4		2.2	0.315	0.315	0		
13				7.4		2.2	0.303	0.303	0		
14				7.4		2.2	0.272	0.272	0		
15	14.0	1.0	0.05	7.5	50.0	2.2	0.263	0.263	0	86.3	114
16				7.5		2.2	0.283	0.283	0		
17				7.4		2.2	0.300	0.300	0		
18				7.5		2.2	0.280	0.280	0		
19				7.4		2.2	0.291	0.291	0		
20				7.4		2.2	0.290	0.290	0		
21				7.4		2.2	0.262	0.262	0		
22				7.4		2.2	0.288	0.288	0		
23	5.40	<1.0	0.22	7.3	27.0	2.2	0.239	0.239	0	178	202
24				7.3		2.2	0.291	0.291	0		
25				7.4		2.2	0.298	0.298	0		
26				7.4		2.2	0.285	0.285	0		
27				7.4		2.2	0.280	0.280	0		
28				7.4		2.2	0.277	0.277	0		
29				7.4		2.2	0.259	0.259	0		
30	4.23	<1.0	0.5	7.4	15.0	2.2	0.246	0.246	0	165	195
31				7.4		2.2	0.279	0.279	0		
Total	28.87	5.0	1.57		105.3		8.673	8.673	0	935.3	875
Mo. Avg	5.77	<1.0	0.31		21.66		0.280	0.280	0	195	175

2.2

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No.	7957	Name	Eddie Roberts
Weekend Shift Operator	Class	C	Certificate No.	14187	Name	John Williams
Shift Operator	Class	C	Certificate No.	8518	Name	Alex Lorenzo
Lead Operator	Class	B	Certificate No.	7873	Name	James A. Stephenson

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 32803-1767

PERMITTEE NAME: Nantando Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Total
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Woodlands (Dixie Palms) W.W.T.F.
LOCATION: 125 Western Fork Avenue
Ft. Wood, FL

MONITORING GROUP NUMBER: R-2001
MONITORING GROUP DISC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: June 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.294				0		
PARM Code 50090 Y Mon Site No. 11 W-2	Permit Requirement	0.4 (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.280				0		
PARM Code 50090 I Mon Site No. 11 W-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.9		0		
PARM Code 80982 Y Mon Site No. 11 A-1	Permit Requirement			20.0 (Mo Avg.)	MG/L		Weekly	8-hour UPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.4		0		
PARM Code 80982 A Mon Site No. 11 A-1	Permit Requirement			30.0 (Mo Avg.)	MG/L		Weekly	8-hour UPC
Solids, Total Suspended	Sample Measurement			17.5		0		
PARM Code 00530 Y Mon Site No. 11 A-1	Permit Requirement			20.0 (Mo Avg.)	MG/L		Weekly	8-hour UPC
Solids, Total Suspended	Sample Measurement			17.9		0		
PARM Code 00530 A Mon Site No. 11 A-1	Permit Requirement			30.0 (Mo Avg.)	MG/L		Weekly	8-hour UPC

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 OR PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A. Sweeney - Lead Operator	<i>James A. Sweeney</i>	407-869-1919	07/07/18

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

CITY

Woodland Hills Plant WWT

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080

MONITORING PERIOD: From June 1, 2007 to June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.5			0		
PARM Code 00400 A Mon Site No. FLA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		ND		5 Days/Week	Grab
Coliform Fecal	Sample Measurement				1.14				0		
PARM Code 74055 Y Mon Site No. FLA-1	Permit Requirement				200 (All Avg.)			< 100 ML		Weekly	Grab
Coliform Fecal	Sample Measurement				1.3	1.17	3.0		0		
PARM Code 74055 A Mon Site No. FLA-1	Permit Requirement				Report (Mo Geo. Mean)	400 (90%)	800 (Max.)	< 100 ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2				0		
PARM Code 80000 A Mon Site No. FLA-1	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen Nitrate Total (as N)	Sample Measurement				0.50				0		
PARM Code 00620 A Mon Site No. FLA-1	Permit Requirement				12.0 (Max.)			MGL		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				211				0		
PARM Code 80082 G Mon Site No. INI-1	Permit Requirement				Report (Mo Avg.)			MGL		Weekly	8-hour FPC
Solids Total Suspended	Sample Measurement				181				0		
PARM Code 40530 G Mon Site No. Pdl-1	Permit Requirement				Report (Mo Avg.)			MGL		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.269							0		
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.5 (All Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.280 KAS	0.290						0		
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity (TMMH/Permitted Capacity x 100)	Sample Measurement				58%				0		
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PER-CENT		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: Sandhills Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

UTILITY: Woodlands (D&S) Pond WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

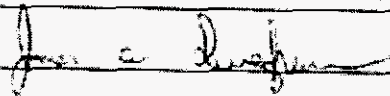
COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: June 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.000				0		
PARM Code 50050 Y	Permit Requirement	0.1	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. 11 W-3		(An Avg.)						
Flow	Sample Measurement	0.0				0		
PARM Code 50050 I	Permit Requirement	Repon	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. 11 W-3		(Mo Avg.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.9		0		
PARM Code 80082 Y	Permit Requirement			20.0	MG/L		Weekly	8-hour FPC
Mon Site No. 11 A-1				(An Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.4		0		
PARM Code 80082 A	Permit Requirement			30.0	MG/L		Weekly	8-hour FPC
Mon Site No. 11 A-1				(Mo Avg.)				
Solids, Total Suspended	Sample Measurement			17.5		0		
PARM Code 60540 Y	Permit Requirement			20.0	MG/L		Weekly	8-hour FPC
Mon Site No. 11 A-1				(An Avg.)				
Solids, Total Suspended	Sample Measurement			17.9		0		
PARM Code 60540 A	Permit Requirement			30.0	MG/L		Weekly	8-hour FPC
Mon Site No. 11 A-1				(Mo Avg.)				

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)
James A. Snelheimer / Lead Operator		407-869-1919	07/07/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Woodlands (LX) Plant WWTF

MONITORING GROUP NUMBER R-002

PERMIT NUMBER TXA01030

MONITORING PERIOD From June 1 2007 To June 30 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ntf	Sample Measurement				7.1	7.5			0		
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform Total	Sample Measurement				1.1				0		
PARM Code 74055 Y	Permit Requirement				200 (An Avg.)			<100MB		Weekly	Grab
Coliform Total	Sample Measurement				1.3	1.17	3.0		0		
PARM Code 74055 A	Permit Requirement				Report (No Geo Mean)	400 (90%)	800 (Max.)	<100MB		Weekly	Grab
Total Residual Chlorine (as Disinfection)	Sample Measurement				2.2				0		
PARM Code 50400 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	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
Monitoring Period

EA 01108-1
From June 1 2007 To June 30 2007

Facility Woodlands (Des Plaines) WWTP

	CRUD* (MG/L)	Fecal Coliform Bacteria (u/100ML)	Nitrogen, Nitrate, Total (MG/L)	pH (SL)	TSS (MG/L)	TRC (for Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Springfield (MGD)	TSS (MG/L)	CRUD*25 (MG/L)
Code	80082	74085	00620	00360	00530	00060	00050	00050	00050	00530	80082
Mon Site	ELA-1	ELA-1	ELA-1	ELA-1	ELA-1	ELA-1	ELW-1	ELW-2	ELW-3	IN-1	IN-1
1				7.4		2.2	0.279	0.279	0		
2				7.5		2.2	0.294	0.294	0		
3				7.4		2.2	0.305	0.305	0		
4				7.5		2.2	0.261	0.261	0		
5				7.5		2.2	0.266	0.266	0		
6	9.3	<1.0	0.22	7.3	16.5	2.2	0.276	0.276	0	150	210
7				7.5		2.2	0.282	0.282	0		
8				7.4		2.2	0.272	0.272	0		
9				7.4		2.2	0.288	0.288	0		
10				7.4		2.2	0.299	0.299	0		
11				7.5		2.2	0.265	0.265	0		
12				7.3		2.2	0.275	0.275	0		
13	9.5	3.0	0.50	7.2	24.0	2.2	0.307	0.307	0	212	190
14				7.3		2.2	0.287	0.287	0		
15				7.5		2.2	0.269	0.269	0		
16				7.3		2.2	0.290	0.290	0		
17				7.5		2.2	0.285	0.285	0		
18				7.5		2.2	0.275	0.275	0		
19				7.2		2.2	0.281	0.281	0		
20	11.2	<1.0	0.40	7.3	18.0	2.2	0.270	0.270	0	142	228
21				7.1		2.2	0.288	0.288	0		
22				7.3		2.2	0.264	0.264	0		
23				7.4		2.2	0.278	0.278	0		
24				7.3		2.2	0.295	0.295	0		
25				7.4		2.2	0.288	0.288	0		
26				7.5		2.2	0.270	0.270	0		
27				7.4		2.2	0.268	0.268	0		
28	7.6	<1.0	0.50	7.1	13.0	2.2	0.273	0.273	0	220	208
29				7.4		2.2	0.283	0.283	0		
30				7.4		2.2	0.271	0.271	0		
31											
Total	37.59	6.0	1.62		71.5		8.40	8.402	0	724	845
Mo. Avg	9.4	1.5	0.40		17.9		0.280	0.280	0	181	211

PLANT STAFFING

Day Shift Operator

Class: A Certificate No: 7055 Name: Ed Roberts

Shift Operator

Class: C Certificate No: 14187 Name: Elsa Williams

Shift Operator

Class: C Certificate No: 8518 Name: Alex Lorenzo

Lead Operator

Class: B Certificate No: 7873 Name: James A. Svingen

Florida Department of Environmental Protection

1901 Tower, Office Bldg., 2500 North State Road, Tallahassee, Florida 32309-2300

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Woodlands Waste Water WWT - Septic Tanks

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

(2) The GMS Identification Number 3054261774

(3) DEP Permit Number FLA011080

(4) Authorized Representative Name James Swegheimer

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

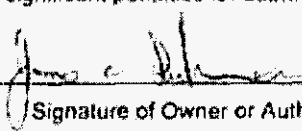
(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Access Land Application

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: 7-20-07


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 5810 D Breckenridge Parkway

Phone Number (813) 9630-9616

Printed 9/20/2004

Advanced Environmental Laboratories, Inc.

5000 E. US HWY 90, SUITE 200

Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole County

Facility Name: Woodlands (Des Pinar) WWTF

Permit Number: FLA011080-001

GMS #3059P01774

Monitoring Period: From: April 2007 To: June 2007

Purged Before Sampling? ☒ Yes ☐ No

Elevation T.O.C.: 93.17

Lab Sample ID: 1075850001

Permit Builder MS ID: NWL-7

Well Type: Intermediate

Description: Well Name MW-7

Points:

WATER: 7011

GMS: 1075850001

Date Sample Obtained: 06-28-2007

Time Sample Obtained: 10:50

Parameter Monitored	Permit Builder Perm code	Other Historic Perm Code	Sample Measure (Analysis Results)	Qualifier	Units	Permit Requirements	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (Y/N)
Water Level (ft. NGVD)	82545	**	66.56		Feet	Report	N/A	Field	Pump	No
Nitrate (mg/L as N)	00620	**	15		mg/L	Report	0.14	SM4500SCGT	Pump	No
pH (Standard Units)	00400	**	6.54		SU	Report	N/A	Field	Pump	No

Chloride and Fluoride

Chloride and Fluoride analysis not performed

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

Groundwater Monitoring Report - Part D

County: Seminole County
Facility Name: Woodlands (Des Pinar) WWTP
Permit Number: FLA011080-001 GMS #3059P01774

Lab Sample ID: 1075262000
Permit Builder MS ID: MWB-5
Well Type: Background
Description: Well Name MW-5
Ponds
WATER: 7012
GMS #: 3059A13042

Monitoring Period: From: April 2007 To: June 2007
Purged Before Sampling? (X) Yes () No
Elevation T.O.C.: 92.61

Date Sample Obtained: 5/23/2007
Time Sample Obtained: 1346

Parameter Monitored	Permit Builder Perm code	Other Historic Perm Code	Sample Measure (Analysis Results)	Qualifier	Units	Permit Requirements	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
Water Level (ft. NGVD)	82545	**	67.77		Feet	Report	N/A	Field	Pump	No
Nitrate (mg/L as N)	00620	**	9.2		mg/L	Report	0.24	SM4500NO3+	Pump	No
TDS (mg/L)	72095	70296	260		mg/L	Report	5	EPA16.01	Pump	No
Chloride (mg/L)	00940	**	61		mg/L	Report	1.2	EPA325.2	Pump	No
Fecal Coliform (#/100mL)	74055	**	1	U	#/100	Report	1	SM9222D	Pump	No
pH (Standard Units)	00400	**	4.76		SU	Report	N/A	Field	Pump	No
Turbidity, Lab - Nephelometric	82079	**	0.71		NTU	Report	0.13	EPA180.1	Pump	No

Comments and Explanations

Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole County

Facility Name: Woodlands (Des Pinar) WWTF

Permit Number: FLA011089-001 GMS #3059101774

Lab Sample ID: 10257024002

Permit Builder MS ID: MWL7

Well Type: Intermediate

Description: Well Name MWL7

Ponds

WAER # 2011

GMS # 3059101774

Monitoring Period: From: April 2007 To: June 2007

Purged Before Sampling? (X) Yes () No

Elevation T.O.C.: 93.17

Date Sample Obtained: 5/23/2007

Time Sample Obtained: 1255

Parameter Monitored	Permit Builder Perm code	Other Historic Perm Code	Sample Measure (Analyst Results)	Qualifier	Units	Permit Requirements	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Collected (U, F, N)
Water Level (ft. NGVD)	82545	**	65.65		Feet	Report	N/A	Field	Pump	No
Nitrate (mg/L as N)	00620	**	14		mg/L	Report	0.24	SM4500NO3+	Pump	No
IDS (mg/L)	72095	70296	390		mg/L	Report	8	EPA16.01	Pump	No
Chloride (mg/L)	00940	**	78		mg/L	Report	1.2	EPA325.2	Pump	No
Fecal Coliform (#/100mL)	74055	**	1	U	#/100	Report	1	SM9222D	Pump	No
pH (Standard Units)	00400	**	6.44		SU	Report	N/A	Field	Pump	No
Turbidity, Lab - Nephelometric	82079	**	1.1		NTU	Report	0.13	EPA180.1	Pump	No

Comments and Explanations

U - The compound was analyzed for but not detected.

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 252, Orlando, FL, 32803-3767

PERMITTEE NAME: Santando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA011080

LIMIT:
CLASS SIZE:

Final
N/A

REPORT
GROUP:

Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: Percolation Ponds, including Influent

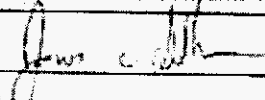
COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1 2007 To July 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Fx.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.296							0		
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An Avg)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.274							0		
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.9				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Weekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.9	10.7			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg)	60.0 (Max)		MG/L		Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				17.7				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				7.5	15.0			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg)	60.0 (Max)		MG/L		Weekly	8-hour TPC

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)
James A. Sweigumier - Lead Operator		817-869-1919	07/08/07

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080

MONITORING PERIOD: From July 1, 2007 To July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.5			0		
PARM Code 00400 A Mon Site No. EFA-1 Coliform, Total	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
PARM Code 74055 Y Mon Site No. EFA-1 Coliform, Fecal	Sample Measurement				1.08				0		
PARM Code 74055 Y Mon Site No. EFA-1 Coliform, Fecal	Permit Requirement				200 (An. Avg.)			100000		Weekly	Grab
PARM Code 74055 A Mon Site No. EFA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement				<1.0	<0.90	<1.0		0		
PARM Code 74055 A Mon Site No. EFA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	100000		Weekly	Grab
PARM Code 50060 A Mon Site No. EFA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.5 (Min.)			MG/L		5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement				0.90				0		
PARM Code 00620 A Mon Site No. EFA-1 COD, Carbonaceous 5 day, 20C	Sample Measurement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
PARM Code 00620 A Mon Site No. EFA-1 COD, Carbonaceous 5 day, 20C	Permit Requirement				210				0		
PARM Code 80082 G Mon Site No. INF-1 Solids, Total Suspended	Sample Measurement				Report (Mo. Avg.)			MG/L		Weekly	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1 Solids, Total Suspended	Permit Requirement				117.5				0		
PARM Code 00530 G Mon Site No. INF-1 Flow (Total through plant)	Sample Measurement	0.296							0		
PARM Code 50050 P Mon Site No. FLW-1 Flow (Total through plant)	Permit Requirement	0.5 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1 Percent Capacity, (TMADT/Permitted Capacity) x 100	Sample Measurement	0.274	0.278						0		
PARM Code 50050 Q Mon Site No. FLW-1 Percent Capacity, (TMADT/Permitted Capacity) x 100	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
PARM Code 00180 I Mon Site No. FLW-1 Percent Capacity, (TMADT/Permitted Capacity) x 100	Sample Measurement				54%				0		
PARM Code 00180 I Mon Site No. FLW-1 Percent Capacity, (TMADT/Permitted Capacity) x 100	Permit Requirement				Report (Mo. Total)			PER-CENT		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: Sarlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1 2007 To July 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0				0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.9		0		
PARM Code B0082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.9	10.7	0		
PARM Code B0082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			17.7		0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)		MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			7.5	15.0	0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC

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)
James A. Swegheimer		407-869-1919	07/08/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: ILAD11000

MONITORING PERIOD: From: July 1 2007 To: July 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	7.5			0		
PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal					1.08				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				200 (An. Avg.)			100MI		Weekly	Grab
Coliform, Fecal					<1.0	<0.90	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				Report (No. Geo. Mean)	400 (90%)	800 (Max.)	1000ML		Weekly	Grab
Total Residual Chlorine (I or Disinfection)					2.2				0		
PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	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:
Monitoring Period

FLA011080
From: July 1 2007 To: July 31 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.3		2.2	0.274	0.274	0		
2	6.7	<1.0	0.37	7.5	1.0	2.2	0.254	0.254	0	162	231
3				7.5		2.2	0.253	0.253	0		
4				7.5		2.2	0.249	0.249	0		
5				7.4		2.2	0.266	0.266	0		
6				7.4		2.2	0.278	0.278	0		
7				7.5		2.2	0.277	0.277	0		
8				7.4		2.2	0.279	0.279	0		
9				7.4		2.2	0.271	0.271	0		
10				7.2		2.2	0.261	0.261	0		
11	10.0	<1.0	0.90	7.2	13.0	2.2	0.267	0.267	0	164.0	178
12				7.4		2.2	0.293	0.293	0		
13				7.2		2.2	0.251	0.251	0		
14				7.4		2.2	0.272	0.272	0		
15				7.4		2.2	0.277	0.277	0		
16				7.5		2.2	0.273	0.273	0		
17				7.4		2.2	0.269	0.269	0		
18	8.3	<1.0	0.10	7.4	1.0	2.2	0.273	0.273	0	30.0	228
19				7.4		2.2	0.262	0.262	0		
20				7.5		2.2	0.281	0.281	0		
21				7.5		2.2	0.267	0.267	0		
22				7.4		2.2	0.272	0.272	0		
23				7.5		2.2	0.322	0.322	0		
24				7.5		2.2	0.280	0.280	0		
25	10.7	<1.0	0.52	7.5	15.0	2.2	0.270	0.270	0	114	202
26				7.1		2.2	0.277	0.277	0		
27				7.4		2.2	0.265	0.265	0		
28				7.5		2.2	0.308	0.308	0		
29				7.4		2.2	0.297	0.297	0		
30				7.5		2.2	0.271	0.271	0		
31				7.4		2.2	0.273	0.273	0		
Total	35.7	4.0	1.89		30.0		8.482	8.482	0	470	839
Mo. Avg.	8.9	1.0	0.47		7.5		0.274	0.274	0	117.5	210

PLANT STAFFING

Day Shift Operator	Class	Certificate No.	Name
Weekend Shift Operator	C	14846	Elia Williams
Weekend Shift Operator	A	2181	Tom Reyes
Lead Operator	C	5193	James Swagheimer

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: Sanford Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: August 1 2007 To: August 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.295							0		
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.299							0		
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.2				0		
PARM Code B0082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour LPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.4	11.9			0		
PARM Code B0082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour LPC
Solids, Total Suspended	Sample Measurement				18.3				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour LPC
Solids, Total Suspended	Sample Measurement				18.5	19.0			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour LPC

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)
James A. Sweigheimer / Lead Operator		407-869-1010	07/09/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: August 1, 2007 To: August 31, 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.7			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		5U		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<0.90	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	100 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.9				0		
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				0.62				0		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				207.6				0		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				131				0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.299							0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.5 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.299	0.284						0		
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMAW/ Permitted Capacity) x 100	Sample Measurement				57%				0		
PARM Code 00160 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER-CENT		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: Santando Utilities Corporation
MAILING ADDRESS: 200 Wearersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: August 1 2007 To AUGUST 31 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0				0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0				0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.2		0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.4	11.9	0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			18.3		0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			18.5	19.0	0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC

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)
James A. Sweigener/ Lead Operator		107-869-1019	07/09/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD: From: August 1, 2007 To: August 31, 2007

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.2	7.7			0		
PARM Code 00400 A	Sample Measurement										
Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y	Permit Requirement				200 (An Avg.)			*/100ML		Weekly	Grab
Mon. Site No. EFA-1	Sample Measurement				<1.0	<0.90	<1.0		0		
Coliform, Fecal	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	*/100ML		Weekly	Grab
PARM Code 74055 A	Sample Measurement				1.9				0		
Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 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										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011080
From: August 1 2007

To: August 31 2007

Facility: Woodlands (Des Pinar) WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	FFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.302	0.302	0		
2				7.4		2.2	0.315	0.315	0		
3				7.5		2.2	0.279	0.279	0		
4				7.3		2.2	0.298	0.298	0		
5				7.3		2.2	0.305	0.305	0		
6				7.4		2.2	0.295	0.295	0		
7				7.3		2.2	0.270	0.270	0		
8				7.4		2.2	0.303	0.303	0		
9	8.9	<1.0u	0.62	7.2	19.0	2.2	0.313	0.313	0	150.0	200.2
10				7.5		2.2	0.292	0.292	0		
11				7.3		2.2	0.295	0.295	0		
12				7.4		2.2	0.320	0.320	0		
13				7.4		2.2	0.299	0.299	0		
14				7.4		2.2	0.295	0.295	0		
15				7.4		2.2	0.293	0.293	0		
16				7.5		2.2	0.325	0.325	0		
17				7.4		2.2	0.218	0.218	0		
18				7.4		2.2	0.314	0.314	0		
19				7.4		2.2	0.323	0.323	0		
20				7.5		2.2	0.288	0.288	0		
21				7.5		2.2	0.298	0.298	0		
22	11.9	<1.0	0.29	7.5	18.0	2.2	0.297	0.297	0	112.0	215.0
23				7.5		1.9	0.294	0.294	0		
24				7.6		2.2	0.328	0.328	0		
25				7.7		2.2	0.243	0.243	0		
26				7.5		2.2	0.321	0.321	0		
27				7.4		2.2	0.293	0.293	0		
28				7.5		2.2	0.275	0.275	0		
29				7.4		2.2	0.464	0.464	0		
30				7.4		2.2	0.259	0.259	0		
31				7.4		2.2	0.284	0.284	0		
Total	20.8	2.0	0.91		37.0		9.298	9.298	0	262	415.2
Mto. Avg	10.4	1.0	0.45		18.5		0.299	0.299	0	131	207.6

PLANT STAFFING

Shift Operator	Class:	B	Certificate No:	7676	Name:	Nathan Van Meter
Shift Operator	Class:	C	Certificate No:	14187	Name:	Elsa Williams
Shift Operator	Class:	A	Certificate No:	7057	Name:	Ed Roberts
Lead Operator	Class:	B	Certificate No:	7875	Name:	James A Swegheimer

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: **Sarlando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT GROUP: **Monthly Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **Percolation Ponds, including Influent**

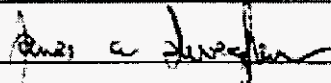
COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **September 1 2007** To **September 30 2007**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.294				0		
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.291				0		
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.4		0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.4	10.4	0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			18.0		0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)		MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			12.0	14.0	0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC

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)
James A. Sweptheimer		407-869-1919	07/03/07

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: September 1 2007 To: September 30 2007

PERMIT NUMBER: FLA001020

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.7			0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<0.9	<1.0		0		
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2				0		
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				0.31				0		
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				209.7				0		
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				218				0		
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MG/L		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.294							0		
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.5 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.291	0.288						0		
PARM Code 50050 O Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58%				0		
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PER-CENT		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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1 2007 To September 30 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0							0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0							0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.4				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MGL		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.4	10.4			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MGL		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				18.0				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MGL		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				12.0	14.0			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MGL		Weekly	8-hour FPC

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)
James A. Sweigheimer		407-869-1919	07/10/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011680

MONITORING PERIOD From: September 1 2007 To September 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.7			0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1.0				0		
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			200 (An Avg.)			<1 FROML		Weekly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<0.9	<1.0		0		
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement			Report (Mo Geo Mean)	400 (90%)	800 (Max.)	<1 FROML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2				0		
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
	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:
Monitoring Period

FLA011080
From September 1 2007

To: September 30 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.294	0.294	0		
2				7.4		2.2	0.316	0.316	0		
3				7.5		2.2	0.291	0.291	0		
4				7.5		2.2	0.266	0.266	0		
5				7.4		2.2	0.272	0.272	0		
6	10.4	>1.0	0.31	7.4	14.0	2.2	0.283	0.283	0	160.0	222.2
7				7.6		2.2	0.253	0.253	0		
8				7.4		2.2	0.290	0.290	0		
9				7.4		2.2	0.292	0.292	0		
10				7.7		2.2	0.264	0.264	0		
11				7.2		2.2	0.279	0.279	0		
12				7.4		2.2	0.260	0.260	0		
13				7.1		2.2	0.306	0.306	0		
14				7.1		2.2	0.289	0.289	0		
15				7.4		2.2	0.303	0.303	0		
16				7.3		2.2	0.377	0.377	0		
17				7.7		2.2	0.260	0.260	0		
18				7.2		2.2	0.287	0.287	0		
19				7.5		2.2	0.299	0.299	0		
20	8.3	>1.0	0.31	7.3	10.0	2.2	0.303	0.303	0	276.0	197.2
21				7.4		2.2	0.296	0.296	0		
22				7.4		2.2	0.306	0.306	0		
23				7.3		2.2	0.311	0.311	0		
24				7.4		2.2	0.291	0.291	0		
25				7.3		2.2	0.292	0.292	0		
26				7.5		2.2	0.287	0.287	0		
27				7.1		2.2	0.307	0.307	0		
28				7.4		2.2	0.323	0.323	0		
29				7.5		2.2	0.242	0.242	0		
30				7.4		2.2	0.311	0.311	0		
31											
Total	18.7	2.0	0.62		24.0		8.750	8.750	0	436	419.4
Mo. Avg.	9.35	>1.0	0.31		12.0		0.291	0.291	0	218	209.7

Entered 11-29-07 Pkt

PLANT STAFFING:

Day Shift Operator

Class:

A

Certificate No:

7057

Name:

Ed Roberts

Shift Operator

Class:

C

Certificate No:

14187

Name:

Elsa Williams

Shift Operator

Class:

B

Certificate No:

7676

Name:

Nathan Van Meter

Lead Operator

Class:

B

Certificate No:

7873

Name:

James A Swegheimer

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Woodlands (Des Pinar) WWTF / Seminole County

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

(2) The GMS Identification Number 3059P01774

(3) DEP Permit Number FLA011080

(4) Authorized Representative Name James A. Swegheimer

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

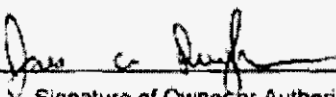
(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Access Land Application

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: 10-18-07


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 5810 D Breckenridge Parkway

Phone Number (813) 630-9616

Printed 9/20/2004

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number:

FLA011080-001

GMS# 3059P01774

Monitoring Location Site Number:

Month/Year:

July 2007- September 2007

Well Type:

Date Sample Obtained:

83007

Ground Water Class:

Was the well purged before sampling? X Yes No

WAFR Number

Input WAFR Number

GMS Well #

[illegible]

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Plais / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
Month/Year: July 2007- September 2007
Date Sample Obtained: 8/30/07
Was the well purged before sampling? X Yes No

Monitoring Location Site Number:	MW-6
Well Type:	Compliance
Ground Water Class:	G-II
WAFR Number	7010
Input WAFR Number	MWC-7010
GMS Well #	3059P13044

WELL WAS DRY

[illegible]

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Plais / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
 Month/Year: July 2007- September 2007
 Date Sample Obtained: 8/30/07
 Was the well purged before sampling? ☒ Yes ☐ No

Monitoring Location Site Number: MW-7
 Well Type: Intermediate
 Ground Water Class: G-II
 WAFR Number: 7011
 Input WAFR Number: MWD-7011
 GMS Well #: 3059P13043

Parameter	Param Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					66.97	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	10	0.047
TDS (mg/L)	70296	Pump	N	Ice	E160.1	360	10
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	76	3.6
Focal Coliform (#/100mL)	74055	Pump	N	Ice	SM9222D	1U	1.0
pH (standard units)	00400	Pump	N	Ice	Field	6.04	1.0
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	3.7	0.13

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FL-A011080-001 GMS# 3059P01774
Month/Year: July 2007- September 2007
Date Sample Obtained: 9/27/07
Was the well purged before sampling? X Yes No

Monitoring Location Site Number:	MW-7
Well Type:	Intermediate
Ground Water Class:	G-II
WAFR Number	7011
Input WAFR Number	MWB-7011
GMS Well #	3059P13043

[illegible]

Components and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
 Month/Year: July 2007- September 2007
 Date Sample Obtained: 9/27/07
 Was the well purged before sampling? ☒ Yes ☐ No

Monitoring Location Site Number: Equipment Blank
Well Type:
Ground Water Class:
WAFR Number
Input WAFR Number
GMS Well #

[illegible]

Comments and Explanations:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3267

PERMITTEE NAME: Sandalo Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA001080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Comments:

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Percolation Ponds including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE ☐
MONITORING PERIOD: From October 1 2007 To October 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.293		MGD					0		
	Permit Requirement	0.4 (An Avg.)		MGD						4 Days Week	Flow meters and totalizers
Flow	Sample Measurement	.289		MGD					0		
	Permit Requirement	Report (Mo Avg.)		MGD						4 Days Week	Flow meters and totalizers
COD, Carbonaceous 5 day, 20C	Sample Measurement				7.348			MG/L	0		
	Permit Requirement				20.0 (An Avg.)			MG/L		10 Weekly	Flow meters and totalizers
COD, Carbonaceous 5 day, 20C	Sample Measurement				8.47	7.7		MG/L	0		
	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		10 Weekly	8 from 100
TSS, Total Suspended Solids	Sample Measurement				16.08			MG/L	0		
	Permit Requirement				20.0 (An Avg.)			MG/L		10 Weekly	8 from 100
TSS, Total Suspended Solids	Sample Measurement				3.8	10.0		MG/L	0		
	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		10 Weekly	8 from 100

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.

SUBTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

City of Altamonte Area Manager

Kath S...

DATE OF REPORT
10/01/07

DATE OF REVIEW
10/11/07

ADDITIONAL AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sept. 07 Daily Flow
FLW-1, FLW-2 + FLW-3
Not entered. Pulled Sept.
Report + entered online.

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1 To October 31 2007

PERMIT NUMBER: 13-0010000

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Date
pH	Sample Measurement				7.3	7.5		SI	0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI	0		
Cofiform, Fecal	Sample Measurement				.154			#100MI	0	5 Days/Week	
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#100MI	0		
Cofiform, Fecal	Sample Measurement				<1	100% (100%)	<1	#100MI	0	10 Weeks	
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	100 (90%)	800 (Max.)	#100MI	0	10 Weeks	
Total Residual Chlorine (Free Disinfection)	Sample Measurement				2.03			MGL	0		
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MGL	0	5 Days/Week	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.86			MGL	0		
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MGL	0	10 Weeks	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189.6			MGL	0		
PARM Code 00082 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MGL	0	10 Weeks	
Solids, Total Suspended	Sample Measurement				178			MGL	0		
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)			MGL	0	10 Weeks	
Flow (Total through plant)	Sample Measurement	.292		MGD					0		
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.499 (An Avg.)		MGD					0		
Flow (Total through plant)	Sample Measurement	.289	.293	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD					0		
Percent Capacity, (1MADE/estimated Capacity) x 100	Sample Measurement				58%			%	0	5 Days/Week	Flow meters and totalizers
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PERCENT	0	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 32803-4767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 2901 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Woodlands (Des Pines) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: October 1 2007 To: October 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0		mgd					0		
PARM Code 50950 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0		mgd					0		
PARM Code 50950 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.348				0		
PARM Code 80082 Y Mon Site No. FFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		10 Weeks	Suspended Solids
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.47	8.7			0		
PARM Code 80082 A Mon Site No. FFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		10 Weeks	Suspended Solids
Solids, Total Suspended	Sample Measurement				16.08				0		
PARM Code 00530 Y Mon Site No. FFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		10 Weeks	Suspended Solids
Solids, Total Suspended	Sample Measurement				3.8	10.0			0		
PARM Code 00530 A Mon Site No. FFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		10 Weeks	Suspended Solids

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 OF SIGNATURE
Kathy Sillitoe, Area Manager		407.860.1010	07/11/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (DS/Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: 11-A01000

MONITORING PERIOD From October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
II ARM Code 60400 A Ion Site No. EFA-1 Uniform Fecal	Sample Measurement				7.3	7.5			0		
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		GM		4 Times/Week	Grab
ARM Code 74055 Y Ion Site No. EFA-1 Uniform Fecal	Sample Measurement				0.154				0		
	Permit Requirement				200 (An Avg.)			PPM		10x/Week	Grab
ARM Code 74055 A Ion Site No. EFA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement				<1	100%	<1		0		
	Permit Requirement				Report (Mo. Geo Mean)	400 (90%)	800 (Max.)	PPM		10x/Week	Grab
ARM Code 50960 A Ion Site No. EFA-1	Sample Measurement				2.03				0		
	Permit Requirement				0.5 (Min.)			MGT		4 Times/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number,
Monitoring Period

FLA01080
From October 1 2007 To October 31 2007

DAILY SAMPLE RESULTS - PART B

Facility Woodlands (Evesham) WWT

	CBOD5 (MG/L)	Fecal Coliform Bacteria (x1000000)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	IRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Pore Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.289	0.289	0		
2				7.4		2.2	0.314	0.314	0		
3	8.3		0.31	7.5	10.0	2.2	0.298	0.298	0	276.0	197.2
4		<1.0		7.4		2.2	0.295	0.295	0		
5				7.5		2.2	0.360	0.360	0		
6				7.3		2.2	0.265	0.265	0		
7				7.3		2.2	0.317	0.317	0		
8				7.4		2.2	0.302	0.302	0		
9				7.4		2.2	0.295	0.295	0		
10				7.5		2.2	0.299	0.299	0		
11				7.4		2.2	0.289	0.289	0		
12				7.5		2.2	0.283	0.283	0		
13				7.4		2.2	0.310	0.310	0		
14				7.3		2.2	0.302	0.302	0		
15				7.4		2.2	0.278	0.278	0		
16				7.4		2.2	0.314	0.314	0		
17	8.7		0.86	7.4	<1.0	2.2	0.264	0.264	0	78.0	210.6
18		<1.0		7.4		2.2	0.320	0.320	0		
19				7.5		2.2	0.250	0.250	0		
20				7.4		2.03	0.281	0.281	0		
21				7.4		2.2	0.303	0.303	0		
22				7.5		2.2	0.275	0.275	0		
23				7.4		2.2	0.269	0.269	0		
24				7.5		2.2	0.256	0.256	0		
25				7.5		2.2	0.250	0.250	0		
26				7.5		2.2	0.263	0.263	0		
27				7.5		2.2	0.290	0.290	0		
28				7.4		2.2	0.308	0.308	0		
29				7.4		2.2	0.259	0.259	0		
30				7.4		2.2	0.276	0.276	0		
31	8.4		0.57	7.4	1.0	2.2	0.279	0.279	0	180	190.6
Total							8.953	8.953			
Mo. Avg							289	289			

By: M. S. M. S. M.

By: M. S. M. S. M.

By: M. S. M. S. M.

By: M. S. M. S. M.

By: M. S. M. S. M.

By: M. S. M. S. M.

By: M. S. M. S. M.

Class

A

Certificate No.

7064

Name

Temple Hill

Class

B

Certificate No.

7076

Name

Nathan Van Meter

Class

A

Certificate No.

7057

Name

Edward Roberts

Class

A

Certificate No.

1274

Name

Corey Sady

Class

C

Certificate No.

1917

Name

Eliza Williams

Class

7073

Certificate No.

B

Name

Jim Swagheiser

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

680

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

PERMITTEE NAME: Santalo Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Lakes Pinar) WWTF
LOCATION: 125 Westin Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE ☐
MONITORING PERIOD From: November 1 2007 To
November 30 2007

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.290							0		
PARM Code 50050 Y Mon Site No. H.W-2	Permit Requirement	0.4 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.268							0		
PARM Code 50050 I Mon Site No. H.W-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6				0		
PARM Code 80082 Y Mon Site No. FFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.6	11.1			0		
PARM Code 80082 A Mon Site No. FFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				14.9				0		
PARM Code 00530 Y Mon Site No. FFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.5	3.0			0		
PARM Code 00530 A Mon Site No. FFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC

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)
James A. Sweighman/Lead Operator		407-860-8588	07/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (Des Plaines) WWT

MONITORING GROUP NUMBER: R-601

PERMIT NUMBER: TL001J080

MONITORING PERIOD From November 1 2007 To November 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.6		0	
PARM Code 00100 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	50	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			>1.0			0	
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			260 (An. Avg.)		#/100ML	Weekly	Grab
Coliform, Fecal	Sample Measurement			>1.0	>1.0	>1.0	0	
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML	Weekly
Total Residual Chlorine (for Disinfection)	Sample Measurement			1.4			0	
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement			0.5 (Min.)		MGL	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.3			0	
PARM Code 00670 A Mon Site No. EFA-1	Permit Requirement			12.0 (Max.)		MGL	Weekly	8-hour FPC
BOD, Carbonaceous, 5 day, 20C	Sample Measurement			185			0	
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		MGL	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			345			0	
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		MGL	Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.290					0	
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.5 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.268	0.282				0	
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD			5 Days/Week	Flow meters and totalizers
Percent Capacity, (TSLADE/ Permitted Capacity) x 100	Sample Measurement			56%			0	
PARM Code 00100 I Mon Site No. FLW-1	Permit Requirement			Report (Mo. Total)		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: Santando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Lock Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1 2007 To November 30 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0				0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0				0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.6		0		
PARM Code 80002 Y Mon Site No. FFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.6	11.1	0		
PARM Code 80002 A Mon Site No. FFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			14.9		0		
PARM Code 00530 Y Mon Site No. FFA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.5	3.0	0		
PARM Code 00530 A Mon Site No. FFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Weekly	8-hour FPC

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)
James A. Saegeheimer, Lead Operator		407-869-8588	07/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011680

MONITORING PERIOD From: November 1 2007 To November 30 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.6			0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				>1.0				0		
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				>1.0	>1.0	>1.0		0		
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4				0		
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	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:
Monitoring Period

FLA011080
From: November 1 2007

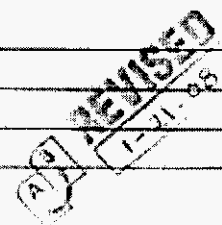
To: November 30 2007

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.290	0.290	0		
2				7.3		2.2	0.282	0.282	0		
3				7.4		2.2	0.267	0.267	0		
4				7.4		2.2	0.311	0.311	0		
5				7.4		2.2	0.247	0.247	0		
6				7.1		2.2	0.271	0.271	0		
7				7.4		2.2	0.348	0.348	0		
8				7.4		2.2	0.262	0.262	0		
9				7.4		2.2	0.171	0.171	0		
10				7.2		2.2	0.349	0.349	0		
11				7.5		2.2	0.278	0.278	0		
12				7.4		2.2	0.266	0.266	0		
13				7.4		2.2	0.271	0.271	0		
14	11.1	<1	0.32	7.6	3.0	2.2	0.218	0.218	0	164	201.7
15				7.5		2.1	0.262	0.262	0		
16				7.5		2.2	0.255	0.255	0		
17				7.6		2.2	0.252	0.252	0		
18				7.6		2.2	0.277	0.277	0		
19				7.5		2.2	0.253	0.253	0		
20				7.5		2.2	0.245	0.245	0		
21				7.5		2.2	0.293	0.293	0		
22				7.3		2.2	0.274	0.274	0		
23				7.4		2.2	0.240	0.240	0		
24				7.4		2.2	0.265	0.265	0		
25				7.4		2.2	0.282	0.282	0		
26				7.6		2.2	0.257	0.257	0		
27				7.5		2.2	0.262	0.262	0		
28	10.2	<1	0.28	7.5	2.0	2.2	0.267	0.267	0	526	169
29				7.4		1.4	0.274	0.274	0		
30				7.5		1.9	0.277	0.277	0		
31											
Total	21.3	2.0	0.60		5.0		8.066	8.066	0	690	370.7
Mo. Avg	10.6	<1.0	0.3		2.5		0.268	0.268	0	345	185.3

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No.	2057	Name	Eddie Roberts
Shift Operator	Class	A	Certificate No.	12274	Name	Corey Sudol
Shift Operator	Class	C	Certificate No.	8518	Name	Alex Lorenzo
Lead Operator	Class	A	Certificate No.	7873	Name	James A Swygbenner



DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

EE A011080
From November 1 2007

To November 30 2007

Facility: Woodlands (Des Pinar) WWTF

	CODS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	Flow, total through plant (MGD)	Flow, to Pore Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CODS (MG/L)
Code	80082	74053	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.290	0.290	0		
2				7.5		2.2	0.282	0.282	0		
3				7.4		2.2	0.267	0.267	0		
4				7.4		2.2	0.311	0.311	0		
5				7.4		2.2	0.247	0.247	0		
6				7.1		2.2	0.271	0.271	0		
7				7.4		2.2	0.348	0.348	0		
8				7.4		2.2	0.262	0.262	0		
9				7.4		2.2	0.171	0.171	0		
10				7.2		2.2	0.349	0.349	0		
11				7.5		2.2	0.278	0.278	0		
12				7.4		2.2	0.266	0.266	0		
13				7.4		2.2	0.271	0.271	0		
14	11.1	<1	0.32	7.6	3.0	2.2	0.218	0.218	0	164	201.7
15				7.5		2.1	0.262	0.262	0		
16				7.5		2.2	0.255	0.255	0		
17				7.6		2.2	0.252	0.252	0		
18				7.6		2.2	0.277	0.277	0		
19				7.5		2.2	0.253	0.253	0		
20				7.5		2.2	0.245	0.245	0		
21				7.5		2.2	0.293	0.293	0		
22				7.3		2.2	0.274	0.274	0		
23				7.4		2.2	0.240	0.240	0		
24				7.4		2.2	0.265	0.265	0		
25				7.4		2.2	0.282	0.282	0		
26				7.6		2.2	0.257	0.257	0		
27				7.5		2.2	0.262	0.262	0		
28	10.2	<1	0.28	7.5	2.0	2.2	0.267	0.267	0	526	169
29				7.4		1.4	0.274	0.274	0		
30				7.5		1.9	0.277	0.277	0		
31											
Total	21.3	2.0	0.60		5.0		8.066	8.066	0	690	370.7
Mo Avg	10.6	<1.0	0.3		2.5		0.268	0.268	0	345	185.3

PLANT STAFFING

Day Shift Operator

Class: A

Certificate No

7057

Name:

Eddie Roberts

Shift Operator

Class: A

Certificate No

12224

Name:

Cory Sadol

Shift Operator

Class: C

Certificate No

8518

Name:

Alex Lorenzo

Lead Operator

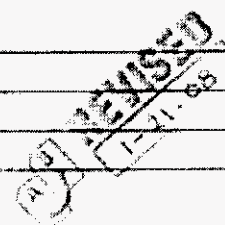
Class: A

Certificate No

7875

Name:

James A Sweetheimer



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Lakes Point) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From: December 1 2007 To
December 31 2007

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.278				0		
PARM Code 50050 Y Mon Site No. 11 W-2	Permit Requirement	0.4 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.151				0		
PARM Code 50050 I Mon Site No. 11 W-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.5		0		
PARM Code 80082 Y Mon Site No. 11 A-1	Permit Requirement			20.0 (An Avg.)	MG/L		BI Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.3	7.5	0		
PARM Code 80082 A Mon Site No. 11 A-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	MG/L	BI Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			13.3		0		
PARM Code 00530 Y Mon Site No. 11 A-1	Permit Requirement			20.0 (An Avg.)		MG/L	BI Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			4.0	4.0	0		
PARM Code 00530 A Mon Site No. 11 A-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	MG/L	BI Weekly	8-hour FPC

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)
James A. Sweigheim/Lead Operator		407-869-8588	07/01/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: ELA011080

MONITORING PERIOD From: December 1, 2007 To
December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.8			0		
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coflorm, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		BI Weekly	Grab
Coflorm, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		BI Weekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.3				0		
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				0.14				0		
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		BI Weekly	8-hour FPC
BOD, Carbonaceous, 5 day, 20°C	Sample Measurement				190				0		
PARM Code 80062 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		BI Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				197				0		
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		BI Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.288							0		
PARM Code 50050 P Mon Site No. FEW-1	Permit Requirement	0.5 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.272	0.276						0		
PARM Code 50050 Q Mon Site No. FEW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (FMADF/ Permitted Capacity) x 100	Sample Measurement				55 %				0		
PARM Code 00180 I Mon Site No. FEW-1	Permit Requirement				Report (Mo. Total)			PER- CENT		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: Sanford Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

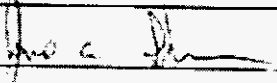
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE ☐
MONITORING PERIOD: From: December 1 2007 To
December 31 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.016							0		
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.191							0		
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5				0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MGL		BI Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.3	7.5			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MGL		BI Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				13.3				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MGL		BI Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.0	4.0			0		
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MGL		BI Weekly	8-hour FPC

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 (YYMMDD)
James A Sweigbume/ Lead Operator		407-869-8588	08/01/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pina) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLAG11080

MONITORING PERIOD From: December 1, 2007 To
December 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.8			0		
PARM Code 00100 A Mon Site No. 11A-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SL		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1.0				0		
PARM Code 74055 Y Mon Site No. 11A-1	Permit Requirement			200 (An Avg.)			#/100ML		BI Weekly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon Site No. 11A-1	Permit Requirement			Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		BI Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3				0		
PARM Code 50000 A Mon Site No. 11A-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number: 51A011080
Monitoring Period: From: December 1 2007 To: December 31 2007

Facility: Woodlands (Dcs Pinar) WWTF

	COD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Pete Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	COD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.6		2.2	0.260	0.255	0.005		
2				7.4		2.2	0.290	0	0.465		
3				7.3		2.2	0.262	0	0.554		
4				7.4		2.2	0.248	0.078	0.170		
5				7.6		2.2	0.266	0	0.409		
6				7.3		2.2	0.271	0	0.400		
7				7.4		2.2	0.250	0.250	0		
8				7.6		2.2	0.272	0	0.561		
9				7.4		2.2	0.279	0	0.532		
10				7.5		2.2	0.257	0.257	0		
11				7.0		2.2	0.255	0.255	0		
12	7.0	<1.0	0.14	7.2	4.0	2.2	0.259	0.259	0	140	190.9
13				7.3		2.2	0.264	0.264	0		
14				7.5		2.2	0.294	0.294	0		
15				7.4		2.2	0.249	0.249	0		
16				7.5		2.2	0.283	0.285	0		
17				7.5		2.2	0.249	0	0.434		
18				7.5		2.2	0.260	0	0.314		
19				7.4		2.2	0.269	0	0.379		
20				7.4		2.2	0.269	0	0.360		
21				7.5		2.2	0.309	0	0.488		
22				7.5		2.2	0.243	0.243	0		
23				7.4		2.2	0.283	0	0.392		
24				7.5		2.2	0.297	0.297	0		
25				7.8		2.2	0.257	0.257	0		
26	7.5	<1.0	0.13	7.5	4.0	2.2	0.267	0.267	0	254	190.0
27				7.5		1.3	0.308	0.308	0		
28				7.5		2.2	0.281	0.281	0		
29				7.5		2.2	0.306	0.306	0		
30				7.6		2.1	0.291	0.291	0		
31				7.4		2.2	0.291	0	0.467		
Total	14.5	2.0	0.27		8.0		8.441	4.696	5.930	394	380.9
Mo. Avg	7.3	<1.0	0.14		4.0		0.272	0.151	0.191	197	190.5

PLANT STAFFING

Day Shift Operator	Class: <u>A</u>	Certificate No. <u>7057</u>	Name: <u>Eddie Roberts</u>
Shift Operator	Class: <u>A</u>	Certificate No. <u>12274</u>	Name: <u>Corey Sudol</u>
Shift Operator	Class: <u>B</u>	Certificate No. <u>7676</u>	Name: <u>Nathan Van Meter</u>
Lead Operator	Class: <u>B</u>	Certificate No. <u>7873</u>	Name: <u>James Sweetheater</u>

Florida Department of Environmental Protection

Environmental Protection Division 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

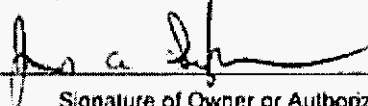
PART I GENERAL INFORMATION

- (1) Facility Name Woodlands (Des Pinar) WWTF / Seminole County
 Address 125 Western Fork
 City Longwood Zip 32750
 Telephone Number (407) 260-5065
- (2) The GMS Identification Number 3039P01774
- (3) DEP Permit Number FLA011080
- (4) Authorized Representative Name James Swegheimer
 Address 125 Western Fork
 City Longwood Zip 32750
 Telephone Number (407) 260-5065
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins and Slow Restricted Access Land Application

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: 1-18-08



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 5810 Breckenridge Parkway

Phone Number (813) 6309616

Printed 9/20/2004

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number:	FLA011080-001	GMS# 3059P01774	Monitoring Location Site Number:	MWB-7
Month/Year:	October 2007- December 2007		Well Type:	Intermediate
Date Sample Obtained:	12/05/07		Ground Water Class:	G-II
Was the well purged before sampling?	X Yes ___ No		WAFR Number	7011
			Input WAFR Number	MWB-7011
			GMS Well #	3059P13043

Parameter	Param Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					68.40	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	9.9	0.024
TDS (mg/L)	70296	Pump	N	Ice	E160.1		10
Chloride (mg/L)	00940	Pump	N	Ice	E325.2		3.6
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D		1.0
pH (standard units)	00400	Pump	N	Ice	Field	6.4	1.0
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1		0.13

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
 Month/Year: October 2007- December 2007
 Date Sample Obtained: 11/14/07
 Was the well purged before sampling? ☒ Yes ☐ No

Monitoring Location Site Number: MW-7
 Well Type: Intermediate
 Ground Water Class: G-II
 WAFR Number: 7011
 Input WAFR Number: MWB-7011
 GMS Well #: 3059P13043

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					68.77	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	11	0.047
TDS (mg/L)	70296	Pump	N	Ice	E160.1	380	10
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	73	3.6
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1U	1.0
pH (standard units)	00400	Pump	N	Ice	Field	6.51	1.0
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	4.4	0.13

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Plais / Seminole County)

Permit Number: FLA011080-001
 Month/Year: October 2007- D
 Date Sample Obtained: 11/14/07
 Was the well purged before sampling? X Yes ___ No

FLAD11080-001 GMS: 3059201774

October 2007- December 2007

11:14:07

X Yes No

Monitoring Location Site Number MW-6

Well Type:	Background
------------	------------

Ground Water Class: G-II

WAFR Number: 7012

Input WAFR Number: MWB-7012

GMS Well # 308913012

[illegible]

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Plais / Seminole County)

Permit Number:	FLA011080-001	GMS# 3034191174
Month/Year:	October 2007- December 2007	
Date Sample Obtained:	11/14/07	
Was the well purged before sampling?	X Yes	No

Monitoring Location Site Number:	MW-6
Well Type:	Compliance
Ground Water Class:	G-II
WAFR Number	7010
Input WAFR Number	MWC-7010
GMS Well #	3059P13044

WELL WAS DRY

[illegible]

Comments and Explanations:

2008
DMRs

D
E
S

P
I
N
A
R

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: **Sanlando Utilities Corporation**
 MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
 LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-001**
 MONITORING GROUP DESC: **Percolation Ponds, including Influent**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **January 1 2008** To: **January 31 2008**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.275							0		
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement	0.4 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.259							0		
PARM Code 50050 I Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.1				0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.2	11.9			0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				12.0				0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.5	11.0			0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC

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)
James A. Swegheimer/Lead Operator		407-869-8588	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: January 1 2008 To: January 31 2008

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.4	7.8			0		
PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				>1.0				0		
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement				>1.0	>1.0	>1.0		0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.75				0		
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				0.46				0		
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				198				0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				186				0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Weekly	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.286							0		
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.5 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.268	0.269						0		
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%				0		
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		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: **Sanlando Utilities Corporation**
 MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
 LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
 MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **January 1 2008** To: **January 31 2008**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017							0		
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.015							0		
PARM Code 50050 I Mon. Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.1				0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.2	11.9			0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				12.0				0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.5	11.0			0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Weekly	8-hour FPC

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)
James A Swegheimer/ Lead Operator		407-869-8588	08/01/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: January 1 2008 To: January 31 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Weekly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	<1.0		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.75				0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
	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: FLA011080

Facility: Woodlands (Des Pinar) WWTF January 1 2008 To: January 31 2008

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.301	0.217	0.084		
2				7.4		2.2	0.207	0	0.382		
3				7.4		2.2	0.267	0.267	0		
4				7.5		2.2	0.295	0.295	0		
5				7.5		2.2	0.293	0.293	0		
6				7.4		2.2	0.240	0.240	0		
7				7.4		2.2	0.266	0.266	0		
8				7.5		2.2	0.255	0.255	0		
9	8.5		0.46	7.5	11.0	2.2	0.265	0.265	0	242	204
10		<1.0		7.8		1.75	0.284	0.284	0		
11				7.4		2.2	0.319	0.319	0		
12				7.5		2.2	0.299	0.299	0		
13				7.4		2.2	0.240	0.240	0		
14				7.4		2.2	0.248	0.248	0		
15				7.4		2.2	0.272	0.272	0		
16				7.5		2.2	0.245	0.245	0		
17				7.4		2.2	0.291	0.291	0		
18				7.4		2.2	0.285	0.285	0		
19				7.5		2.2	0.304	0.304	0		
20				7.4		2.2	0.260	0.260	0		
21				7.5		2.2	0.274	0.274	0		
22				7.4		2.2	0.275	0.275	0		
23	11.9			7.5		2.2	0.264	0.264	0		
24		<1.0	0.45	7.4	2.0	2.2	0.279	0.279	0	130	192
25				7.5		2.2	0.329	0.329	0		
26				7.5		2.2	0.263	0.263	0		
27				7.4		2.2	0.218	0.218	0		
28				7.5		2.2	0.270	0.270	0		
29				7.6		2.2	0.238	0.238	0		
30				7.6		2.2	0.252	0.252	0		
31				7.4		2.2	0.284	0.284	0		
Total	20.4	2.0	0.91		13		8.328	8.037	0.466	372	396
Mo. Avg.	10.2	<1.0	0.45		6.5		0.268	0.259	0.015	186	198

PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Eddie Roberts</u>
Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alex Lorenzo</u>
Lead Operator	Class: <u>A</u>	Certificate No: <u>7873</u>	Name: <u>James A Swegheimer</u>

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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1 2008 To February 29 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.274				0		
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.266				0		
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.6		0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.4	10.8	0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			11.8		0		
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			8.0	12.0	0		
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC

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)
James A Swegheimer / Lead Operator		407-869-1919	08/03/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: February 1 2008 To February 29 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.8			0		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
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				2.0				0		
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				4.1				0		
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				211.7				0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				154				0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.284							0		
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.266	0.269						0		
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%				0		
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		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: **Sanlando Utilities Corporation**
 MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
 LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
 MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **February 1 2008** To **February 29 2008**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017							0		
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0							0		
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6				0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.4	10.8			0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.8				0		
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				8.0	12.0			0		
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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)
James A Swegheimer / Lead Operator		407-869-1919	08/03/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: February 1 2008 To February 29 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.8			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
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				2.0				0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
 Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1 2008 To March 31 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.271				0		
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.278				0		
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.9		0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.7	11.8	0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			9.6		0		
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			5.0	8.0	0		
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC

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)
James A Swegheimer/ Lead Operator		407-869-1919	08/04/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: March 1 2008 To March 31

PERMIT NUMBER: FLA011080
2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.0			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
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				2.0				0		
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				0.58				0		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				221.4				0		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				145.0				0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.282							0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.499 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.278	0.271						0		
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%				0		
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER-CENT		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: **Sanlando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: **March 1 2008 To March 31 2008**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017							0		
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement	0.1 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0							0		
PARM Code 50050 I Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.9				0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.7	11.8			0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.6				0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				5.0	8.0			0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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)
James A Swegheimer/ Lead Operator		407-869-1919	08/04/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: March 1 2008 To March 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			0		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
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				2.0				0		
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	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:
Monitoring Period

FLA011080
From: March 1 2008 To: March 31 2008

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.8		2.2	0.181	0.181	0		
2				7.8		2.2	0.286	0.286	0		
3				7.4		2.2	0.244	0.244	0		
4				8.0		2.2	0.252	0.252	0		
5	11.5	<1.0	0.58	7.4	8.0	2.2	0.251	0.251	0	148.0	231.1
6				7.8		2.2	0.272	0.272	0		
7				7.9		2.2	0.356	0.356	0		
8				7.9		2.2	0.267	0.267	0		
9				7.8		2.2	0.241	0.241	0		
10				7.4		2.2	0.261	0.261	0		
11				7.4		2.2	0.273	0.273	0		
12				7.5		2.2	0.297	0.297	0		
13				7.6		2.2	0.284	0.284	0		
14				7.5		2.2	0.334	0.334	0		
15				7.9		2.2	0.265	0.265	0		
16				7.8		2.2	0.232	0.232	0		
17				7.5		2.2	0.258	0.258	0		
18				7.4		2.0	0.458	0.458	0		
19	11.8	<1.0	<0.10	7.9	2.0	2.2	0.270	0.270	0	142	211.7
20				7.8		2.2	0.259	0.259	0		
21				7.8		2.2	0.351	0.351	0		
22				7.9		2.2	0.280	0.280	0		
23				7.8		2.2	0.239	0.239	0		
24				7.5		2.2	0.267	0.267	0		
25				7.6		2.0	0.252	0.252	0		
26				7.7		2.2	0.284	0.284	0		
27				7.4		2.1	0.269	0.269	0		
28				7.5		2.0	0.346	0.346	0		
29						2.0	0.271	0.271	0		
30				7.8		2.0	0.220	0.220	0		
31				7.6		2.2	0.288	0.288	0		
Total	23.3	2.0	0.68		10.0		8.608	8.608	0	290	442.8
Mo. Avg.	11.65	<1.0	0.34		5.0		0.278	0.278	0	145	221.4

PLANT STAFFING:

Day Shift Operator

Class: A Certificate No: 7057 Name: Eddie Roberts

Shift Operator

Class: A Certificate No: 12274 Name: Corey Sudol

Shift Operator

Class: B Certificate No: 7676 Name: Nathan Van Meter

Lead Operator

Class: B Certificate No: 7873 Name: James Swegheimer

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2550 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

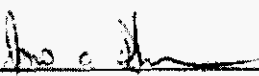
PART I GENERAL INFORMATION

- (1) Facility Name Woodlands (Des Plaines) WWTF / Seminole County
Address 125 Western Fork
City Longwood Zip 32750
Telephone Number (407) 260-5065
- (2) The GMS Identification Number 3059P01724
- (3) DEP Permit Number FLA011080
- (4) Authorized Representative Name James Swagheimer
Address 125 Western Fork
City Longwood Zip 32750
Telephone Number (407) 260-5065
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins and Slow Restricted Acces Land Application

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: 4/18/08


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Enviromental Laboratories

Analytical Lab NELAC Certification # E84589
NELAC Certification #

Lab Name Advanced Enviromental Laboratories

Address 5810 Breckenridge Parkway

Phone Number (813) 6309610

Printed 9/20/2004

GROUNDWATER MONITORING REPORT • PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011050-001 GMS# 3059P01774

Monitoring Location Site Number: MW-5

Month/Year: January 2008 – March 2008

Well Type:	Background
------------	------------

Date Sample Obtained: 2/20/08

Ground Water Class: G-II

Was the well purged before sampling? ☒ Yes ☐ No

WAFR Number 7612

Input WAFR Number MWB-7012

GMS Well # 3059P13042

[illegible]

Comments and Explanation

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: January 2008 – March 2008

Date Sample Obtained: 2/20/08

Was the well purged before sampling? ☒ Yes ☐ No

Monitoring Location Site Number: MW-6

Well Type:	Background:
------------	-------------

Ground Water Class: G-11

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

[illegible]

Comments and Explanation

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number:	FLA011080-001	GMS# 3059P01774
----------------	---------------	-----------------

Monitoring Location Site Number: MW-6

Month-Year: January 2008 – March 2008

Well Type:	Background
------------	------------

Date Sample Obtained: 3/4/2008

Ground Water Class: G-II

Was the well purged before sampling? ☒ Yes ☐ No

WAFR Number 7012

Input WAFR Number: MWB-7012

GMS Well # 3059P13042

[illegible]

Comments and Explanation

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
 Month/Year: January 2008 - March 2008
 Date Sample Obtained: 2/20/08
 Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number MW-7
 Well Type: Background
 Ground Water Class: G-II
 WAFR Number 7012
 Input WAFR Number MWB-7012
 GMS Well # 3059P13042

Parameter	Param Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits Units
Water Level (ft. NGVD)	82545					65.29 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	6.6 mg/L	0.047 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	450 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	120 mg/L	3.8 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	5.95	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	76 NTU	0.13 NTU

Comments and Explanation

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01734

Monitoring Location Site Number: MW-7

Month/Year: January 2008 - March 2008

Well Type: Background

Date Sample Obtained: 3/4/2008

Ground Water Class: G-II

Was the well purged before sampling? ☒ Yes ☐ No

WAFR Number: 7012

Input WAFR Number: MWB-7012

GMS Well #: 3059P13042

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					65.49 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	12 mg/L	0.24 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	N/A	N/A
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	N/A	N/A
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	N/A	N/A
pH (standard units)	00400	Pump	N	Ice	Field	6.32	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	N/A	N/A

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: **Sanlando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-001**
MONITORING GROUP DESC: **Percolation Ponds, including Influent**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: **April 1 2008 To April 30 2008**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.268							0		
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement	0.4 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.274							0		
PARM Code 50050 I Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.43				0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.3	12.4			0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.75				0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.3	19.0			0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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)
James A. Swegheimer / Lead Operator		407-869-1919	08/05/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1 2008 To April 30 2008

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	8.0			0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0		0		
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				1.9				0		
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				1.02				0		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				187				0		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				192				0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.278							0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.499 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.274	0.273						0		
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54%				0		
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER-CENT		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: **Sanlando Utilities Corporation**
 MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
 LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
 MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
 MONITORING PERIOD From: **April 1 2008** To **April 30 2008**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017				0		
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement	0.1 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0				0		
PARM Code 50050 I Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.43		0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.3	12.4	0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			9.75		0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			10.3	19.0	0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC

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)
Jim Swegheimer / Lead Operator		407-869-1919	08/05/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: April 1 2008 To April 30 2008

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.3	8.0			0		
PARM Code 00400 A	Sample Measurement										
Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0				0		
PARM Code 74055 Y	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Mon. Site No. EFA-1	Sample Measurement				<1.0	<1.0	<1.0		0		
Coliform, Fecal	Permit Requirement				Report (Mo Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement				1.9				0		
Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 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										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080
Monitoring Period: From: April 1 2008 To: April 30 2008

Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		1.9	0.289	0.289	0		
2	7.5		0.91	7.4	3.0	2.0	0.265	0.265	0	170	175
3		<1.0		7.5		1.9	0.251	0.251	0		
4				7.6		2.0	0.259	0.259	0		
5				7.6		2.0	0.327	0.327	0		
6				7.5		2.0	0.268	0.268	0		
7				7.6		2.2	0.256	0.256	0		
8				7.6		2.2	0.274	0.274	0		
9				7.7		2.2	0.268	0.268	0		
10				7.9		2.2	0.310	0.310	0		
11				8.0		2.2	0.299	0.299	0		
12				7.5		2.2	0.424	0.424	0		
13				7.5		2.2	0.282	0.282	0		
14				7.3		2.2	0.244	0.244	0		
15				7.4		2.1	0.259	0.259	0		
16				7.5		2.2	0.259	0.259	0		
17	12.4		0.48	7.6	19.0	1.9	0.257	0.257	0	184	236
18		<1.0		7.7		2.2	0.277	0.277	0		
19							0.327	0.327	0		
20				7.6		2.2	0.246	0.246	0		
21				7.6		2.2	0.274	0.274	0		
22				7.4		2.2	0.221	0.221	0		
23				7.4		2.2	0.252	0.252	0		
24				7.4		2.2	0.273	0.273	0		
25				7.5		2.2	0.263	0.263	0		
26							0.304	0.304	0		
27				7.4		2.2	0.264	0.264	0		
28				7.4		2.2	0.243	0.243	0		
29				7.4		2.2	0.249	0.249	0		
30	12.4		1.02	7.4	9.0	2.2	0.258	0.258	0	222	152
31		<1.0									
Total	32.3	3.0	2.41		31		8.240	8.240	0	576	563
Mo. Avg.	10.7	<1.0	0.8		10.3		0.274	0.274	0	192	188

PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Eddie Roberts</u>
Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Corey Sudol</u>
Shift Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>James Swegheimer</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: **Santando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA011080

LIMIT:
CLASS SIZE:

Final
N/A

REPORT GROUP COPY

Monthly
Domestic

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER
MONITORING GROUP DESC:

R-001
Percolation Ponds, including influent

COUNTY: **Seminole**

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	Sample Measurement	0.265	MGD			0	5 Days/Week	
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.4 (An. Avg.)	MGD				5 Days/Week	Flow meters and rotameters
Flow	Sample Measurement	0.252	MGD			0	5 Days/Week	
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and rotameters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.0	MG/L	0	Every Two Weeks	
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.5	MG/L	0	Every Two Weeks	
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour TPC
Solids, Total Suspended	Sample Measurement			8.8	MG/L	0	Every Two Weeks	
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			Every Two Weeks	8-hour TPC
Solids, Total Suspended	Sample Measurement			9.5	MG/L	0	Every Two Weeks	
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour TPC

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 (Y/M/D)
James A. Swegheimer / Lead Operator		107-869-1040	05/06/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): We have a problem with the current irrigation meter it has a drift so on days that there is no irrigation it still totalizes and registers a read
We are working on getting a new meter thanks Jim Swegheimer

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FL 001080

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			7.1	8.1		SG	0	5 Days/Week	
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SG		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			0.5			100000	0	Every Two Weeks	
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			200 (An Avg.)			100000		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1.0	100%	<1.0	100000	0	Every Two Weeks	
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement			Report (Mo Geo Mean)	100 (90%)	800 (Max.)	100000		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			0.7			MG/L	0	5 Days/Week	
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			1.5			MG/L	0	Every Two Weeks	
PARM Code 09620 A Mon Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPU
BOD, Carbonaceous 5 day, 20C	Sample Measurement			185			MG/L	0	Every Two Weeks	
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo Avg.)			MG/L		Every Two Weeks	8-hour FPU
Solids, Total Suspended	Sample Measurement			126			MG/L	0	Every Two Weeks	
PARM Code 09530 G Mon Site No. INF-1	Permit Requirement			Report (Mo Avg.)			MG/L		Every Two Weeks	8-hour FPU
Flow (Total through plant)	Sample Measurement	0.278	MGD					0	5 Days/Week	
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.409 (An Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.269	MGD					0	5 Days/Week	
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	MGD	Report (3-Mo Avg.)					5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement			55%			%	0	Monthly	
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement			Report (Mo Total)			PER CENT		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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011030

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

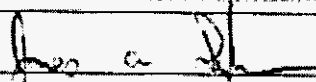
COUNTY: Seminole

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	Sample Measurement	0.019		MGD					0	5 Days/Week	
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.024		MGD					0	5 Days/Week	
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0			MG/L	0	Every Two Weeks	
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour LPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.3	6.6		MG/L	0	Every Two Weeks	
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour LPC
Solids, Total Suspended	Sample Measurement				8.8			MG/L	0	Every Two Weeks	
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour LPC
Solids, Total Suspended	Sample Measurement				9.5	18.0		MG/L	0	Every Two Weeks	
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour LPC

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)
James A. Sweetman/ Lead Operator		407-802-1919	08/06/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: R-11-5011030

MONITORING PERIOD: From: May 1, 2008 To: May 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency or Analysis	Sample Type
pH	Sample Measurement			7.1	8.1		SC	0	5 Days/Week	
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SC		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			0.5			100MB	0	Every Two Weeks	
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			200 (An Avg.)			100MB		Every Two Weeks	Grab
Coliform, Total	Sample Measurement			<1.0	100%	<1.0	100MB	0	Every Two Weeks	
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement			Report (Mo Geo Mean)	400 (90%)	800 (Max.)	100MB		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7			MG/L	0	5 Days/Week	
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
	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: FLA01080
Monitoring Period: From: May 1 2008 To: May 31 2008

Facility: Woodlands (Des Plaines) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (mg/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1		<1.0		7.5		2.2	0.244	0.254	0		
2				7.4		2.2	0.259	0.259	0		
3				7.4		2.2	0.334	0.334	0		
4				7.4		2.2	0.251	0.251	0		
5				7.4		2.2	0.215	0.215	0		
6				7.5		2.2	0.262	0.262	0		
7				7.4		2.2	0.278	0.278	0		
8				7.4		2.2	0.241	0	0.340		
9				7.5		2.2	0.259	0.259	0		
10				7.5		2.2	0.360	0.360	0		
11				7.3		2.2	0.212	0.212	0		
12				7.5		2.2	0.269	0.269	0		
13				7.4		2.2	0.244	0	0.424		
14	6.6		0.34	7.5	<1.0	2.2	0.270	0.270	0	178	187.8
15		<1.0		7.3		2.2	0.235	0.235	0		
16				7.4		2.2	0.271	0.271	0		
17				7.4		2.2	0.300	0.300	0		
18				7.4		2.2	0.320	0.320	0		
19				7.5		2.2	0.210	0.210	0		
20				7.4		2.2	0.166	0.166	0		
21				7.5		2.2	0.474	0.474	0		
22				7.5		2.2	0.229	0.229	0		
23				7.5		2.2	0.274	0.274	0		
24				7.7		2.2	0.255	0.255	0		
25				7.5		2.2	0.366	0.366	0		
26				7.2		2.2	0.191	0.191	0		
27				7.4		2.2	0.282	0.282	0		
28				7.5		1.5	0.261	0.261	0		
29	5.7		1.52	7.5	18.0	1.8	0.258	0.258	0	74	182.8
30		<1.0		7.5		2.2	0.282	0.282	0		
31				8.1		0.7	0.261	0.261	0		
Total	12.3	3.0	1.86		19.0		8.342	7.811	0.764	252	370.6
Mo. Avg.	6.2	<1.0	0.93		9.5		0.269	0.252	0.024	126	185.3

PLANT STAFFING

Day Shift Operator	Class:	Certificate No:	Name:
Shift Operator	Class:	Certificate No:	Name:
Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class:	Certificate No:	Name:

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: Nanlando Utilities Corporation
 ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: ELA011080

LIMIT:
 CLASS SIZE:

Final
 N/A

REPORT
 GROUP

Monthly
 Domestic

LOCATION: Woodlands (Des Plaines) WWT
 125 Western Fork Avenue
 Longwood, FL

FILE COPY

MONITORING GROUP NUMBER:
 MONITORING GROUP DESC:

R-001
 Percolation Ponds, including Influent

COMPLAINT: None

NO DISCHARGE FROM SITE ☐
 MONITORING PERIOD From:

June 1 2008 To June 30 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.265				0	5 Days/Week	
PARM Code 50050 Y	Permit Requirement	0.4 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. FFW-2	Sample Measurement	0.272				0	5 Days/Week	
Flow	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 90050 Y	Sample Measurement			9.9		0	Every Two Weeks	
Mon Site No. FFW-3	Permit Requirement			20.0 (An Avg.)	MG/L		Every Two Weeks	8-hour TPN
ROD Carbonaceous 5 day 20C	Sample Measurement			8.8	11.4	0	Every Two Weeks	
PARM Code 80082 Y	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		Every Two Weeks	8-hour TPN
Mon Site No. FFA-1	Sample Measurement			9.0		0	Every Two Weeks	
ROD Carbonaceous 5 day 20C	Permit Requirement			20.0 (An Avg.)			Every Two Weeks	8-hour TPN
PARM Code 80050 Y	Sample Measurement			21.5	42	0	Every Two Weeks	
Mon Site No. FFA-1	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		Every Two Weeks	8-hour TPN
Solids Total Suspended	Sample Measurement							
PARM Code 00530 Y	Permit Requirement							
Mon Site No. FFA-1	Sample Measurement							
Solids Total Suspended	Permit Requirement							
PARM Code 00530 Y	Sample Measurement							
Mon Site No. FFA-1	Permit Requirement							

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	FILED PERSON NO.	DATE (MM/DD/YYYY)
James Sweghman - Lead Operator		107,360,1010	08/07/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Irrigation meter out of service it records when there is no flow

DISCHARGE MONITORING REPORT - PART A (Continued)

CITY OF

Woodlands (Kos. Pinar) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: 11-A01080

MONITORING PERIOD From: June 1 2008 To: June 30 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.9			0	5 Days/Week	
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, fecal	Sample Measurement				1.1				0	Every Two Weeks	
PARM Code 74055 A	Permit Requirement				200 (An. Avg.)			10000		Every Two Weeks	Grab
Coliform, fecal	Sample Measurement				3.4	12.0	12.0		0	Every Two Weeks	
PARM Code 74055 A	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	10000		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				0.5				0	5 Days/Week	
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.19				0	Every Two Weeks	
PARM Code 00670 A	Permit Requirement				12.0 (Max.)			MGL		Every Two Weeks	8-hour TPC
DOC (Carbonaceous) 5 day, 20C	Sample Measurement				2.08				0	Every Two Weeks	
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour TPC
Solids, Total Suspended	Sample Measurement				156				0	Every Two Weeks	
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour TPC
Flow (Total through plant)	Sample Measurement	0.277							0	5 Days/Week	
PARM Code 50050 P	Permit Requirement	0.499 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.272	0.272						0	5 Days/Week	
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity (TMAOH/Permitted Capacity) 100	Sample Measurement				54%				0	Monthly	
PARM Code 00180 I	Permit Requirement				Report (Mo. Total)			MGC (5%)		Monthly	Calculated

WLF 003A

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: Santalito Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA911080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: June 1 2008 To June 30 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. FX.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019				0	5 Days/Week	
PARAM Code 50050 Y	Permit Requirement	0.1	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. TEA-1		(An Avg.)				0	5 Days/Week	
Flow	Sample Measurement	0					5 Days/Week	
PARAM Code 50050 I	Permit Requirement	Report	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. TEA-1		(Mo. Avg.)				0	5 Days/Week	
Flow	Sample Measurement			9.9			Every Two Weeks	
PARAM Code 80002 Y	Permit Requirement			20.0	MG/L		Every Two Weeks	8-hour FPC
Mon Site No. TEA-1				(An Avg.)		0	Every Two Weeks	
Flow	Sample Measurement			8.8			Every Two Weeks	
PARAM Code 80002 A	Permit Requirement			50.0	MG/L		Every Two Weeks	8-hour FPC
Mon Site No. TEA-1				(Mo. Avg.)		0	Every Two Weeks	
Solids, Total Suspended	Sample Measurement			9.0			Every Two Weeks	
PARAM Code 00530 Y	Permit Requirement			20.0	MG/L		Every Two Weeks	8-hour FPC
Mon Site No. TEA-1				(An Avg.)		0	Every Two Weeks	
Solids, Total Suspended	Sample Measurement			21.5			Every Two Weeks	
PARAM Code 00530 A	Permit Requirement			30.0	MG/L		Every Two Weeks	8-hour FPC
Mon Site No. TEA-1				(Mo. Avg.)		0	Every Two Weeks	

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 (MM/DD/YYYY)
James Sweeney, Lead Operator		407-869-1910	08/07/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Irrigation meter out of service it records when there is no flow

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (LXs Plant) WWT

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: LA011080

MONITORING PERIOD: From: June 1 2008 To: June 30 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				7.0	7.9			0	5 Days/Week	
PARM Code 00400 A	Sample Measurement			6.0	8.5		SC		5 Days/Week	Grab
Mon Site No. LA-A-1	Permit Requirement			(Min.)	(Max.)			0	Every Two Weeks	
Cefotaxime Fecal	Sample Measurement			1.1					Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement			200			100MB		Every Two Weeks	Grab
Mon Site No. LA-A-1	Sample Measurement			3.4	12.0	12.0		0	Every Two Weeks	
Cefotaxime Fecal	Permit Requirement			Report (Mo Geo Mean)	400 (90%)	800 (Max.)	100MB		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement			0.5				0	5 Days/Week	
Mon Site No. LA-A-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (or Disinfection)	Sample Measurement									
PARM Code 51060 A	Permit Requirement									
Mon Site No. LA-A-1	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

Plant Number
Monitoring Period

11-001080
From: June 1, 2008 To: June 30, 2008

Facility: Woodlands (Decatur) WWTP

	110080 (MG/L)	Calcium Chloride (100MG/L)	Nitrate, Total (as N) (MG/L)	pH (M)	TSS (MG/L)	TRC (for Disinfectant) (MG/L)	Flow, Total through plant (MG/D)	Flow, to Pond Ponds (MG/D)	Flow, to Sprayfield (MG/D)	TSS (MG/L)	CRUDS (MG/L)
Code	00002	70055	00020	00000	00030	00000	00000	00050	00050	00050	00002
Mon. Site	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1
1				7.0		0.5	0.333	0.333	0.000		
2				7.5		1.9	0.232	0.232	0.000		
3				7.6		2.0	0.260	0.260	0.000		
4				7.4		2.0	0.261	0.261	0.000		
5				7.2		1.0	0.273	0.273	0.000		
6				7.2		1.1	0.251	0.251	0.000		
7				7.2		1.0	0.304	0.304	0.000		
8				7.3		2.2	0.314	0.314	0.000		
9				7.5		2.2	0.193	0.193	0.000		
10				7.4		1.2	0.274	0.274	0.000		
11	6.2	<1.0	1.38	7.3	42	2.2	0.238	0.238	0.000	198	213.9
12				7.9		2.2	0.285	0.285	0.000		
13				7.9		1.9	0.281	0.281	0.000		
14				7.7		2.2	0.268	0.268	0.000		
15				7.4		1.9	0.392	0.392	0.000		
16				7.5		1.5	0.214	0.214	0.000		
17				7.3		1.4	0.297	0.297	0.000		
18				7.4		2.0	0.253	0.253	0.000		
19				7.6		2.2	0.279	0.279	0.000		
20				7.2		2.2	0.269	0.269	0.000		
21				7.4		1.8	0.264	0.264	0.000		
22				7.4		1.0	0.346	0.346	0.000		
23				7.1		0.9	0.205	0.205	0.000		
24				7.4		2.2	0.288	0.288	0.000		
25	11.4	12	9.19	7.3		2.2	0.255	0.255	0.000	114	204
26				7.4	<1.0	2.2	0.254	0.254	0.000		
27				7.5		2.2	0.255	0.255	0.000		
28				7.5		2.0	0.272	0.272	0.000		
29				7.3		0.6	0.335	0.335	0.000		
30				7.3		1.8	0.220	0.220	0.000		
31											
Total	17.6	13	13.9		43		8.165	8.165	0	312	417.9
Mo. Avg	8.8	6.5	6.9		21.5		0.272	0.272	0	156	208.9

PLANT STAFFING

Day Shift Operator	Class	Certificate No	Name
Shift Operator	Class	Certificate No	Name
Shift Operator	Class	A	7057
Name	Eddie Roberts		
Shift Operator	Class	B	7810
Name	James Szwedchewski		

Florida Department of Environmental Protection

Environmental Protection Division

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Woodward & Lothrop W.W.T. - Seminole County

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

(2) The GMS Identification Number 3089901774

(3) DEP Permit Number 17-00110000

(4) Authorized Representative Name James Swegheimer

Address 125 Western Fork

City Longwood

Zip 32750

Telephone Number (407) 260-5065

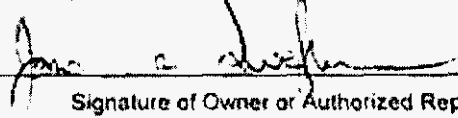
(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Access Land Application

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: 7/21/08


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories Inc.

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories, Inc.

Address 5810 D Breckenridge Parkway

Phone Number (813) 630-9616

Printed Name James Swegheimer

| | | } } | | | | | | | | | | | |

Permit Number:	FLA011080-001	GMS# 3059P01774	Monitoring Location Site Number:	MW-5
Month/Year:	April 2008	June 2008	Well Type:	Background
Date Sample Obtained:	5/16/08		Ground Water Class:	G-II
Was the well purged before sampling?	X Yes	No	WAFR Number	7012
			Input WAFR Number	MWB-7012
			GMS Well #	3059P13042

[illegible][illegible]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

Monitoring Location Site Number:	MW 6
Well Type:	Background
Ground Water Class:	G-II
WAFR Number	7012
Input WAFR Number	MW 11-7012
GMS Well #	3059P1303

[illegible]

Comments and Explanation

Monitoring Location Site Number:

Well Type:

Ground Water Class:

W.A.R. Number

Input WAIR Number

GMS Well =

Resample

[illegible]

Comments and Explanation: Method Blank Contamination

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

MW-7

Background

(5-11)

7012

ANK-13-0012

DISPENSE

[illegible]

1. 1992-1993 2. 1994-1995 3. 1996-1997 4. 1998-1999 5. 2000-2001 6. 2002-2003 7. 2004-2005 8. 2006-2007 9. 2008-2009 10. 2010-2011 11. 2012-2013 12. 2014-2015 13. 2016-2017 14. 2018-2019 15. 2020-2021 16. 2022-2023 17. 2024-2025 18. 2026-2027 19. 2028-2029 20. 2030-2031 21. 2032-2033 22. 2034-2035 23. 2036-2037 24. 2038-2039 25. 2040-2041 26. 2042-2043 27. 2044-2045 28. 2046-2047 29. 2048-2049 30. 2050-2051 31. 2052-2053 32. 2054-2055 33. 2056-2057 34. 2058-2059 35. 2060-2061 36. 2062-2063 37. 2064-2065 38. 2066-2067 39. 2068-2069 40. 2070-2071 41. 2072-2073 42. 2074-2075 43. 2076-2077 44. 2078-2079 45. 2080-2081 46. 2082-2083 47. 2084-2085 48. 2086-2087 49. 2088-2089 50. 2090-2091 51. 2092-2093 52. 2094-2095 53. 2096-2097 54. 2098-2099 55. 2100-2101 56. 2102-2103 57. 2104-2105 58. 2106-2107 59. 2108-2109 60. 2110-2111 61. 2112-2113 62. 2114-2115 63. 2116-2117 64. 2118-2119 65. 2120-2121 66. 2122-2123 67. 2124-2125 68. 2126-2127 69. 2128-2129 70. 2130-2131 71. 2132-2133 72. 2134-2135 73. 2136-2137 74. 2138-2139 75. 2140-2141 76. 2142-2143 77. 2144-2145 78. 2146-2147 79. 2148-2149 80. 2150-2151 81. 2152-2153 82. 2154-2155 83. 2156-2157 84. 2158-2159 85. 2160-2161 86. 2162-2163 87. 2164-2165 88. 2166-2167 89. 2168-2169 90. 2170-2171 91. 2172-2173 92. 2174-2175 93. 2176-2177 94. 2178-2179 95. 2180-2181 96. 2182-2183 97. 2184-2185 98. 2186-2187 99. 2188-2189 100. 2190-2191 101. 2192-2193 102. 2194-2195 103. 2196-2197 104. 2198-2199 105. 2200-2201 106. 2202-2203 107. 2204-2205 108. 2206-2207 109. 2208-2209 110. 2210-2211 111. 2212-2213 112. 2214-2215 113. 2216-2217 114. 2218-2219 115. 2220-2221 116. 2222-2223 117. 2224-2225 118. 2226-2227 119. 2228-2229 120. 2230-2231 121. 2232-2233 122. 2234-2235 123. 2236-2237 124. 2238-2239 125. 2240-2241 126. 2242-2243 127. 2244-2245 128. 2246-2247 129. 2248-2249 130. 2250-2251 131. 2252-2253 132. 2254-2255 133. 2256-2257 134. 2258-2259 135. 2260-2261 136. 2262-2263 137. 2264-2265 138. 2266-2267 139. 2268-2269 140. 2270-2271 141. 2272-2273 142. 2274-2275 143. 2276-2277 144. 2278-2279 145. 2280-2281 146. 2282-2283 147. 2284-2285 148. 2286-2287 149. 2288-2289 150. 2290-2291 151. 2292-2293 152. 2294-2295 153. 2296-2297 154. 2298-2299 155. 2300-2301 156. 2302-2303 157. 2304-2305 158. 2306-2307 159. 2308-2309 160. 2310-2311 161. 2312-2313 162. 2314-2315 163. 2316-2317 164. 2318-2319 165. 2320-2321 166. 2322-2323 167. 2324-2325 168. 2326-2327 169. 2328-2329 170. 2330-2331 171. 2332-2333 172. 2334-2335 173. 2336-2337 174. 2338-2339 175. 2340-2341 176. 2342-2343 177. 2344-2345 178. 2346-2347 179. 2348-2349 180. 2350-2351 181. 2352-2353 182. 2354-2355 183. 2356-2357 184. 2358-2359 185. 2360-2361 186. 2362-2363 187. 2364-2365 188. 2366-2367 189. 2368-2369 190. 2370-2371 191. 2372-2373 192. 2374-2375 193. 2376-2377 194. 2378-2379 195. 2380-2381 196. 2382-2383 197. 2384-2385 198. 2386-2387 199. 2388-2389 200. 2390-2391 201. 2392-2393 202. 2394-2395 203. 2396-2397 204. 2398-2399 205. 2400-2401 206. 2402-2403 207. 2404-2405 208. 2406-2407 209. 2408-2409 210. 2410-2411 211. 2412-2413 212. 2414-2415 213. 2416-2417 214. 2418-2419 215. 2420-2421 216. 2422-2423 217. 2424-2425 218. 2426-2427 219. 2428-2429 220. 2430-2431 221. 2432-2433 222. 2434-2435 223. 2436-2437 224. 2438-2439 225. 2440-2441 226. 2442-2443 227. 2444-2445 228. 2446-2447 229. 2448-2449 230. 2450-2451 231. 2452-2453 232. 2454-2455 233. 2456-2457 234. 2458-2459 235. 2460-2461 236. 2462-2463 237. 2464-2465 238. 2466-2467 239. 2468-2469 240. 2470-2471 241. 2472-2473 242. 2474-2475 243. 2476-2477 244. 2478-2479 245. 2480-2481 246. 2482-2483 247. 2484-2485 248. 2486-2487 249. 2488-2489 250. 2490-2491 251. 2492-2493 252. 2494-2495 253. 2496-2497 254. 2498-2499 255. 2500-2501 256. 2502-2503 257. 2504-2505 258. 2506-2507 259. 2508-2509 260. 2510-2511 261. 2512-2513 262. 2514-2515 263. 2516-2517 264. 2518-2519 265. 2520-2521 266. 2522-2523 267. 2524-2525 268. 2526-2527 269. 2528-2529 270. 2530-2531 271. 2532-2533 272. 2534-2535 273. 2536-2537 274. 2538-2539 275. 2540-2541 276. 2542-2543 277. 2544-2545 278. 2546-2547 279. 2548-2549 280. 2550-2551 28

• $\Delta_{\text{eff}} = \frac{1}{2} \Delta_{\text{eff}}^{\text{eff}}$ (10)

GROUNDWATER MONITORING REPORT - PART D (Wells, Data, and Data Summary)

Permit Number:	1-30110500101	GMS - MS00001-14
Month/Year:	April - June 2008	
Date Sample Obtained:	6/17/08	
Was the well purged before sampling?	X Yes No	
	Well Paged Dry	
Elevation (L.O.C.)	93.17	

Monitoring Location Site Number	_____
Well Type:	_____
Ground Water Class:	G-III
WAFR Number	_____
Input WAFR Number	_____
GMS Well #	_____

[illegible]

Comments and Explanation Well Poured 125

GROUNDWATER MONITORING REPORT - PART D Woodlands, Inc. 3/1/00 10/00

Permit Number.

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

Monitoring Location Site Number.

Month Year:

April June 2008

Well Type:

Date Sample Obtained: _____

0/17 08

Ground Water Class:

6-11

Was the well purged before sampling?

X Yes No

WAFR Number

Input WAFR Number

GMS Well #:

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

93.17

[illegible]

Comments and Explanation Well Paged Dry

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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA011080

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2008 To July 31 2008

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.258 | | | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Y
Mon.Site No. FLW-2 | Permit Requirement | 0.4
(An.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.195 | | | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 I
Mon.Site No. FLW-2 | Permit Requirement | Report
(Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.9 | | | | 0 | Every Two Weeks | |
| PARM Code 80082 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.5 | 12 | | | 0 | Every Two Weeks | |
| PARM Code 80082 A
Mon.Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo.Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 10.0 | | | | 0 | Every Two Weeks | |
| PARM Code 00530 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 18.5 | 23.0 | | | 0 | Every Two Weeks | |
| PARM Code 00530 A
Mon.Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo.Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer/ Lead Operator | | 407-869-1919 | 08/08/19 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: July 1 2008 To July 31 2008

PERMIT NUMBER: FLA011080

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|---------------------|-------|--------------------------|------------|------------|----------|---------|-----------------------|----------------------------|
| pH | Sample Measurement | | | | 7.0 | 7.5 | | | 0 | 5 Days/Week | |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | | 0 | Every Two Weeks | |
| PARM Code 74055 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 200 (An. Avg.) | | | #/100ML | | Every Two Weeks | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | <1.0 | | 0 | Every Two Weeks | |
| 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 | | | | 1.0 | | | | 0 | 5 Days/Week | |
| 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 | | | | 11.7 | | | | 0 | Every Two Weeks | |
| PARM Code 00620 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 12.0 (Max.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 196 | | | | 0 | Every Two Weeks | |
| PARM Code 80082 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 184 | | | | 0 | Every Two Weeks | |
| PARM Code 00530 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Flow (Total through plant) | Sample Measurement | 0.276 | | | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 P
Mon. Site No. FLW-1 | Permit Requirement | 0.499 (An. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow (Total through plant) | Sample Measurement | 0.267 | 0.269 | | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Q
Mon. Site No. FLW-1 | Permit Requirement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/ Permitted Capacity) x 100 | Sample Measurement | | | | 54% | | | | 0 | Monthly | |
| PARM Code 00180 I
Mon. Site No. FLW-1 | Permit Requirement | | | | Report (Mo. Total) | | | PER-CENT | | 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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2008 To July 31 2008

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|--------------------------|----------------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.027 | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Y
Mon. Site No. FLW-3 | Permit Requirement | 0.1
(An. Avg.) | MGD | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.094 | | | | 0 | 5 Days/Week | |
| PARM Code 50050 I
Mon. Site No. FLW-3 | Permit Requirement | Report
(Mo. Avg.) | MGD | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 9.9 | | 0 | Every Two Weeks | |
| PARM Code 80082 Y
Mon. Site No. EFA-1 | Permit Requirement | | | 20.0
(An. Avg.) | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 9.5 | 12 | 0 | Every Two Weeks | |
| PARM Code 80082 A
Mon. Site No. EFA-1 | Permit Requirement | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | MG/L | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 10.0 | | 0 | Every Two Weeks | |
| PARM Code 00530 Y
Mon. Site No. EFA-1 | Permit Requirement | | | 20.0
(An. Avg.) | | MG/L | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 18.5 | 23.0 | 0 | Every Two Weeks | |
| PARM Code 00530 A
Mon. Site No. EFA-1 | Permit Requirement | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | MG/L | Every Two Weeks | 8-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer/ Lead Operator | | 407-869-1919 | |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: July 1 2008 To July 31 2008

PERMIT NUMBER: FLA011080

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|------------|------------|---------|---------|-----------------------|-------------|
| pH | Sample Measurement | | | | 7.0 | 7.5 | | | 0 | 5 Days/Week | |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | | 0 | Every Two Weeks | |
| PARM Code 74055 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 200 (An. Avg.) | | | #/100ML | | Every Two Weeks | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | <1.0 | <1.0 | | 0 | Every Two Weeks | |
| 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 | | | | 1.0 | | | | 0 | 5 Days/Week | |
| PARM Code 50060 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 0.5 (Min.) | | | MG/L | | 5 Days/Week | Grab |
| | 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: FLA011080
Monitoring Period: From: July 1 2008 To: July 31 2008

Facility: Woodlands (Des Pinar) WWTF

| | CBOD5
(MG/L) | Fecal
Coliform
Bacteria
(#/100ML) | Nitrogen,
Nitrate, Total
(as N)
(MG/L) | pH (SU) | TSS (MG/L) | TRC (For
Disinfect.)
(MG/L) | Flow, total
through plant
(MGD) | Flow, to
Perc Ponds
(MGD) | Flow, to
Sprayfield
(MGD) | TSS (MG/L) | CBOD5
(MG/L) |
|-----------|-----------------|--|---|---------|------------|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|------------|-----------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 50050 | 50050 | 00530 | 80082 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | FLW-3 | INF-1 | INF-1 |
| 1 | | | | 7.2 | | 1.7 | 0.220 | 0.220 | 0.000 | | |
| 2 | | | | 7.1 | | 2.2 | 0.252 | 0.252 | 0.000 | | |
| 3 | | | | 7.0 | | 2.2 | 0.281 | 0.281 | 0.000 | | |
| 4 | | | | 7.2 | | 2.2 | 0.178 | 0.178 | 0.000 | | |
| 5 | | | | 7.3 | | 1.2 | 0.371 | 0.371 | 0.000 | | |
| 6 | | | | 7.3 | | 1.5 | 0.326 | 0.326 | 0.000 | | |
| 7 | | | | 7.3 | | 1.0 | 0.188 | 0.188 | 0.000 | | |
| 8 | | | | 7.4 | | 1.9 | 0.249 | 0.249 | 0.000 | | |
| 9 | 7.0 | | 11.7 | 7.4 | 14.0 | 2.2 | 0.259 | 0.259 | 0.000 | 162 | 179 |
| 10 | | <1.0 | | 7.3 | | 2.2 | 0.260 | 0.260 | 0.000 | | |
| 11 | | | | 7.3 | | 2.2 | 0.258 | 0.258 | 0.000 | | |
| 12 | | | | 7.2 | | 2.2 | 0.261 | 0.000 | 0.386 | | |
| 13 | | | | 7.3 | | 2.2 | 0.286 | 0.286 | 0.000 | | |
| 14 | | | | 7.3 | | 2.2 | 0.272 | 0.271 | 0.001 | | |
| 15 | | | | 7.3 | | 2.0 | 0.262 | 0.262 | 0.000 | | |
| 16 | | | | 7.1 | | 2.2 | 0.279 | 0.279 | 0.000 | | |
| 17 | | | | 7.0 | | 2.2 | 0.259 | 0.000 | 0.360 | | |
| 18 | | | | 7.4 | | 2.2 | 0.281 | 0.000 | 0.379 | | |
| 19 | | | | 7.2 | | 2.2 | 0.266 | 0.000 | 0.376 | | |
| 20 | | | | 7.4 | | 2.0 | 0.341 | 0.341 | 0.000 | | |
| 21 | | | | 7.4 | | 2.2 | 0.207 | 0.207 | 0.000 | | |
| 22 | | | | 7.4 | | 2.2 | 0.253 | 0.253 | 0.000 | | |
| 23 | 12.0 | | 10.7 | 7.2 | 23.0 | 2.2 | 0.257 | 0.257 | 0.000 | 206.0 | 213 |
| 24 | | <1.0 | | 7.1 | | 2.2 | 0.274 | 0.274 | 0.000 | | |
| 25 | | | | 7.3 | | 2.2 | 0.256 | 0.000 | 0.372 | | |
| 26 | | | | 7.0 | | 2.2 | 0.254 | 0.000 | 0.317 | | |
| 27 | | | | 7.3 | | 2.2 | 0.355 | 0.355 | 0.000 | | |
| 28 | | | | 7.5 | | 2.2 | 0.224 | 0.224 | 0.000 | | |
| 29 | | | | 7.4 | | 2.2 | 0.272 | 0.000 | 0.308 | | |
| 30 | | | | 7.1 | | 2.2 | 0.295 | 0.000 | 0.330 | | |
| 31 | | | | 7.1 | | 2.2 | 0.269 | 0.000 | 0.293 | | |
| Total | 19 | 2 | 22.4 | | 37.0 | | 8.264 | 5.851 | 3.123 | 368.0 | 392 |
| Mo. Avg. | 9.5 | 1.0 | 11.2 | | 18.5 | | 0.267 | 0.195 | 0.094 | 184.0 | 196 |

PLANT STAFFING:

| | | | |
|----------------|-----------------|------------------------------|-------------------------------|
| Shift Operator | Class: <u>A</u> | Certificate No: <u>7057</u> | Name: <u>Eddie Roberts</u> |
| Shift Operator | Class: <u>C</u> | Certificate No: <u>14187</u> | Name: <u>Elsa Williams</u> |
| Shift Operator | Class: <u>C</u> | Certificate No: <u>8518</u> | Name: <u>Alex Lorenzo</u> |
| Lead Operator | Class: <u>B</u> | Certificate No: <u>7873</u> | Name: <u>James Swegheimer</u> |

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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1 2008 To August 31 2008

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.254 | | MGD | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Y
Mon. Site No. FLW-2 | Permit Requirement | 0.4
(An. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.240 | | MGD | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 I
Mon. Site No. FLW-2 | Permit Requirement | Report
(Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.9 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 80082 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 10.0 | 11.0 | | MG/L | 0 | Every Two Weeks | |
| PARM Code 80082 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.1 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 00530 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 8.0 | 10.0 | | MG/L | 0 | Every Two Weeks | |
| PARM Code 00530 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer/ Lead Operator | | 407-869-1919 | 08/ 09/19 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): There was a high nitrate sample on 8/6/08 the result was a18.9

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: August 1 2008 To August 31 2008

PERMIT NUMBER: FLA011080

| Parameter | | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|------------|------------|----------|---------|-----------------------|----------------------------|
| pH | Sample Measurement | | | 6.8 | 7.9 | | SU | 0 | 5 Days/Week | |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | <1.0 | | | #100ML | 0 | Every Two Weeks | |
| PARM Code 74055 Y
Mon. Site No. EFA-1 | Permit Requirement | | | 200 (An. Avg.) | | | #/100ML | | Every Two Weeks | Grab |
| Coliform, Fecal | Sample Measurement | | | <1.0 | <1.0 | <1.0 | #100ML | 0 | Every Two Weeks | |
| 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 | | | 2.2 | | | MG/L | 0 | 5 Days/Week | |
| 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 | | | 18.9 | | | MG/L | 1 | Every Two Weeks | |
| PARM Code 00620 A
Mon. Site No. EFA-1 | Permit Requirement | | | 12.0 (Max.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 163 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 80082 G
Mon. Site No. INF-1 | Permit Requirement | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 250 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 00530 G
Mon. Site No. INF-1 | Permit Requirement | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Flow (Total through plant) | Sample Measurement | 0.285 | MGD | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 P
Mon. Site No. FLW-1 | Permit Requirement | 0.499 (An. Avg.) | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow (Total through plant) | Sample Measurement | 0.403 | MGD | 0.314 | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Q
Mon. Site No. FLW-1 | Permit Requirement | Report (Mo. Avg.) | MGD | Report (3-Mo. Avg.) | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADFF/ Permitted Capacity) x 100 | Sample Measurement | | | 80% | | | % | 0 | Monthly | |
| PARM Code 00180 I
Mon. Site No. FLW-1 | Permit Requirement | | | Report (Mo. Total) | | | PER-CENT | | 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: **Sanlando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: **August 1 2008** To **August 31 2008**

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.041 | | MGD | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 Y
Mon. Site No. FLW-3 | Permit Requirement | 0.1
(An. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.163 | | MGD | | | | | 0 | 5 Days/Week | |
| PARM Code 50050 I
Mon. Site No. FLW-3 | Permit Requirement | Report
(Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.9 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 80082 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 10 | 11.0 | | MG/L | 0 | Every Two Weeks | |
| PARM Code 80082 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.1 | | | MG/L | 0 | Every Two Weeks | |
| PARM Code 00530 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 8 | 10.0 | | MG/L | 0 | Every Two Weeks | |
| PARM Code 00530 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |

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) |
|---|--|---------------------|-----------------|
| James A Swagheimer / Lead Operator | | 407-869-1919 | 08/09/19 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): There was a high nitrate sample on 8/6/08 the result was a 18.9

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: August 1 2008 To August 31 2008

PERMIT NUMBER: FLA011080

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|------------|------------|---------|---------|-----------------------|-------------|
| pH | | | | | 6.8 | 7.9 | | SU | 0 | 5 Days/Week | |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | #100 ML | 0 | Every Two Weeks | |
| PARM Code 74055 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 200 (An.Avg.) | | | #100ML | | Every Two Weeks | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | <1.0 | <1.0 | #100 ML | 0 | Every Two Weeks | |
| 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 | | | | 2.2 | | | MG/L | 0 | 5 Days/Week | |
| PARM Code 50060 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 0.5 (Min.) | | | MG/L | | 5 Days/Week | Grab |
| | 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:
Monitoring Period

FLA011080

From: August 1 2008

To: August 31 2008

Facility: Woodlands (Des Pinar) WWTF

| | CBOD5
(MG/L) | Fecal
Coliform
Bacteria
(#/100ML) | Nitrogen,
Nitrate, Total
(as N)
(MG/L) | pH (SU) | TSS (MG/L) | TRC (For
Disinfect.)
(MG/L) | Flow, total
through plant
(MGD) | Flow, to
Perc Ponds
(MGD) | Flow, to
Sprayfield
(MGD) | TSS (MG/L) | CBOD5
(MG/L) |
|-----------|-----------------|--|---|---------|------------|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|------------|-----------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 50050 | 50050 | 00530 | 80082 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | FLW-3 | INF-1 | INF-1 |
| 1 | | | | 7.3 | | 2.2 | 0.278 | 0.000 | 0.292 | | |
| 2 | | | | 7.2 | | 2.2 | 0.275 | 0.000 | 0.301 | | |
| 3 | | | | 7.2 | | 2.2 | 0.277 | 0.277 | 0.000 | | |
| 4 | | | | 7.3 | | 2.2 | 0.282 | 0.282 | 0.000 | | |
| 5 | | | | 7.2 | | 2.2 | 0.273 | 0.273 | 0.000 | | |
| 6 | 9.0 | | 18.9 | 6.9 | 9.0 | 2.2 | 0.304 | 0.025 | 0.279 | 198 | 169 |
| 7 | | <1.0 | | 7.3 | | 2.2 | 0.253 | 0.000 | 0.256 | | |
| 8 | | | | 7.4 | | 2.2 | 0.276 | 0.276 | 0.000 | | |
| 9 | | | | 7.2 | | 2.2 | 0.274 | 0.174 | 0.100 | | |
| 10 | | | | 7.3 | | 2.2 | 0.297 | 0.297 | 0.000 | | |
| 11 | | | | 7.9 | | 2.2 | 0.261 | 0.261 | 0.000 | | |
| 12 | | | | 6.9 | | 2.2 | 0.277 | 0.000 | 0.329 | | |
| 13 | | | | 7.1 | | 2.2 | 0.282 | 0.282 | 0.000 | | |
| 14 | | | | 7.1 | | 2.2 | 0.274 | 0.000 | 0.331 | | |
| 15 | | | | 7.2 | | 2.2 | 0.282 | 0.282 | 0.000 | | |
| 16 | | | | 7.0 | | 2.2 | 0.280 | 0.000 | 0.358 | | |
| 17 | | | | 7.1 | | 2.2 | 0.292 | 0.292 | 0.000 | | |
| 18 | 11.0 | | 9.0 | 7.3 | 10.0 | 2.2 | 0.294 | 0.294 | 0.000 | 302 | 157 |
| 19 | | <1.0 | | 7.2 | | 2.2 | 0.297 | 0.000 | 0.336 | | |
| 20 | | | | 7.4 | | 2.2 | 0.301 | 0.300 | 0.000 | | |
| 21 | | | | 7.0 | | 2.2 | 0.360 | 0.000 | 0.366 | | |
| 22 | | | | 7.2 | | 2.2 | 0.499 | 0.499 | 0.000 | | |
| 23 | | | | 6.9 | | 2.2 | 0.790 | 0.424 | 0.366 | | |
| 24 | | | | 7.1 | | 2.2 | 0.876 | 0.876 | 0.000 | | |
| 25 | | | | 7.4 | | 2.2 | 0.617 | 0.617 | 0.000 | | |
| 26 | | | | 7.4 | | 2.2 | 0.682 | 0.341 | 0.341 | | |
| 27 | | | | 6.8 | | 2.2 | 0.692 | 0.276 | 0.417 | | |
| 28 | | | | 6.9 | | 2.2 | 0.603 | 0.216 | 0.388 | | |
| 29 | | | | 7.1 | | 2.2 | 0.594 | 0.594 | 0.000 | | |
| 30 | | | | 7.2 | | 2.2 | 0.523 | 0.081 | 0.442 | | |
| 31 | | | | 7.1 | | 2.2 | 0.620 | 0.620 | 0.000 | | |
| Total | 20.0 | 2.0 | 27.9 | | 19.0 | | 12.485 | 7.859 | 4.901 | 500 | 326 |
| Mo. Avg. | 10.0 | <1.0 | 14.0 | | 8.0 | | 0.403 | 0.253 | 0.163 | 250 | 163 |

PLANT STAFFING:

Shift Operator

Class: A

Certificate No: 9083

Name: Kathy Sillitoe

Shift Operator

Class: C

Certificate No: 8518

Name: Alex Lorenzo

Shift Operator

Class: C

Certificate No: 14187

Name: Elsa Williams

Lead Operator

Class: B

Certificate No: 7873

Name: James Swegheimer

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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA011080

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER:
MONITORING GROUP DESC:

R-001
Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1 2008 To September 30 2008

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.256 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Y
Mon. Site No. FLW-2 | Permit Requirement | 0.4
(An. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.307 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I
Mon. Site No. FLW-2 | Permit Requirement | Report
(Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.8 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 8.0 | 8.0 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 8.5 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 4.0 | 5.0 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer / Lead Operator | | 407-869-1919 | 08/10/22 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080

MONITORING PERIOD From: September 1 2008 To September 30 2008

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|---------------------|-------|--------------------------|------------|------------|----------|---------|-----------------------|----------------------------|
| pH | Sample Measurement | | | | 7.0 | 7.4 | | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | #/100ML | 0 | 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 | | | | <1.0 | 1.0 | 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 | | | | 1.8 | | | 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 | | | | 2.01 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00620 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 12.0 (Max.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 215 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 98 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Flow (Total through plant) | Sample Measurement | 0.301 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 P
Mon. Site No. FLW-1 | Permit Requirement | 0.499 (An.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow (Total through plant) | Sample Measurement | 0.483 | 0.384 | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q
Mon. Site No. FLW-1 | Permit Requirement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/ Permitted Capacity) x 100 | Sample Measurement | | | | 96% | | | PER-CENT | 0 | Monthly | Calculated |
| PARM Code 00180 I
Mon. Site No. FLW-1 | Permit Requirement | | | | Report (Mo. Total) | | | PER-CENT | | 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: **Sanlando Utilities Corporation**
MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
CLASS SIZE: **N/A**

REPORT: **Monthly**
GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-002**
MONITORING GROUP DESC: **Sprayfield**

COUNTY: **Seminole**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: **September 1 2008** To **September 30 2008**

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.066 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Y
Mon. Site No. FLW-3 | Permit Requirement | 0.1
(An. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.307 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I
Mon. Site No. FLW-3 | Permit Requirement | Report
(Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.8 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 8.0 | 8.0 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 8.5 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y
Mon. Site No. EFA-1 | Permit Requirement | | | | 20.0
(An. Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 4.0 | 5.0 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |

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) |
|---|--|---------------------|-----------------|
| James A Swegheimer / Lead Operator | | 407-869-1919 | 08/10/22 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: September 1 2008 To September 30 2008

PERMIT NUMBER: FLA011080

| Parameter | | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|------------|------------|---------|---------|-----------------------|-------------|
| pH | Sample Measurement | | | 7.0 | 7.4 | | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 A
Mon.Site No. EFA-1 | Permit Requirement | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | <1.0 | | | #/100ML | 0 | 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 | | | <1.0 | 1.0 | 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 | | | 1.8 | | | 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 |
| | 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:
Monitoring Period

FLA011080
From: September 1 2008

To: September 30 2008

Facility: Woodlands (Des Pinar) WWTF

| | CBOD5
(MG/L) | Fecal
Coliform
Bacteria
(#/100ML) | Nitrogen,
Nitrate, Total
(as N)
(MG/L) | pH (SU) | TSS (MG/L) | TRC (For
Disinfect.)
(MG/L) | Flow, total
through plant
(MGD) | Flow, to
Perc Ponds
(MGD) | Flow, to
Sprayfield
(MGD) | TSS (MG/L) | CBOD5
(MG/L) |
|-----------|-----------------|--|---|---------|------------|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|------------|-----------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 50050 | 50050 | 00530 | 80082 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | FLW-3 | INF-1 | INF-1 |
| 1 | | | | 7.2 | | 2.2 | 0.553 | 0.553 | 0.000 | | |
| 2 | | | | 7.2 | | 2.2 | 0.630 | 0.622 | 0.008 | | |
| 3 | 8.0 | | 2.01 | 7.2 | 5.0 | 2.2 | 0.555 | 0.000 | 0.562 | 96.0 | 182.0 |
| 4 | | <1.0 | | 7.1 | | 2.2 | 0.539 | 0.539 | 0.000 | | |
| 5 | | | | 7.2 | | 2.2 | 0.523 | 0.006 | 0.517 | | |
| 6 | | | | 7.1 | | 2.2 | 0.501 | 0.078 | 0.423 | | |
| 7 | | | | 7.1 | | 2.2 | 0.477 | 0.477 | 0.000 | | |
| 8 | | | | 7.4 | | 2.2 | 0.468 | 0.468 | 0.000 | | |
| 9 | | | | 7.4 | | 2.2 | 0.434 | 0.038 | 0.397 | | |
| 10 | | | | 7.2 | | 2.2 | 0.450 | 0.450 | 0.000 | | |
| 11 | | | | 7.4 | | 2.2 | 0.417 | 0.087 | 0.330 | | |
| 12 | | | | 7.2 | | 2.2 | 0.468 | 0.031 | 0.437 | | |
| 13 | | | | 7.3 | | 2.2 | 0.490 | 0.490 | 0.000 | | |
| 14 | | | | 7.2 | | 2.2 | 0.409 | 0.409 | 0.000 | | |
| 15 | | | | 7.3 | | 2.2 | 0.418 | 0.418 | 0.000 | | |
| 16 | | | | 7.0 | | 2.2 | 0.476 | 0.476 | 0.000 | | |
| 17 | 8.0 | | 1.29 | 7.0 | 3.0 | 2.2 | 0.526 | 0.163 | 0.363 | 100.0 | 248.0 |
| 18 | | 1.0 | | 7.1 | | 2.2 | 0.494 | 0.494 | 0.000 | | |
| 19 | | | | 7.3 | | 2.2 | 0.488 | 0.113 | 0.375 | | |
| 20 | | | | 7.1 | | 2.2 | 0.463 | 0.040 | 0.423 | | |
| 21 | | | | 7.4 | | 1.8 | 0.517 | 0.517 | 0.000 | | |
| 22 | | | | 7.3 | | 2.2 | 0.436 | 0.436 | 0.000 | | |
| 23 | | | | 7.3 | | 2.2 | 0.490 | 0.490 | 0.000 | | |
| 24 | | | | 7.4 | | 2.2 | 0.526 | 0.157 | 0.369 | | |
| 25 | | | | 7.2 | | 2.2 | 0.496 | 0.119 | 0.377 | | |
| 26 | | | | 7.3 | | 2.2 | 0.404 | 0.170 | 0.234 | | |
| 27 | | | | 7.2 | | 2.2 | 0.530 | 0.046 | 0.485 | | |
| 28 | | | | 7.3 | | 2.2 | 0.485 | 0.485 | 0.000 | | |
| 29 | | | | 7.3 | | 2.2 | 0.403 | 0.403 | 0.000 | | |
| 30 | | | | 7.3 | | 2.2 | 0.423 | 0.423 | 0.000 | | |
| 31 | | | | | | | | | | | |
| Total | 16.0 | 2.0 | 3.3 | | 8.0 | | 14.489 | 5.300 | 9.196 | 196 | 430 |
| Mo. Avg. | 8.0 | 1.0 | 1.65 | | 4.0 | | 0.483 | 0.177 | 0.307 | 98 | 215 |

PLANT STAFFING:

| | | | |
|----------------|-----------------|------------------------------|-------------------------------|
| Shift Operator | Class: <u>C</u> | Certificate No: <u>14187</u> | Name: <u>Elsa Williams</u> |
| Shift Operator | Class: <u>C</u> | Certificate No: <u>8518</u> | Name: <u>Alex Lorenzo</u> |
| Shift Operator | Class: <u>A</u> | Certificate No: <u>9083</u> | Name: <u>Kathy Sillitoe</u> |
| Lead Operator | Class: <u>B</u> | Certificate No: <u>7873</u> | Name: <u>James Swegheimer</u> |

Florida Department of Environmental Protection

Environmental Protection Division, 6205 West Central Expressway, Orlando, Florida 32817-2500

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Woodlands Des Plaines WWS - Seawater Inlets
Address 125 Western Fork
City Longwood Zip 32750
Telephone Number (407) 260-5065
- (2) The GMS Identification Number 3054001771
- (3) DEP Permit Number 11A001000
- (4) Authorized Representative Name James Swegheimer
Address 125 Western Fork
City Longwood Zip 32750
Telephone Number (407) 260-5065
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Access Land Application

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 8/19/08


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 5810 D Breckenridge Parkway

Phone Number (813) 630-9616

Printed 9/20/2004

| | |
|---------------------------------|------------|
| Monitoring Location Site Number | MW-5 |
| Well Type | Background |
| Ground Water Class: | G-II |
| WAFR Number | 7012 |
| Input WAFR Number | MWB-7012 |
| GMS Well # | 3059P13042 |

[illegible]

Journal of Exploration

Journal of Management Education 30(6)p.789-804

100

3059P15042

2017年1月1日 星期一

| | |
|----------------------------------|------------|
| Monitoring Location Site Number: | MW-7 |
| Well Type: | Background |
| Ground Water Class: | G-II |
| WAFR Number | 7012 |
| Input WAFR Number | MWB-7012 |
| GMS Well # | 3059P13042 |

[illegible]

人 事 部 門 的 職 責 是 確 保 公 司 的 人 力 資 源 充 足 且 質 量 高 。

8. 2. 1. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

GMS Well #

$$d_{\text{eff}} = \frac{1}{\sqrt{2}} \sqrt{\frac{1}{\frac{1}{d_1^2} + \frac{1}{d_2^2}}} = \frac{1}{\sqrt{2}} \sqrt{\frac{1}{\frac{1}{(1.5 \times 10^{-3})^2} + \frac{1}{(1.5 \times 10^{-3})^2}}} = 1.06 \times 10^{-3} \text{ m}$$

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: Santando Utilities Corporation
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER

FLA011080

LIMIT:
 CLASS SIZE

Final
 N/A

REPORT GROUP

Monthly

LOCATION: Woodlands (Des Plaines) WWT
 125 Western Fork Avenue
 Longwood, FL

MONITORING GROUP NUMBER:
 MONITORING GROUP ID#NCU

R-001
 Percolation Ponds, including Influent

COUNTY: Seminole

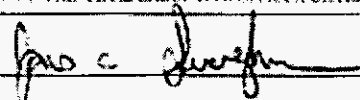
NO DISCHARGE FROM SITE ☐

MONITORING PERIOD: From October 1 2008 To October 31 2008

FILE COPY

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|--|-------|--------------------------|----------------|--|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.238 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARAM Code 80050 Y
Mon Site No. FLW-2 | Permit Requirement | 0.1
(An Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.213 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARAM Code 80050 I
Mon Site No. FLW-2 | Permit Requirement | Report
(Mo Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD ₅ Carbonaceous 5 day, 20°C | Sample Measurement | | | | 9.4 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARAM Code 80082 Y
Mon Site No. FLA-1 | Permit Requirement | | | | 20.0
(An Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD ₅ Carbonaceous 5 day, 20°C | Sample Measurement | | | | 8.6 | 10.0 | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARAM Code 80082 A
Mon Site No. FLA-1 | Permit Requirement | | | | 30.0
(Mo Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.6 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARAM Code 800530 Y
Mon Site No. FLA-1 | Permit Requirement | | | | 20.0
(An Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 17.1 | 25 | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARAM Code 800530 A
Mon Site No. FLA-1 | Permit Requirement | | | | 30.0
(Mo Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |

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) |
|--|--|---------------|-----------------|
| James A. Sweigert, Lead Operator |  | 407-869-1919 | 08/11/19 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility:

Woodlands Lakes Plant WWT

Monitoring Group Number: R-001

Permit Number: 1

Monitoring Period: From: October 1, 2008 To: October 31, 2008

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. | Fr |
|---|--|---------------------|-------------------|---------------------|--------------------------|------------|------------|----------|-----|----|
| pH | | Sample Measurement | | | 7.1 | 7.5 | | SI | 0 | 51 |
| PARM Code 00400 A | | Permit Requirement | | | 6.0 (Min.) | 8.5 (Max.) | | SI | | 51 |
| Mon Site No. 11-A-1 | | Sample Measurement | | | 1.1 | | | mg/L | 0 | E |
| PARM Code 74055 A | | Permit Requirement | | | 200 (An Avg.) | | | mg/L | | E |
| Mon Site No. 11-A-1 | | Sample Measurement | | | <1.0 | <1.0 | <1.0 | mg/L | 0 | E |
| PARM Code 74055 A | | Permit Requirement | | | Report (Mo. Geo. Mean) | 400 (90%) | 800 (Max.) | mg/L | | E |
| Mon Site No. 11-A-1 | | Sample Measurement | | | 1.2 | | | MG/L | 0 | 51 |
| Total Residual Chlorine (for Disinfection) | | Permit Requirement | | | 0.5 (Min.) | | | MG/L | | 51 |
| PARM Code 20000 A | | Sample Measurement | | | 5.1 | | | MG/L | 0 | E |
| Mon Site No. 11-A-1 | | Permit Requirement | | | 12.0 (Max.) | | | MG/L | | E |
| BOD, Carbonaceous 5 day, 20C | | Sample Measurement | | | 190.0 | | | MG/L | 0 | E |
| PARM Code 80082 A | | Permit Requirement | | | Report (Mo. Avg.) | | | MG/L | | E |
| Mon Site No. 11-A-1 | | Sample Measurement | | | 164.0 | | | MG/L | 0 | E |
| PARM Code 00530 Q | | Permit Requirement | | | Report (Mo. Avg.) | | | MG/L | | E |
| Mon Site No. 11-A-1 | | Sample Measurement | 0.310 | MGD | | | | | 0 | 51 |
| Flow (Total through plant) | | Permit Requirement | 0.499 (An Avg.) | MGD | | | | | | 51 |
| PARM Code 50050 P | | Sample Measurement | 0.395 | MGD | | | | | 0 | 51 |
| Mon Site No. 11-A-1 | | Permit Requirement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MGD | | | | | 51 |
| Flow (Total through plant) | | Sample Measurement | | | 85% | | | | 0 | A |
| PARM Code 80070 Q | | Permit Requirement | | | Report (Mo. Total) | | | PER-CENT | | A |
| Mon Site No. 11-A-1 | | Sample Measurement | | | | | | | | |
| Percent Capacity (TMADE Permitted Capacity) x 100 | | Permit Requirement | | | | | | | | |
| PARM Code 00180 I | | Sample Measurement | | | | | | | | |
| Mon Site No. 11-A-1 | | Permit Requirement | | | | | | | | |

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 32804-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weatherford Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011680

TIME: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWT
LOCATION: 175 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

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 | Sample Measurement | 0.083 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARAM Code 50050 Y
Mon Site No. FLW-3 | Permit Requirement | 0.1
(Ar. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.196 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARAM Code 50050 I
Mon Site No. FLW-3 | Permit Requirement | Repon
(Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | | 9.8 | | | MG/L | 0 | Every Two Weeks | 8-hour TPC |
| PARAM Code 80082 Y
Mon Site No. FLA-1 | Permit Requirement | | | | 20.0
(Ar. Avg.) | | | MG/L | | Every Two Weeks | 8-hour TPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | | 8.6 | 10.0 | | MG/L | 0 | Every Two Weeks | 8-hour TPC |
| PARAM Code 80082 A
Mon Site No. FLA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour TPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.6 | | | MG/L | 0 | Every Two Weeks | 8-hour TPC |
| PARAM Code 00050 Y
Mon Site No. FLA-1 | Permit Requirement | | | | 20.0
(Ar. Avg.) | | | MG/L | | Every Two Weeks | 8-hour TPC |
| Solids, Total Suspended | Sample Measurement | | | | 17.1 | 25.0 | | MG/L | 0 | Every Two Weeks | 8-hour TPC |
| PARAM Code 00050 A
Mon Site No. FLA-1 | Permit Requirement | | | | 30.0
(Mo. Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour TPC |

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) |
|--|--|---------------|-----------------|
| James A. Sweethearn, Lead Operator |  | 407-869-1919 | 08/11/19 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Woodlands (Des Plaines) WWTF

MONITORING GROUP NUMBER R-002

PERMIT NUMBER: HA011080

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 | | | 7.1 | 7.5 | | SU | 0 | 5 Days/Week | Grab |
| PARN Code 00400 A
Mon Site No. 11A-1 | Permit Requirement | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Codiform Total | Sample Measurement | | | 1.1 | | | #/100ML | 0 | Every Two Weeks | Grab |
| PARN Code 74055 Y
Mon Site No. 11A-1 | Permit Requirement | | | 200 (An. Avg.) | | | #/100ML | | Every Two Weeks | Grab |
| Codiform Total | Sample Measurement | | | <1.0 | <1.0 | <1.0 | #/100ML | 0 | Every Two Weeks | Grab |
| PARN Code 74055 A
Mon Site No. 11A-1 | Permit Requirement | | | Report (Mo Geo Mean) | 400 (90%) | 800 (Max.) | #/100ML | | Every Two Weeks | Grab |
| Total Residual Chlorine (for Disinfection) | Sample Measurement | | | 1.2 | | | #/100ML | 0 | 5 Days/Week | Grab |
| PARN Code 50400 A
Mon Site No. 11A-1 | Permit Requirement | | | 0.5 (Min.) | | | MG/L | | 5 Days/Week | Grab |
| | 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: FLA01080

Facility: Woodlands (Des Plais) 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 (SU) | FSS (MG/L) | IRC (For
Disinfect.)
(MG/L) | Flow, total
through plant
(MGD) | Flow, to
Perc Ponds
(MGD) | Flow, to
Sprayfield
(MGD) | FSS (MG/L) | CBOD5
(MG/L) |
|-----------|-----------------|--|---|---------|------------|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|------------|-----------------|
| Code | 80082 | 74055 | 00620 | 00100 | 00530 | 50060 | 50050 | 50050 | 50050 | 00530 | 80082 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | FLW-3 | INF-1 | INF-1 |
| 1 | | | | 7.2 | | 1.6 | 0.441 | 0.043 | 0.398 | | |
| 2 | 9.0 | | 3.6 | 7.3 | 25.0 | 1.3 | 0.372 | 0.019 | 0.354 | 96.0 | 194.0 |
| 3 | | <1.0 | | 7.1 | | 1.2 | 0.421 | 0.421 | 0.000 | | |
| 4 | | | | 7.2 | | 2.0 | 0.391 | 0.166 | 0.225 | | |
| 5 | | | | 7.3 | | 2.2 | 0.435 | 0.202 | 0.233 | | |
| 6 | | | | 7.3 | | 2.2 | 0.391 | 0.335 | 0.056 | | |
| 7 | | | | 7.2 | | 2.1 | 0.392 | 0.390 | 0.002 | | |
| 8 | | | | 7.3 | | 2.2 | 0.494 | 0.219 | 0.275 | | |
| 9 | | | | 7.3 | | 2.2 | 0.438 | 0.149 | 0.289 | | |
| 10 | | | | 7.2 | | 2.2 | 0.456 | 0.201 | 0.255 | | |
| 11 | | | | 7.2 | | 2.2 | 0.344 | 0.078 | 0.266 | | |
| 12 | | | | 7.2 | | 2.2 | 0.424 | 0.424 | 0.000 | | |
| 13 | | | | 7.4 | | 2.2 | 0.476 | 0.476 | 0.000 | | |
| 14 | | | | 7.4 | | 2.2 | 0.535 | 0.535 | 0.000 | | |
| 15 | 7.0 | | 2.4 | 7.5 | 12.0 | 2.2 | 0.422 | 0.422 | 0.000 | 336.0 | 197.0 |
| 16 | | <1.0 | | 7.3 | | 2.2 | 0.372 | 0.372 | 0.000 | | |
| 17 | | | | 7.5 | | 2.2 | 0.416 | 0.300 | 0.116 | | |
| 18 | | | | 7.5 | | 2.2 | 0.413 | 0.413 | 0.000 | | |
| 19 | | | | 7.3 | | 2.2 | 0.333 | 0.000 | 0.396 | | |
| 20 | | | | 7.4 | | 2.2 | 0.405 | 0.000 | 0.426 | | |
| 21 | | | | 7.4 | | 2.2 | 0.353 | 0.019 | 0.334 | | |
| 22 | | | | 7.4 | | 2.2 | 0.357 | 0.357 | 0.000 | | |
| 23 | | | | 7.4 | | 2.2 | 0.356 | 0.000 | 0.357 | | |
| 24 | | | | 7.4 | | 2.2 | 0.351 | 0.351 | 0.000 | | |
| 25 | | | | 7.3 | | 2.2 | 0.432 | 0.209 | 0.223 | | |
| 26 | | | | 7.3 | | 2.2 | 0.406 | 0.183 | 0.223 | | |
| 27 | | | | 7.3 | | 2.2 | 0.250 | 0.000 | 0.362 | | |
| 28 | | | | 7.4 | | 2.2 | 0.341 | 0.000 | 0.358 | | |
| 29 | 10.0 | | 5.12 | 7.4 | 14.4 | 2.2 | 0.373 | 0.019 | 0.354 | 60.0 | 179.0 |
| 30 | | <1.0 | | 7.3 | | 2.2 | 0.327 | 0.000 | 0.373 | | |
| 31 | | | | 7.2 | | 2.2 | 0.319 | 0.319 | 0.000 | | |
| Total | 26.0 | 1.0 | 11.12 | | 51.4 | | 12.242 | 6.619 | 5.886 | 492 | 570 |
| Max. Avg. | 8.6 | <1.0 | 5.7 | | 17.1 | | 0.393 | 0.213 | 0.196 | 164 | 190 |

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: **Sanlando Utilities Corporation**
 MAILING ADDRESS: **200 Weathersfield Avenue**
Altamonte Springs, FL 32714

PERMIT NUMBER: **FLA011080**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Woodlands (Des Pinar) WWTF**
 LOCATION: **125 Western Fork Avenue**
Longwood, FL

MONITORING GROUP NUMBER: **R-001**
 MONITORING GROUP DESC: **Percolation Ponds, including Influent**

COUNTY: **Seminole**

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 | Sample Measurement | 0.236 | | | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Y
Mon.Site No. FLW-2 | Permit Requirement | 0.4
(An.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.234 | | | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I
Mon.Site No. FLW-2 | Permit Requirement | Report
(Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.7 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80062 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.0 | 9.0 | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80062 A
Mon.Site No. EFA-1 | Permit Requirement | | | | 30.0
(Mo.Avg.) | 60.0
(Max.) | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.8 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 6.0 | 6.6 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer/ Lead Operator | | 407-869-1919 | 08/12/15 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080

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 | | | | 7.2 | 7.7 | | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | #/100ML | 0 | 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 | | | | <1.0 | <1.0 | <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 | | | | 1.5 | | | 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 | | | | 0.49 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00620 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 12.0 (Max.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 177 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 137 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 G
Mon. Site No. INF-1 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Flow (Total through plant) | Sample Measurement | 0.314 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 P
Mon. Site No. FLW-1 | Permit Requirement | 0.499 (An.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow (Total through plant) | Sample Measurement | 0.317 | 0.398 | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q
Mon. Site No. FLW-1 | Permit Requirement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/ Permitted Capacity) x 100 | Sample Measurement | | | | 80% | | | % | 0 | Monthly | Calculated |
| PARM Code 00180 I
Mon. Site No. FLW-1 | Permit Requirement | | | | Report (Mo.Total) | | | PER-CENT | | 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: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

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 | Sample Measurement | 0.094 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Y
Mon.Site No. FLW-3 | Permit Requirement | 0.1
(An.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow | Sample Measurement | 0.143 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I
Mon.Site No. FLW-3 | Permit Requirement | Report
(Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.7 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 9.0 | 9.0 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 9.8 | | | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y
Mon.Site No. EFA-1 | Permit Requirement | | | | 20.0
(An.Avg.) | | | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 6.0 | 6.6 | | MG/L | 0 | Every Two Weeks | 8-hour 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-hour FPC |

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) |
|---|--|--------------|-----------------|
| James A Swegheimer/ Lead Operator | | 407-869-1919 | 08/12/15 |

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080

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 | | | | 7.2 | 7.7 | | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 A
Mon. Site No. EFA-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SU | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1.0 | | | #/100ML | 0 | 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 | | | | <1.0 | <1.0 | <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 | | | | 1.5 | | | 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 |
| | 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:
Monitoring Period

FLA011080

From: November 1 2008

To: November 30 2008

Facility:

Woodlands (Des Pinar) WWTf

| | CBOD5
(MG/L) | Fecal
Coliform
Bacteria
(#/100ML) | Nitrogen,
Nitrate, Total
(as N)
(MG/L) | pH (SU) | TSS (MG/L) | TRC (For
Disinfect.)
(MG/L) | Flow, total
through plant
(MGD) | Flow, to
Perc Ponds
(MGD) | Flow, to
Sprayfield
(MGD) | TSS (MG/L) | CBOD5
(MG/L) |
|-----------|-----------------|--|---|---------|------------|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|------------|-----------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 50050 | 50050 | 00530 | 80082 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | FLW-3 | INF-1 | INF-1 |
| 1 | | | | 7.3 | | 1.9 | 0.421 | 0.496 | 0.000 | | |
| 2 | | | | 7.5 | | 1.5 | 0.365 | 0.019 | 0.346 | | |
| 3 | | | | 7.4 | | 2.2 | 0.257 | 0.375 | 0.000 | | |
| 4 | | | | 7.5 | | 2.2 | 0.328 | 0.368 | 0.000 | | |
| 5 | | | | 7.4 | | 2.2 | 0.349 | 0.000 | 0.349 | | |
| 6 | | | | 7.4 | | 2.2 | 0.322 | 0.372 | 0.000 | | |
| 7 | | | | 7.4 | | 2.2 | 0.324 | 0.000 | 0.324 | | |
| 8 | | | | 7.3 | | 2.1 | 0.394 | 0.451 | 0.000 | | |
| 9 | | | | 7.4 | | 2.2 | 0.374 | 0.022 | 0.351 | | |
| 10 | | | | 7.2 | | 2.2 | 0.246 | 0.392 | 0.000 | | |
| 11 | | | | 7.4 | | 2.2 | 0.308 | 0.364 | 0.000 | | |
| 12 | 8.0 | <1.0 | 0.49 | 7.3 | 6.6 | 2.2 | 0.329 | 0.000 | 0.329 | 176.0 | 164.0 |
| 13 | | | | 7.4 | | 2.2 | 0.319 | 0.363 | 0.000 | | |
| 14 | | | | 7.3 | | 2.2 | 0.310 | 0.000 | 0.310 | | |
| 15 | | | | 7.2 | | 1.8 | 0.351 | 0.409 | 0.000 | | |
| 16 | | | | 7.5 | | 2.2 | 0.333 | 0.000 | 0.333 | | |
| 17 | | | | 7.4 | | 2.2 | 0.243 | 0.418 | 0.000 | | |
| 18 | | | | 7.5 | | 1.8 | 0.308 | 0.367 | 0.000 | | |
| 19 | | | | 7.4 | | 2.2 | 0.314 | 0.000 | 0.314 | | |
| 20 | | | | 7.5 | | 2.2 | 0.276 | 0.271 | 0.005 | | |
| 21 | | | | 7.4 | | 2.2 | 0.306 | 0.000 | 0.306 | | |
| 22 | | | | 7.3 | | 2.1 | 0.298 | 0.575 | 0.000 | | |
| 23 | | | | 7.5 | | 1.8 | 0.332 | 0.002 | 0.330 | | |
| 24 | | | | 7.4 | | 2.2 | 0.237 | 0.394 | 0.000 | | |
| 25 | 9.0 | <1.0 | 0.44 | 7.4 | 5.0 | 2.2 | 0.313 | 0.372 | 0.000 | 98.0 | 189.0 |
| 26 | | | | 7.3 | | 2.2 | 0.334 | 0.000 | 0.334 | | |
| 27 | | | | 7.3 | | 2.2 | 0.262 | 0.437 | 0.000 | | |
| 28 | | | | 7.7 | | 2.2 | 0.292 | 0.000 | 0.292 | | |
| 29 | | | | 7.2 | | 2.4 | 0.296 | 0.558 | 0.000 | | |
| 30 | | | | 7.6 | | 2.2 | 0.364 | 0.000 | 0.364 | | |
| 31 | | | | | | | | | | | |
| Total | 17.0 | 2 | 0.93 | | 11.6 | | 9.505 | 7.025 | 4.287 | 274.0 | 353.0 |
| Mo. Avg. | 8.5 | <1.0 | 0.46 | | 5.8 | | 0.317 | 0.234 | 0.143 | 137.0 | 176.5 |

PLANT STAFFING:

| | | | |
|----------------|-----------------|------------------------------|-------------------------------|
| Shift Operator | Class: <u>C</u> | Certificate No: <u>16046</u> | Name: <u>Paul Tzareff</u> |
| Shift Operator | Class: <u>B</u> | Certificate No: <u>14141</u> | Name: <u>Paul Woodard</u> |
| Shift Operator | Class: <u>A</u> | Certificate No: <u>12274</u> | Name: <u>Corey Sudol</u> |
| Lead Operator | Class: <u>B</u> | Certificate No: <u>7873</u> | Name: <u>James Swegheimer</u> |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3519 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sandhills Enters, Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Marionette Springs, FL 32714

PERMIT NUMBER: ELA011080

LIMIT: N/A
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Woodlands (Kys) Final WWTF
LOCATION: 125 Western Oak Avenue
Fairwood, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC.: Percolation Ponds, including Influent

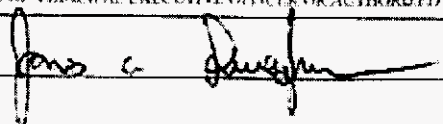
COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From December 1, 2008 To December 31, 2008

FILE COPY

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|----------------------------|--------------------|---------------------|-------|--------------------------|-------|---------|-----------------------|----------------------------|
| Flow | Sample Measurement | 0.335 | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 00050 - Y | Permit Requirement | 0.4 | MGD | | | | 5 Days/Week | Flow meters and totalizers |
| Mon Site No. EEV-2 | | (An Avg.) | | | | | | |
| Flow | Sample Measurement | 0.145 | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 00050 - Y | Permit Requirement | Report | MGD | | | | 5 Days/Week | Flow meters and totalizers |
| Mon Site No. EEV-2 | | (Mo Avg.) | | | | | | |
| TOC Carbonaceous 5 day 20C | Sample Measurement | | | 9.7 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00082 - Y | Permit Requirement | | | 20.0 | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon Site No. EEV-1 | | | | (An Avg.) | | | | |
| TOC Carbonaceous 5 day 20C | Sample Measurement | | | 7.5 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00082 - Y | Permit Requirement | | | 30.0 | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon Site No. EEV-1 | | | | (Mo Avg.) | | | | |
| Solids Total Suspended | Sample Measurement | | | 10.1 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00540 - Y | Permit Requirement | | | 20.0 | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon Site No. EEV-1 | | | | (An Avg.) | | | | |
| Solids Total Suspended | Sample Measurement | | | 6.8 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00540 - Y | Permit Requirement | | | 30.0 | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon Site No. EEV-1 | | | | (Mo Avg.) | | | | |

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 OR PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY-MM-DD) |
|--|--|---------------|-----------------|
| James A. Suerthamer, Lead Operator |  | 407-869-1919 | 09/01/20 |

CONSTANT AND EXACT ANALYSIS OF VIOLATIONS (Reference all attachments here).

DISCHARGE MONITORING REPORT - PART A (Continued)

Location

Woodlands (LAS) Dredge WWT

Monitoring Group Number: R-001

Permit Number: FLA010080

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 | | | | 7.3 | 7.8 | | SI | 0 | 5 Days/Week | Grab |
| PARM Code 00400 A
Mon Site No. 11A-1 | Permit Requirement | | | | 6.0 (Min.) | 8.5 (Max.) | | SI | | 5 Days/Week | Grab |
| Coliform Total | Sample Measurement | | | | <1.0 | | | <100ML | 0 | Every Two Weeks | Grab |
| PARM Code 74055 Y
Mon Site No. 11A-1 | Permit Requirement | | | | 200 (An Avg.) | | | <100ML | | Every Two Weeks | Grab |
| Coliform Fecal | Sample Measurement | | | | <1.0 | <1.0 | <1.0 | <100ML | 0 | Every Two Weeks | Grab |
| PARM Code 74058 A
Mon Site No. 11A-1 | Permit Requirement | | | | Report (Mo Geo Mean) | 100 (90%) | 800 (Max.) | <100ML | | Every Two Weeks | Grab |
| Total Residual Chlorine (for Disinfection) | Sample Measurement | | | | 1.6 | | | MGL | 0 | 5 Days/Week | Grab |
| PARM Code 50060 A
Mon Site No. 11A-1 | Permit Requirement | | | | 0.5 (Min.) | | | MGL | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | | | 2.0 | | | MGL | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00620 A
Mon Site No. 11A-1 | Permit Requirement | | | | 12.0 (Max.) | | | MGL | | Every Two Weeks | 8-hour FPC |
| TOC Carbonaceous 5 day 20C | Sample Measurement | | | | 195 | | | MGL | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00802 G
Mon Site No. 11A-1 | Permit Requirement | | | | Report (Mo Avg.) | | | MGL | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 264 | | | MGL | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00850 G
Mon Site No. 11A-1 | Permit Requirement | | | | Report (Mo Avg.) | | | MGL | | Every Two Weeks | 8-hour FPC |
| Flow (Total through plant) | Sample Measurement | 0.315 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 P
Mon Site No. 11W-1 | Permit Requirement | 0.199 (An Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Flow (Total through plant) | Sample Measurement | 0.288 | 0.333 | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q
Mon Site No. 11W-1 | Permit Requirement | Report (Mo Avg.) | Report (3-Mo Avg.) | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity (FMMH) | Sample Measurement | | | | 66% | | | | 0 | Monthly | Calculated |
| PARM Code 60180 T
Mon Site No. 11W-1 | Permit Requirement | | | | Report (Mo Total) | | | PERCENT | | Monthly | Calculated |