HARDEE COUNTY

Peace River Heights WTF
Peace River Heights WWTF

Docket No. 100330-WS

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

Florida

Volume 5 Book 2 Set 4 of 17

Containing:

Permits
Monthly Operating Reports
Discharge Monitoring Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

07281 SEP-12

FPSC-COMMISSION CLERK



Number of service connections at end of month: 70 PWS Owner: AQUA UTILITIES FLORIDA Contact Person: JOHNNY CHAMBERLAIN Contact Person: Mailing Address: 6960 PROFESISONAL PKWY Contact Person's Telephone Number: 941-377-9456 Contact Person's Telephone Number: 941-377-9456 Contact Person's E-Mail Address: Name: PEACE RIVER HEIGHTS Plant Name: PEACE RIVER HEIGHTS Plant Address: CHAMBERLAIN BLVD Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators CHRIS GILBERT Other Operators: OTHO KRUCKER C	See page 4 for instructions.												
PWS Name: PEACE RIVER HEIGHTS PWS Type: XX Community Non-Transient Non - Community Translent Non-Community Consecutive Number of service connections at end of month: 70 Total population served at end of month: 250 PWS Owner: AQUA UTILITIES FLORIDA Contact Person: JOHNNY CHAMBERLAIN Contact Person's Mailing Address: 6960 PROFESISONAL PKWY City: SARASOTA State: FL Zip Code: 34240 Contact Person's Telephone Number: 941-377-9456 Contact Person's Telephone Number: 941-377-9456 Contact Person's Fe-Mail Address: Water Treatment Plant Information	I. General Information for the Mon	nth/Year of: MAY 2008											
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PWS Type: XX Community Non-Transient Non - Community Translett Non-Community Number of service connections at end of month: 70 Total population served at end of month: 250 PWS Owner: AQUA UTILITIES FLORIDA Contact Person: JOHNNY CHAMBERLAIN Contact Person's Title: Contact Person's Telephone Number: 941-377-9456 Contact Person's Fax Number: 941-907-7401 Contact Person's E-Mail Address: I. Water Treatment Plant Information Plant Name: PEACE RIVER HEIGHTS Plant Address: CHAMBERLAIN BLVD City: WAUCHULA State: FL Zip Code: 33873 Type of Water Treated by Plant: XX, Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Calegory (ser subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: CHRIS GILBERT C 13107 5 Other Operators: OTTO KRUCKER C 7790 ** DANIEL M. HOLMES C 4335 *** *As Needed ** *As Needed **	PWS Name: PEACE RIVER HEIGH	HTS			Number: 6251954								
Number of service connections at end of month: 70 Total population served at end of month: 250 PWS Owner: AQUA UTILITIES FLORIDA Contact Person: JOHNNY CHAMBERLAIN Contact Person: Mailing Address: 6960 PROFESISONAL PKWY Contact Person's Telephone Number: 941-377-9456 Contact Person's Telephone Number: 941-377-9456 Contact Person's E-Mail Address: Name: PEACE RIVER HEIGHTS Plant Name: PEACE RIVER HEIGHTS Plant Address: CHAMBERLAIN BLVD Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators CHRIS GILBERT Other Operators: OTTO KRUCKER C	PWS Type: XX_Community	Non-Transient Non -Communi											
PWS Owner: AQUA UTILITIES FLORIDA Contact Person: JOHNNY CHAMBERLAIN Contact Person's Mailing Address: 6960 PROFESISONAL PKWY Contact Person's Telephone Number: 941-377-9456 Contact Person's Few Number: 941-907-7401 Contact Person's Fax Number: 941-907-7401 Plant Calcal Person's Fax Number: 941-907-7401 Contact Person's Fax Number: 941-907-7401 Plant Calcal Person's Fax Number: 941-907-907-907-907-907-907	Number of service connections at el	nd of month: 70	Total population se	rved at end of month	: 250								
Contact Person's Mailing Address: 6960 PROFESISONAL PKWY Contact Person's Telephone Number: 941-977-7401 Contact Person's E-Mail Address: Water Treatment Plant Information	PWS Owner: AQUA UTILITIES FLO	ORIDA		*									
Contact Person's Telephone Number, 941-977-9456 Contact Person's Telephone Number, 941-907-7401 Contact Person's Telephone Number, 941-907-7401 Contact Person's Fax Number, 941-907-7401 Contact	Contact Person: JOHNNY CHAMBI	ERLAIN			7:- Octo 21240								
Contact Person's Telephone Number: 941-377-9456 Contact Person's E-Mail Address: I, Water Treatment Plant Information Plant Name: PEACE RIVER HEIGHTS Plant Address: CHAMBERLAIN BLVD City: WAUCHULA State: FL Zip Code: 33873 Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Other Operators: OTTO KRUCKER DANIEL M. HOLMES C *As Needed	Contact Person's Mailing Address: 6960 PROFESISONAL PKWY City: SARASOTA State: FL Zip Code: 34240												
Contact Person's E-Mail Address: Water Treatment Plant Information	Contact Person's Telephone Number	Contact Person's Telephone Number: 941-377-9456 Contact Person's Fax Number: 941-907-7401											
Water Treatment Plant Information	Contact Person's E-Mail Address:												
Plant Name: PEACE RIVER HEIGHTS Plant Address: CHAMBERLAIN BLVD Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Other Operators: OTTO KRUCKER DANIEL M. HOLMES *As Needed *As Needed City: WAUCHULA State: FL Zip Code: 33873 Plant Telephone Number: 1-6/7-367-2702 Plant Telephone Number: 1-6/7-367-2702 Plant Telephone Number: 1-6/7-367-2702 Plant Telephone Number: 1-6/7-367-2702 State: FL Zip Code: 33873 Plant Telephone Number: 1-6/7-367-2702 Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection	B. Water Treatment Plant Informati	ion			1 277 097 2782								
Plant Address: CHAMBERLAIN BLVD Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (ser subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: CHRIS GILBERT Other Operators: OTTO KRUCKER DANIEL M. HOLMES *As Needed *As Needed	Plant Name: PEACE RIVER HEIGH	its			none Number: 1-8//-98/-2/62								
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators Licensed Operator: CHRIS GILBERT Other Operators: OTTO KRUCKER DANIEL M. HOLMES *As Needed *As Needed *As Needed Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Clas	Plant Address: CHAMBERLAIN BL	Plant Address: CHAMBERLAIN BLVD City: WAUCHULA State: PL 72ip Code: 33873											
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Other Operators: OTTO KRUCKER DANIEL M. HOLMES *As Needed *As Needed Plant Class (per subsection 62-699.310(4), F.A.C.): D Day(s)/Shift(s) Worked C 13107 5 OTTO KRUCKER C 7790 ** A335 ** ** *As Needed	Type of Water Treated by Plant:	/O/ I/MIT OIOMIN TOWN											
Plant Category (cer subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: CHRIS GILBERT C 13107 5 Other Operators: OTTO KRUCKER C 7790 *** DANIEL M. HOLMES C 4335 *** *As Needed *As Needed	Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 120,0	000		CAL EACY D								
C	Plant Category (per subsection 62-6	899.310(4), F.A.C.): V	Plant Class (per		Day(a) (Shift(a) Marked								
Charlet Operator: Charlet Gleen Charlet Operators: Charlet Opera													
OTTO KRUCKER C 7790 DANIEL M. HOLMES C 4335 ** **As Needed		CHRIS GILBERT	<u> </u>	13107									
DANIEL M. HOLMES C 4335 *** **As Needed	Other Operators:			7700	**								
* As Needed					**								
The second secon		DANIEL M. HOLMES	<u> </u>	4333									
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II. Certification by Lead/Chief Operator			1										
The state of the leading the leading the leading the land	II. Certification by Lead/Chief Opera	ator	Appropriate of the wester fre	atment plant identified	in Part I of this report. I certify that the								
II. Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the programment of the water treatment plant identified in Part I of this report. I certify that the programment operator is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to the programment of the water treatment of the part I of this report.	I, the undersigned water treatment plant	operator licensed in morida, and the leadschief	d belief. I certify that all	irinking water treatmen	t chemicals used at this plant conform to								

i, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Strandard 60 or other applicable standards referenced in subsection 62-555.321(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical fede rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make the plant site for review upon request.

- Carried Control of the Control of	***************************************	and the same of	-
Signa	ture	and	Date

DEP Form 62-555 900(3) Effective August 28, 2004 CHRIS GILBERT _____
Print or Typed Name

6/5/08

_C-13107___ License Number

Page 1

	Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water													
PW:	PWS Identification Number: 6251954 Plant Name: PEACE RIVER HEIGHTS													
III. D	ally Date	a for Monti	n/Year of:	MAY 2	008									
Mea	s of Ach	levina Four	-Log Virus Ins	ctivation/	Removal: *F	ree Chlorine	Chlor	ine Diox	ide (Ozone	Combined	Chlorine (Chloramines	3)
	traviolet F		Other (Describ		Annual Control of the		Muselli .							*
					ibution System	:Free Ch	orine C	ombine	Chloris	ne (Chlor	amines	Chlorine C	Dioxide	
172	OI DIGITI	The state of the s	I											
			1	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose										
Day of Mo.	Days Plant staffed visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (G) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measument 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 sppl.	Min. CT Req. mg- mlt/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorm-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	Х	24	30000	01-	2.7								1.8	
2	X	24	40100		2.5								1.5	
3		24	38100		2.7								2.0	
4	- terrorian and the second	24	50000											
5	X	24	39500		3.2								1.9	
6	X	24	38400		2.7								1.8	
7	Х	24	63008		3.3								2.3	
8	X	24	38900		2.6								1.8	
9	X	24	45400		3.0								1.9	
10		24	51000		2.4								1.1	
11		24	55000								<u> </u>		~ ~	
12	X	24	56000		2.6								2.0	
13	X	24	A3000		2.8								2.0	
14	X	24	58000		3.1								1.8	
15	X	24	42700		2.7								1.7	
16	X	24	47200		2.5								1.1	
17		24	3200 50000		2.4		·····						1.1	
18	V	24	44400		2.5						}		1.5	
20	X	24	28900		2.4						-		1.5	
**************************************		24	34300		2.5								1.0	
21	X	24	32700		2.7		~~~~						1.7	
23	X	24	40200		2.4								1.2	
24	A	24	25000		2.2								1.0	
26	X	24	40000		4.4					th.			1.0	
26	^	24	48600		1.7								1.1	
27	X	24	71600		2.1						 		1.1	
28	X	24	42100		1.5								.8	
29	X	24	47200		2.0								1.5	
30	X	24	36400		2.2								1.4	
31	2.6	24	45000	***************************************										
Total		-	1345000						<u></u>		*			

43387 58000

Average Maximum



See page 4 for instructions.								
I. General Information for the Mo	onth/Year of: AN 08				······································			
A. Water System Information					**************************************		-	
PWS Name: PEACE RIVER HEIG	HTS	······································		PWS	entification	Number: 62519	54	
PWS Type: XX_Community		munity	Transie	ent Non-Co	mmunity	the state of the s	secutive	
Number of service connections at	end of month: 70	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED	tal population s	served at e	nd of month		ACOGUAC	
PWS Owner: AQUA UTILITIES FL	ORIDA				ia or month.	200		
Contact Person: JOHNNY CHAME	BERLAIN		Contact Perso	on's Title:				
Contact Person's Mailing Address:	6960 PROFESISONAL PKWY		City: SARASC		State: FL	Zir	Code: 34240	
Contact Person's Telephone Numb	per: 941-377-9456	······································	Contact Perso			207-7401	7 0000, 34240	
Contact Person's E-Mail Address:						201 7401		
B. Water Treatment Plant Informa	tion							
Plant Name: PEACE RIVER HEIG	HTS	1,000	***************************************		Plant Telenh	one Number: 1-	977 097 2792	
Plant Address: CHAMBERLAIN B	LVD	City:	WAUCHULA		State: FL		ip Code: 33873	
Type of Water Treated by Plant:	XX_Raw Ground Water Put	rchased Fi	nished Water		J. C		14 COGE. 330/3	
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 1:	20,000				<u> </u>		
Plant Category (ger subsection 62-	699.310(4), F.A.C.): V		ant Class (per	subsection	82-699 310	0(4), F.A.C.): D		
Licensed Operators	Name	Li	cense Class		Number		Shift(s) Worked	
Lead/Chief Operator.	CHRIS GILBERT		С		107	Day(3)//	5	
Other Operators:				1		***************************************		
	OTTO KRUCKER		С	77	90		41)	
	DANIEL M. HOLMES		С		35		ân .	
							and the same of th	
				-				
				1				
				1				
	* As Needed			1		······································		
II. Certification by Lead/Chief Oper	ator			<u> </u>				
the undersigned water treatment plant	operator licensed in Florida, air the lead/c	hief operato	r of the water tre	eatment plan	t identified in	Part I of this repo	off. I certify that the	
monitorion biotiess in fills isour is fills	and accurate to the best of my knowners	Jana nallat	I marrier that all a	more marine a count		A second of the		
ates; and (2) if applicable, appropriate t	nsed operator staffed or visited this plant d reatment process performance records. Fu	uring the mi	omn indicated ab	pove: (1) rec	ords of amou	nt of chemicals u	sed and chemical fede	
ears and to make them available for rev	view upon request.	ittiiciiitvie,	agree to retain (trese addition	nal operation	is records at the p	lant site for at least ten	
Cesulto		GILBERT				C-13107		
Signature and Date	Print or Typ	ed Name	digramma and the same and the 	med.		License Number		
Form 82-555,900(3) Page 1								

	Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water													
PWS	PWS Identification Number: 6251954 Plant Name: PEACE RIVER													
ıll. D	III. Dally Data for Month/Year of: JUNE 2008 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine DioxideOzoneCombined Chlorine (Chloramines)													
				ctivation/R	emoval: * F	ree Chlorine	Chlorin	ne Dioxid	de O	zone	Combined (Chlorine (C	Chloramines)	
			Other (Describ						-					
- Construction		America			bution System:	Free Chi	orine Co	mbined	Chlorin	e (Chlore	mines) (Chlorine DI	oxide	
1,900	OI DIGITI	Toolain Roo		CT	Calculations, or	UV Dose, to D	emonstrate	Four-Lo	o Virus I	nactivatio	n. If Applical			T
						CT Catcul			A		ט עע			
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Days Plant staffed/ visited	Hours	Net quantity of finished	Peak	Lowest residuat dienfectant concentration (C) before or at first	Disinfectant contact time (T) a C measurment	Lowest C# provided before or at first customer during	Temp	PH of	Min. CT	Lowest operating	Min. UV	towest residual disinfectat concentra- tion at remote point in	Emergency or abnorn-mail operation conditions. Repair/ Maintenance work that involves taking water system
Oity	by oper,	- Plant in	water produced,	Flow	customer	point during	peak	of	water	Req.	LIV dose,	req.	dlet. system,	component out of operation.
Mo.	(20)	operation	gal gal	Rate,	during peak	pask flow, minutes	flow, mg- min/L	water	If	mg- min/L	MW-e ec/cm2	mW- secicm2	mg/l.	
				gpd	ñow, тол.	mnuuq	PRIVI.	· ·	appi,	min.	ack inz	BACACIILA		
1		24	45000		<u> </u>									
2	X	24	42500		2.5								1.4	
3	X	24	29100 35200		2.8						-		1.6	
8	X	24	33200		2.2						<u> </u>		1.5	
9	X	24	46600		2.1								1.0	
7	^	24	36700		2.1								1.0	
8		24	49600											
9	Х	24	40000		2.0	,							1.0	
10	X	24	30000		2.2					***************************************			1.5	
11	X	24	46500		2.4								1.4	
12	X	24	31400		2.4			***************************************		 			1.6	
13	X	24	38500		2.8								2.0	
14		24	35000											
18		24	35000											
16	X	24	37100		2.4								1.0	
17	X	24	38500		2.2								1.0	
18	X	24	46300		2.2								1.7	
19	X	24	26500		2.3						ļ		1.6	
20	X	24	40500		2.3								1.3	
21	· ·	24	36000		2.2							-	1.0	
22	X	24	40000		2.0					<u> </u>		-	1.4	
23	X	24	36700 39700		2.0	<u> </u>							1.0	
25	X	24	38300		2.1								1.5	
28	X	24	33000		2.2								1.4	
27	x	24	45000		2.3							<u> </u>	1.7	
28	^	24	50000		 									
29		24	80000		1						İ			
30	Х	24	44100		1.9								1.3	
31					1									
Total		2	1175700											
Aver	age		39190											
Maxi	accenternature (Phonomeron		60000											



See page 4 for instructions.									
I. General Information for the Mo	nth/Year of: Tulu 2008								
A. Water System Information									
PWS Name: PEACE RIVER HEIG	HTS		PWS Identification I						
PWS Type:XX_Community	Non-Transient Non -Commi		nt Non-Community	Consecutive					
Number of service connections at e	end of month: 70	Total population se	erved at end of month:	250					
PWS Owner, AQUA UTILITIES FL									
Contact Person: JOHNNY CHAMB	IERLAIN	Contact Person							
Contact Person's Mailing Address:	6960 PROFESISONAL PKWY	City: SARASO		Zip Code: 34240					
Contact Person's Telephone Numb	er: 941-377-9456	Contact Person	n's Fax Number: 941-9	07-7401					
Contact Person's E-Mail Address:									
B. Water Treatment Plant Information	tion			1.077.007.0700					
Plant Name: PEACE RIVER HEIG	HTS			one Number: 1-877-987-2782					
Plant Address: CHAMBERLAIN BLVD City: WAUCHULA State: IFL Zip Code: 33873									
Type of Water Treated by Plant:		chased Finished Water							
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 12	0,000							
Plant Category (oer subsection 62-	699.310(4), F.A.C.): V	Plant Class (per	subsection 62-699,310	0(4), F.A.C.): D					
Licensed Operators	Name		License Class License Number Day(s)/Shift(s) Worked						
Lead/Chief Operator:	CHRIS GILBERT	C	C 13107 5						
Other Operators:			7700	43					
	OTTO KRUCKER	С	7790	\$2					
	DANIEL M. HOUMES	С	4335						
			-						
	* As Needed		I I						
II. Certification by Lead/Chief Ope	rator t operator licensed in Florida, am the lead/cl	high angrator of the water tre	estment plant identified in	Part Lof this report. I certify that the					
information new dead in this remark is free	a and accurate to the hest of my knowledge	and belief I certify that all	drinking water treatment	chemicals used at this plant comonino					
NICT I-I diseast Chanadard EO or office	anninghia standards referenced in subsect	tion 62-555 321(3) FAC.	also centry that the tollor	Mild Scottous obeletions (acords for this					
	and the second s	uring the month indicated a	DAME: IT I REPORTED BY BUILDING	IN AT CHARDCAIS USED AND CHEDICAL ICUC					
rates and (2) if applicable, appropriate	treatment process performance records. Fu	rthermore, I agree to retain	these additional operation	ns records at the plant site for at least ten					
years and to make them available for re	iview upon request.			_C-13107					
	Print or Typ	GILBERT	ning.	License Number					
Signature and Date DEP Form \$2,565 800(3)	, rait or typ	Page 1							
Effective Asign et 29 2004		1 890 1							

			Monthly	Operat	on Report fo	or PWSs T	reating i	Raw G	round	Water	or Purcha	sed Fin	ished Wa	ter
Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water PWS Identification Number: 6251954 Plant Name: PEACE RIVER HEIGHTS														
-			B	1 44 11 1/	2008									
III. D	any Date	TOT MOTHER	Log Virue Inc	ctivation	Removal: *F	ree Chlorine	Chlor	ine Diox	ide (Ozone	Combined	Chlorine (Chloramines	5)
Mear	is of Ach	isving rour	-Log viius iiie	icrisenoin	Mailing at	100 01,101,111	********							
Ult	raviole: K	(adiation	Other (Describ	E).	11 - 11 C	Free Ch	larina C	ombine	1 Chloric	e (Chlora	amines)	Chlorine C	ioxide	
Туре	of Disini	fectant Res	dual Maintain	ed in Dist	ribution System Calculations, or	Tiee Cil	onne o	Entre 1 or	Mare le	activation				
				C.	T Calculations, or			F041-40	A and a	MANAGEM	UV D	750		
-						CT Calcul	RIPORIS				000	1		
Day of Mo.	Days Plant statled/ visited by oper. (X)	Hours Plant In operation	Net quantity of finished water produced, gai	Peak Flow Rate, gpd	Lowest residual disn'isclami concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 figures the state of the stat	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sectom2	Lowest residual disinfectal concentra- tion at remote point in dist. system, mg/L	Emergency or abnorm-mail operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
_		24	25900		2.0								1.1	
1	X	24	41000		1.2								1.0	
2		24	37000		1.8								1.2	
3 4	Х	24	37900											
5	Х	24	30000		2.0								1.0	
6		24	40000											
7		24	38100		1.8								1.1	
8	X	24	53000		1.9								1.4	
Ð	X	24	52000		2.3								1.0	
10	×	24	30600		2.5							1	1.0	
11	X	24	33000		2.3				1				1.5	
12		24	32200					<u> </u>	1			 		
13		24	30000	*					-	-		-	1.8	
14	Х	24	30000		2.3				<u> </u>	<u> </u>	<u> </u>	-	1.7	
15	Х	24	39200		2.4				-	 			1.5	
16	X	24	31100		2.2			-	-	-		+	1.4	
17	X	24	53200		2.0			-	-	-		+	.7	
18	X	24	87000		1.1			ļ	 			-	1.0	
19		24	76700		2.4		-	-	-		 	+	1	
20		24	44300					+	+	-			1.9	
21	X	24	40000		2.9	-	<u> </u>	+	 		 	-	1.5	
22	X	24	36000	-	2.7			-	1	+		1	2.0	
23	X	24	29500		2.6	1	+	_	+	 	†	1	1.7	
24	X	24	42500		2.8	 	+	+	1	 	<u>† </u>		1.4	
25	X	24	31600		2.6	+	+	-		1			1.0	
26		24	18700		2.6		 	+	-	 		1		
27		24	34600		2.4		1	+	1	1	İ	1	1.3	
28	X	24	33400	+	2.3								1.2	
29	X	24	26500	4	2.4	+	1	1					1.3	
30	X	24	26900	-	2.3			1	1				1.2	
31	X	24	1183500		1 31-									
Tota			38177											
ALCOHOLD STATE OF THE PARTY OF	rage													
Max	imum		87000											



See page 4 for instructions.						
I. General Information for the Mo	nth/Year of: August 200	*		***************************************		
A. Water System Information		<u> </u>	·········			
PWS Name: PEACE RIVER HEIG	HTS	-		PWS	Identification	Number: 6251954
PWS Type: XX_Community	Non-Transient Non -Comm	unity	Trans		community	Consecutive
Number of service connections at a	end of month: 70	To	tal population :			250
PWS Owner: AQUA UTILITIES FL	ORIDA					
Contact Person: JOHNNY CHAME	BERLAIN		Contact Pers	on's Title:		
Contact Person's Mailing Address:	6960 PROFESISONAL PKWY		City: SARAS	OTA	State: FL	Zip Code: 34240
Contact Person's Telephone Numb	ег. 941-377-9456		Contact Pers	on's Fax I	lumber: 941-9	
Contact Person's E-Mail Address:						
B. Water Treatment Plant Informat	tion					
Plant Name: PEACE RIVER HEIGH					Plant Teleph	one Number: 1-877-987-2782
Plant Address: CHAMBERLAIN BL			WAUCHULA		State: FL	Zip Code: 33873
Type of Water Treated by Plant:			nished Water			
	Capacity of Plant, gallons per day: 12					
Plant Category (per subsection 62-		F	Plant Class (pe		e Number	(4), F.A.C.): D
Licensed Operators	Name Name	Li	cense Class	Day(s)/Shift(s) Worked		
Lead/Chief Operator:	CHRIS GILBERT		С	1	3107	5
Other Operators:						
	OTTO KRUCKER		С		7790	ne de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
	DANIEL M. HOLMES		С	-	4335	**
				4		
				-		
			Warner of the Control			
	* A - \$1 J - J					
II. Certification by Lead/Chief Open	* As Needed	1				
It be undersigned water tree ment plant	operator licersed in Florida, am the lead/ch	int an arate	ar af the water to			2-41-441
information provided in this report is true	and accurate to the best of my knowledge	and heliaf	I certify that all	drinking w	int identined in	hamingle used of this plast conform to
NSF International Stsandard 60 or other	applicable standards referenced in subsecti	ion 62-555	.321(3) FAC.	l a'so certif	v that the follow	and additional operations records for this
plant were prepared each day that a lice	nsed operator staffed or visited this plant du	iring the m	onth indicated a	have /41 "	arnede of amou	nt of chamicals used and chamical fodo
rates; and (2) if applicable, appropriate t	reatment process performance records. Fur	thermore.	l agree to retain	these addi	tional operation	s records at the plant site for at least ten
years and to make them available for re	view upon request.	011 0 = 0.7				
Signature and Date	CHRIS Print or Type					_C-13107
DEP Form 67-555,900(3) Effective August 28, 2004	Fint of Type	Page 1				License Number

	Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water													
PVL.	PVs. Identification Number: 6251954 Plant Name: PEACE RIVER HEIGHTS													
111		4 44 41	N	ALIOUS	T 2008						1			
111. 62	any Date	imana East	I on Virue In	activation/E	Removal: *f	ree Chlorine	Chlor	ne Diox	de (Ozone	Combined	Chlorine (Chloramines	s)
Mear	IS OF ACT	neving roui	-Log virus in	BCHARIOID!	101110701.	100 011101111	********		***************************************		-			
UII	raviolei r	Cadiation	Other (Descri	00).	hutian Qualam	Free Ch	lorina C	amhine	Chlorin	ne (Chlori	amines)	Chlorine C	Dioxide	
Type	of Disin	fectant Res	idual Maintair	ned in Distr	ibution System Calculations, or	Tree Cit	oline C	Envelo	Mare	acthedia:	if Applicable			
				CT	Calculations, or			ruur.o	VIIUSII	INCLIANTIO	UV D	N STA		
						CT Calcul	anons				0 0 0	I		
Day of Mo.	Days Plant staffedi visited by oper. (X)	Hours Plant In operation	Net quantity of finished water produced, gai	Pezk Flow Rate, gpd	Lowest residual disrifectant concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose /eq. mW- seckm2	Lowest residual distribution concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
		24	20100	37-	2.3								1.0	
1		24	28200		2.2								1.0	
3		24	30000											
4	X	24	24500		2.5								2.0	
5	X	24	22700		2.3								1.7	
6	X	24	32000		2.2								1.6	
7	Х	24	37000		2.6								1.6	
8	Х	24	90000		2.4				ļ			-	1.8	
9		24	50200		2.2					-		-	1.5	
10		24	36500	1								-	1.6	
11	Х	24	36000		2.3		ļ	-	-	-		1	1.0	
12	Х	24	62300		1.7			-	-	-		 	1.5	
13	Х	24	45700	<u> </u>	2.4				-	 		1	1.7	
14	X	24	41500	1	2.3		-	-		+	1		1,5	
15	X	24	26200	-	2.4		-		-	-		1	1.0	
16		24	16200	1	2.3	1		 		-		 		
17		24	37000	1	2.1							 	1.5	
18	Х	24	30000	-	4.1	1			†		<u> </u>			
19		24	25900 20300	_	2,5								1.6	
20	X	24	24500	+	2.4								1.5	
21	X	24	30000	+	2.4			1	1				1.6	
22	Х	24	20200	 	2.3								1.2	
23	 	24	33600	 	1-11			T .						
26	X	24	30000	-	2.0								1.2	
26	x	24	30700	1	2.0								1.0	
27	X	24	30900		2.1								.9	
28	X	24	32000		2.3								.9	
29	X	24	32700		2.2					1			1.1	
30		24	21200		1,8				-				2.0	_
31		24	30000							1	1			1
Total 977200														
Average 31523														
Description	Maximum 52300													

DEP Form 62-555 900(3) Effective August 28, 2004



See page 4 for instructions.					
I. General Information for the Month/Year of:	eptember 200	×			
A. Water System Information 9/08	april 200	8			
PWS Name: PEACE RIVER HEIGHTS			I DIME I	dontification t	Number: 6251954
	ransient Non -Community	Transid	ent Non-Co		
Number of service connections at end of month: 70		otal population s			Consecutive
PWS Owner: AQUA UTILITIES FLORIDA		otal population s	erveu ar e	nd or month:	250
Contact Person: JOHNNY CHAMBERLAIN		Contact Perso	n'e Title:	***************************************	
Contact Person's Mailing Address: 6960 PROFESISC	NAI PKWY	City: SARASC		State: FL	17:0 Code: 01010
Contact Person's Telephone Number: 941-377-9456		Contact Perso			Zip Code: 34240
Contact Person's E-Mail Address:		Comacireiso	AL S LOX IN	1111DEL. 841-8	07-7401
B. Water Treatment Plant Information					
Plant Name: PEACE RIVER HEIGHTS		***************************************	Т	Dient Talaah	LI L A DIN DAT ONCE
Plant Address: CHAMBERLAIN BLVD	City	y: WAUCHULA		State: FL	one Number: 1-877-987-2782
Type of Water Treated by Plant: XX Raw Ground		Finished Water		State: FL	Zip Code: 33873
Permitted Maximum Day Operating Capacity of Plant		Instign Angles	***************************************		
Plant Category (oer subsection 62-699.310(4), F.A.C.) V	Plant Class (per	cubsection	62 600 210	(A) E A C \ C
	Name	License Class		Number	
	S GILBERT	C	-	107	Day(s)/Shift(s) Worked
Other Operators:	the total line for board 3. 2		10	107	5
	KRUCKER	С	7	790	**
	M. HOLMES	C	-	335	7
			7.	333	A

* As Needed			<u> </u>		
II. Certification by Lead/Chief Operator			L		
, the undersigned water treatment plant operator licensed in	Florida, am the lead/chief opera	tor of the water tre	atment nise	at identified in	Part Lot this report Location that the
THOUSE MAINTENANCE OF THIS TOPOLL IS THE AND RECORDED TO THE	dest of my knowledge and bell	at I continued all a	drim kima usant	ar trantomand al	nominals send of this size is d d-
high radic higheren each ray that a liberized obetator zistled	I of visited this blant during the	month indicated ah	mua: 11) For	ATAR MAMALE	a f a hamaia ala usa a handa a handa a la
rates; and (2) if applicable appropriate treatment process per years and to make them available to projew upon request.	formance records. Furthermore	e, lagree to retain t	hese additi	onal operations	s records at the plant site for at least ten
years and to make ment available to levely upon request.	CUDIC CIL PET	· ·			
Signature and Date	CHRIS GILBER		-		_C-13107 License Number
DEP Form 82-555,900(3) Effective August 28, 2004	Page				riseuse Milliost

	Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water													
DIAK	PWS Identification Number: 6251954 Plant Name: PEACE RIVER HEIGHTS													
III D	ally Date	a for Month	Near of	SEPTE	MBER 2008	and the second s								
Mon.	any Date	invina Falli	al on Virus In	activation/F	Removal: *F	ree Chlorine	Chlor	ine Diox	ide (Ozone	Combined	Chlorine (Chloramines	5)
Mean	IS OF MC	Pediation	Other (Descri	he)	(Ollional.	100 0///0////	and and	****			Manage	,		
	uaviolet i	Kadiadon	Unet (Descri	and in Minte	hutian Suctom	Erea Ch	orine C	amhiner	Chlorie	a (Chlor	amines)	Chlorine D	Dioxide	
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxi CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations								UVD	920					
						Li Calcui	auons							
	Days Plant				Lowest residual disnfectant concentra-	Disinfectant contact time	Lowest CT provided before or at first						Lowest residual disinfectal concentra- tion at remote	Emergency or abnorn-mail operation conditions. Repair/ Maintenance work that involves
	staffedi		Net quantity		tion (C) before	(T) a C	customer	_		Min.	Lowest	Min. UV	point in	taking water system component
	visited	Hours Plant	of finished water	Peak	or at first	measurment	during	Temp	PH of water	Reg.	operating LIV doss,	dose req.	dist.	out of operation.
Day	by oper.	in	produced,	Flow Rate	during peak	point during peak flow,	peak flow, mg-	water	if	mg-	MW-s	mW-	system,	
Mo.	(X)	aperation	ga!	gpd	flow, mg/L	minutes	min/L	C	appl.	min/L	ec/cm2	sec/cm2	mg/L	
		24	26900	BP-	2.1								1.0	
1 2	X	24	38000		2.2								1.4	
3	Х	24	27300		1.8								1.0	
4	X	24	28500		2.1								1.2	
5	X	24	32700		2.0								1.2	
6		24	77900		1.8								1.0	
7	X	24	31000		1.7								1.1	
8	X	24	15200		1.4								.9	
9		24	35400		1.5							-	.9	
10	Х	24	36000		1.8						<u> </u>		1.1	
11	Х	24	21400		2.1	<u> </u>							.9	
12	Х	24	35000	-	2.2							 	.9	
13		24	21400		1.8					-		1	1 .7	
14	-	24	34100	-	2.4							1	1.4	
15	X	24	30000 28400	 	2.3				1				1.4	
18	X	24	28500		2.8			1			1		1.1	
18	X	24	22500	1	2.5								1.3	
19	x	24	33300	<u> </u>	2.4								1.4	
20	1	24	26300		2.2								1.0	
21		24	30000	Ī										
22	Х	24	23000	İ	1.7								1.3	
23	X	24	27300		1.9				<u> </u>				1.2	
24	X	24	28000		1.9			1	<u> </u>			<u> </u>	1.0	:
25	Х	24	25000		2.1		<u> </u>			-	<u> </u>		1.4	
26	X	24	35400		2.3						ļ		1.3	
27		24	28400		2.2		1	-	-	-		-	1.3	
28		24	35000				-	-	-	-	-		1.6	
29	X	24	36000	1	2.8	 	-	1	-	1	-	1	1.0	
30	Х	24	30000	-	2.8					 	1		 	
31			049000	<u> </u>	1				1	1	1	.1	1	
Total 918000														
- transmission of the	Average 30600		77900											
Max	mum		11300	1										

DEP Form 82-555,900(3) Effective August 28, 2004



See page 4 for instructions.

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

A. Water System Information	09001208			
PWS Name: PEACE RIVER HEIGH			PIMS Identification	n Number: 6251954
PWS Type:XX_Community	Non-Transient Non -Communi	ty Transi	ent Non-Community	
Number of service connections at	end of month: 70	- Contract of the Contract of	served at end of month	Consecutive
PWS Owner: AQUA UTILITIES FL		T. Car population C	oraca at end or month	1. 230
Contact Person: JOHNNY CHAMI		Contact Perso	on's Title	
Contact Person's Mailing Address:	6960 PROFESISONAL PKWY	City: SARASO		7in Code: 24240
Contact Person's Telephone Numb	per: 941-377-9456		on's Fax Number: 941	Zíp Code: 34240
Contact Person's E-Mail Address:			THO T GX TEGITIDOT, 341	-307-7401
B. Water Treatment Plant Informa	tion			
Plant Name: PEACE RIVER HEIG	HTS		Plant Talan	hone Number: 1-877-987-2782
Plant Address: CHAMBERLAIN B		City: WAUCHULA	State: FL	
Type of Water Treated by Plant:	XX_Raw Ground Water Purchas	ed Einishad Water	Jointe, I'L	Zip Code: 33873
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 120 oc	00		
Plant Category (oer subsection 62-	699.310(4), F.A.C.): V		subsection 62-699.31	0(4) E A C): D
Licensed Operators	Name	License Class	License Number	
Lead/Chief Operator:	CHRIS GILBERT	С	13107	Day(s)/Shift(s) Worked 5
Other Operators:			10.07	3
	OTTO KRUCKER	С	7790	**
	DANIEL M. HOLMES	С	4335	**
			1000	
Ì				
4				
	* As Needed			
II. Certification by Lead/Chief Operation	ator			
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/chief of and accurate to the best of my knowledge and	perator of the water tre	atment plant identified in	Part Lof this report Loodify the Addition
NSE International Strandard 60 or other	and accurate to the best of my knowledge and lapplicable standards referenced in subsection 8	belief. I certify that all o	Irinking water treatment	chemicals used at this plant conform to
plant were prepared each day that a licer	applicable standards referenced in subsection 6	2-555.321(3), F.A.C. I	also certify that the follo	wing additional operations records for this
rates; and (2) if applicable, appropriate tr	nsed operator staffed or visited this plant during the staffed or visited the	the month indicated ab	ove: (1) records of amou	unt of chemicals used and chemical fede
years and to make them available for rev	iew upon request.	nore, ragree to retain t	nese additional operatio	ns records at the plant site for at least ten
200		BERT		C 12107
Signature and Date	Print or Typed Na			_C-13107 License Number
DEP Form 62-555.900(3) Effective August 28, 2004	Pag	ne 1		LOCISC HUITDEI

PW	S Identi	ification N	lumber: 625	1954				Plan	it Name	E: PEAC	CE RIVER	HEIGHTS	3	
-	and continues of the same of t	a for Mont	THE PROPERTY OF THE PARTY OF TH		BER 2008								***************************************	
					/Removal: *	Free Chlorine	Chlor	rine Dio	kide	Ozone	Combined	Chlorine	(Chloramine	es)
			Other (Descri		generate		A10000000		66240000					,
					tribution System	: Free Ch	lorine C	ombine	d Chloris	ne (Chlor	ramines)	Chlorine I	Diovide	
1 4 6	S OI DISII	Tectant Re	T T	led III DISI	T Calculations, or	LIV Doco to F							T	
				U	Calculations, of	CT Calcu		roui-Lo	g virus ii	IIACUVACIO	UV C		1	
					_	CT Calcu	lations	Г	т —		UVL	70SE	1	
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
-	Х	24	27700	apa	2.5	111111111111111111111111111111111111111		-	app.				1.6	
,	X	24	36300		2.4						<u> </u>	 	1.2	
3	X	24	37700		2.3				†				1.5	
4		24	27600		2.3						 	1	1.0	<u> </u>
5		24	43000			İ					1	<u> </u>		
6	Х	24	40000		2.0				1		<u> </u>	1	1.3	
7	X	24	26800		2.2				†			1	1.4	<u> </u>
8	X	24	38300		1.5				†		 	1	1.0	
9	X	24	24900		2.1								1.1	
10	X	24	30400		2.2				1		<u> </u>	1	1.1	
11		24	16000		1.9							1	1.0	
12		24	30000						1					
13	Х	24	29300		1.8								1.0	
14	X	24	25500		1.7						<u> </u>	1	1.1	
15	Х	24	25200		1.7				1				1.0	
16	X	24	27300		1.8								.9	
17	X	24	25400		1.7	\$							1.2	
18		24	24100		1.7								.8	
19		24	34000	***************************************										
20	X	24	30000		1.5								1.0	
21	X	24	24800	***************************************	2.4								1.3	
22	X	24	31300		2.2								1.5	
23	Х	24	22800		2.3								1.2	
24	X	24	26000		2.2								1.3	
25		24	23200		2.3								1.1	
26		24	30000											
27	Х	24	26500		2.5								1.2	
28	Х	24	34500		2.3								1.3	
29	Х	24	28700		1.6								1.0	
30	Х	24	29600		2.0								1.4	
31	Х	24	32300		1.8								.9	
Total			909200											
Aver			29329											

43000

Maximum





I. General Information for the M	onth/Year of: NOW	SOUND DOWN				
A. yvater System Information		TOWN ONLO		***************************************		The state of the s
PWS Name: PEACE RIVER HEI				PWS	Identification I	Number: 6251954
PWS Type: XX_Community	Non-Transier	nt Non -Community	Transi	ent Non-C	community	Consecutive
Number of service connections at	end of month: 70		otal population s	served at e	and of month	250
PWS Owner: AQUA UTILITIES FI	ORIDA		- tar population o	JOIT OU ALL	and or month,	230
Contact Person: JOHNNY CHAM			Contact Perso	on's Title	······································	
Contact Person's Mailing Address:	6960 PROFESISONAL P	KWY	City: SARASO		State: FL	Zip Code: 34240
Contact Person's Telephone Numl	ber: 941-377-9456		Contact Perso			1 Zip Code, 34240
Contact Person's E-Mail Address:					(MIII) (1. 041 0	V/-/TUI
B. Water Treatment Plant Informa					***************************************	
Plant Name: PEACE RIVER HEIG					Plant Telepho	one Number: 1-877-987-2782
Plant Address: CHAMBERLAIN B		City	: WAUCHULA		State: FL	Zip Code: 33873
Type of Water Treated by Plant:	_XX_Raw Ground Water	Purchased F	inished Water			7 zip code, 33073
Permitted Maximum Day Operation	g Capacity of Plant, gallon	s per day: 120,000				A CONTRACTOR OF THE CONTRACTOR
Plant Category (oer subsection 62-	699.310(4), F.A.C.): V		Plant Class (per	subsection	n 62-699.310	(4), F.A.C.): D
Licensed Operators	Name		icense Class	Licens	e Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	CHRIS GILB	ERT	С	1:	3107	5
Other Operators:						
	OTTO KRUC		С	7	790	**
	DANIEL M. HO	LMES	С	4	335	**
Table						
	* As Needed					
II. Certification by Lead/Chief Oper	ator.		***************************************			
I, the undersigned water treatment plant	operator licensed in Florida	am the lead/objet execut				W.A.
information provided in this report is true NSF International Stsandard 60 or other	and accurate to the best of	my knowledge and belief	or of the water tre	atment pla	nt identified in F	Part I of this report. I certify that the
NSF International Stsandard 60 or other plant were prepared each day that a lice	applicable standards referen	ced in subsection 62-558	5.321(3), F.A.C. I	also certify	that the following	nemicals used at this plant conform to
plant were prepared each day that a lice rates; and (2) if applicable appropriate t	nsed operator staffed or visit	ed this plant during the m	nonth indicated ab	ove: (1) re	cords of amoun	t of chemicals used and chemical fede
vears and to make them available for ro	reatment process performand	ce records. Furthermore,	I agree to retain t	hese additi	onal operations	records at the plant site for at least ten
rates; and (2) if applicable, appropriate t years and to make them available for re-	12 3 08	CHDIC CII DED	-			
Signature and Date	1813108	CHRIS GILBERT		-		_C-13107
DEP Form 62-555.900(3)		Page 1			1	License Number
Effective August 28, 2004		rage				

4

III.	Daily Da	ta for Mon	Number: 625 th/Year of:		MBER 2008			Pla	nt Nam	e: PEA	CE RIVER	HEIGHT	S	ule7
Me	ans of Ac	hieving Fo	ur-l on Virus In	activation	Removal: *				***************************************					
-	inaviorer	Radiation	Other (Descri	ibe).			Chlo	rine Dio	xide	Ozone	Combine	d Chlorine	(Chloramine	es)
Тур	e of Disi	nfectant Re	sidual Maintair	ned in Dis	tribution Systen	n:Free Cl	nlorine (Combine	d Chlori	ine (Chlo	raminer	Chlorina	Dimila	
				C	T Calculations, o	r UV Dose, to I	Demonstrate	Four-Lo	a Virus	nactivatio	n if Applicat	Chlorine	Dioxide	
- 1						CT Calcu	lations		gvirus	HACHYAN				
										Т —	UV	Jose	1	
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (G) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s	Min. UV dose req. mW-	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involve taking water system componer out of operation.
1		24	33700						аррі.	HIIIVL	ec/cm2	sec/cm2	my/L	
2		24	33000											
2 3 4	X	24	33000		2.8							-		
4	X	24	33100		2.5								1.5	
5	X	24	47000		2.3								1.5	
6	X	24	26800		2.3								1.2	
7	7	24	38200		2.1						***************************************		1.1	
В	***************************************	24	23500		1.8								1.2	
9	X	24	24600		2.0								1.0	
10	Χ	24	52300		1.7								1.6	
11	Х	24	32700		1.3								1.5	
12	X	24	33200		1.4						***************************************		1.0	
3		24	33000	***************************************	1.3								1.1	
4	X	24	29000		1.9								1.1	
5		24	34700										1.2	
6		24	25000				-				***************************************			
7	X	24	30000		1.8									
	X	24	24400	-	2.0								1.1	
9	X	24	33000		2.2								.9	
	Χ	24	36300		.8								1.3	
1		24	42600		.7								.4	
2		24	20200		1.9								,4	
3		24	32000										1.0	
***************************************		24	30000		1,5									
mmonto ĝ ava	X	24	31500		1.8							-	.8	
ment and a second	X	24	26700		1.5								1.5	
		24	26600										1.0	
simuman kaaa		24	26000		1.8									
-	X	24	21100		2.0								.9	
			35100		~.~								1.0	
tal			948300											
erag	e		31610											
aximu	ım	-	47000											





See page 4 for instructions. I. General Information for the Month/Year of: A. Water System Information PWS Name: PEACE RIVER HEIGHTS PWS Identification Number: 6251954 XX Community PWS Type: Non-Transient Non -Community Transient Non-Community Consecutive Number of service connections at end of month: 70 Total population served at end of month: 250 PWS Owner: AQUA UTILITIES FLORIDA Contact Person's Title: ntact Person: JOHNNY CHAMBERLAIN Contact Person's Mailing Address: 6960 PROFESISONAL PKWY City: SARASOTA State: FL Zip Code: 34240 Contact Person's Telephone Number: 941-377-9456 Contact Person's Fax Number: 941-907-7401 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: PEACE RIVER HEIGHTS Plant Telephone Number: 1-877-987-2782 Plant Address: CHAMBERLAIN BLVD City: WAUCHULA State: FL Zip Code: 33873 Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 Plant Category (oer subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Dav(s)/Shift(s) Worked Lead/Chief Operator: CHRIS GILBERT 13107 Other Operators: OTTO KRUCKER 7790 DANIEL M. HOLMES C 4335 * As Needed II. Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to

Signature and Date

Effective August 28, 2

years and to make them available for review upon request.

___CHRIS GILBERT ___ Print or Typed Name _C-13107____ License Number

NSF International Stsandard 60 or other applicable standards referenced in subsection 62-555.321(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical fede rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten

			lumber: 625					Plan	t Name	PEAC	CE RIVER	HEIGHTS	5	
I. D	ally Dat	a for Mont	h/Year of:	DECE	MBER 2008									
lea	ns of Act	nievina Fou	r-Log Virus In	activation	/Removal: *	Free Chlorine	Chlo	rine Diox	ide	Ozone	Combined	Chlorine	(Chloramine	s)
III	traviolet l	Radiation	Other (Descri	be):										
					tribution System	: Free Ch	lorine C	ombine	d Chlori	ne (Chlor	amines)	Chlorine l	Dioxide	
ype	or Disin	rectant Res	Tuuai Maintaii	ieu iii Dis	T Calculations, or								T	1
				C	Calculations, of	CT Calcul		rour-Lo	y viius ii	iactivatio	UV D		1	
					1	C I Galcui	lations	Т			OAF	Nose		
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repai Maintenance work that involv taking water system compone out of operation.
	X	24	30000	91	1.8			İ					1.0	
	X	24	20000		2.0		<u> </u>	 				<u> </u>	1.2	1
		24	34800		1.9							1	1.0	
	X		25200		1.7			<u> </u>				1	1.1	
	X	24	25000		1.7			1				1	.9	
	^	24	23200		1.8			<u> </u>				+	1.0	
		24	30000		1.0							1		
	X	24	27100		1.6	l .		†				1	1.0	
	X	24	24600		1.9	<u> </u>						1	.8	
0	x	24	27000		2.0			1				1	.9	
1	X	24	25000		1.9								1.2	
2	x	24	26300		1.8			1				1	1.0	
3		24	27400		1.9								1.0	
4		24	30000											
5	X	24	34000		2.1								1.2	
6	X	24	42000		1.8								.9	
7	X	24	38000	hoù-manne	1.7								1.0	
8	X	24	31800	***************************************	1.8								1.0	
9	X	24	31600		.7								.6	
0		24	42200		2.6								1.0	
1	Х	24	36200		2.0								1.0	
2	Х	24	32000		2.0							<u> </u>	1.2	
3	Х	24	28600		1.9								1.3	
4	X	24	31400		1.9								1.1	
5		24	31500											
6	Х	24	30000		2.1			-					1.2	
7		24	32200		2.8							-	1.7	
8		24	32000						<u> </u>				1.3	
9	χ	24	32000		2.7							ļ	1.7	
0	Χ	24	38100		2.6			<u> </u>	<u> </u>		-		1.1	
1	Χ	24	32000		2.1		<u> </u>	<u> </u>	<u> </u>	L	L	1	1.2	
otal			951200											
ver	age		30684											
*	num		42000											



I. General Information for the Mo	nth/Year of: JAN 2009			
A. Water System Information			I DIMO I de eliferation I	Number 6251054
PWS Name: PEACE RIVER HEIG	HTS		PWS Identification	
PWS Type: XX_Community	Non-Transient Non -Communit		nt Non-Community	Consecutive
Number of service connections at e	end of month: 70	Total population se	erved at end of month:	250
PWS Owner: AQUA UTILITIES FLO	ORIDA			
Contact Person: JOHNNY CHAMB	ERLAIN	Contact Perso		7:- Codo: 24240
Contact Person's Mailing Address:	6960 PROFESISONAL PKWY	City: SARASO	TA State: FL	Zip Code: 34240
Contact Person's Telephone Numb	er: 941-377-9456	Contact Perso	n's Fax Number: 941-9	907-7401
Contact Person's E-Mail Address:			and provide the second	
B. Water Treatment Plant Informat	ion			1 077 007 0700
Plant Name: PEACE RIVER HEIGH	HTS			one Number: 1-877-987-2782
Plant Address: CHAMBERLAIN BL	_VD	City: WAUCHULA	State: FL	Zip Code: 33873
Type of Water Treated by Plant:	XX Raw Ground WaterPurchas	sed Finished Water		
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 120,00	00		
Plant Category (oer subsection 62-	699.310(4), F.A.C.): V	Plant Class (per	subsection 62-699.310	0(4), F.A.C.): D
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	CHRIS GILBERT	С	13107	5
Other Operators:				**
	OTTO KRUCKER	С	7790	**
	DANIEL M. HOLMES	С	4335	
	* As Needed			
II. Certification by Lead/Chief Oper	rator			Dati diligramed il cortify that the
	the line and in Florida am the lead/chief	operator of the water tre	eatment plant identified if	obamicals used at this plant conform to
information provided in this report is tru-	e and accurate to the best of my knowledge and	peller. I certify that all	also cartify that the follow	wing additional operations records for this
plant were prepared each day that a lice	ensed operator staffed or visited this plant during treatment process performance records. Furthe	rmore. I agree to retain	these additional operatio	ns records at the plant site for at least ten
years and to make them available for re	eview upon request.		o constitution () (COLUMN ESS)	
years and to make them a all the	. MB CHRIS GI	LBERT	manny	_C-13107
Signature and Date	Print or Typed 1	Name		License Number
DEP Form 62-555.900(3)	FEB 04 2009	age 1		
Effective August 28, 2004				

PW	S Identi	ification N	lumber: 625	1954				Plar	nt Name	e: PEA	CE RIVER	HEIGHTS	3	
111.	Daily Dat	a for Mont	h/Year of:	JANU	ARY 2009		nemonor indusprisional system (The Control				***************************************			
				activation	/Removal: *	Free Chlorine	Chlor	rine Dio	kide	Ozone	Combined	Chlorine	(Chloramine	s)
T	Itraviolet	Radiation	Other (Descri	be):									•	,
					ribution System	r: Free Ch	Jorine C	ombine	d Chlori	ne (Chlor	ramines)	Chlorine [Dioxide	
1 4 1	T	Tectant Ne.	T T	C'	T Calculations, or								T	T
				V	Calculations, o	CT Calcu		1 Our Lo	9 411 03 11	IMCCIAGIO	UV D			
					T	C i Gaicu	lations				UVL	T T		
Day of Mo.	Days Plant staffedi visited by oper. (X)	Hours Plant In operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	<u> </u>	24	42500	31-	2.6				 				1.0	
2	X	24	22300		2.3								1.3	
3	X	24	35400		1.8								.9	
1		24	31300								<u> </u>			
5	X	24	30000		2.5			<u> </u>	†				1.5	
6	X	24	36700		2.4								1.6	
7	X	24	45700		2.4	\$		†	T				1.5	
8	X	24	41000		2.3								1.3	
9	X	24	33400		1.8								1.0	
10		24	27500		1.8								.9	
11		24	35000											
12	X	24	30000		1.9								.9	
13	X	24	34200		1.9								1.2	
14	X	24	28300	·····	2.0								1.0	
15	X	24	29000		1.9								1.1	
16	X	24	25300		2.0								1.4	
17		24	34500		1.9								1.0	
18		24	36000											
19	X	24	35300		2.1								1.2	
20	Х	24	37200		2.1								1.5	
21	X	24	38000		2.0								1.0	
22	Х	24	27400		1.8							on and a second	.9	
23	Х	24	34100		1.9								1.1	
24		24	26300		1.8								.9	
25		24	34100											
26	Х	24	30000		2.2								1.5	
27	X	24	27700		2.1								1.2	
28	X	24	35600		2.5								1.5	
29	Х	24	24400		2.3								1.4	
30	Х	24	31000		2.3								1.3	
31		24	26500		2.0								1.0	
Tota	l		1005700											
Aver	age		32442											

Maximum



See page 4 for instructions.

	Tre.			- And - And
I. General Information for the Mo	onth/Year of: FEB 2009			
A. Water System Information				
PWS Name: PEACE RIVER HEIG	BHTS		PWS Identification	Number: 6251954
PWS Type:XX_Community	Non-Transient Non -Communi	ty Transie	ent Non-Community	Consecutive
Number of service connections at		Total population s	erved at end of month:	250
PWS Owner. AQUA UTILITIES FL				***************************************
Contact Person: JOHNNY CHAME	BERLAIN	Contact Perso	on's Title:	
Contact Person's Mailing Address:		City: SARASC	OTA State: FL	Zip Code: 34240
Contact Person's Telephone Numb	er: 941-377-9456	Contact Perso	on's Fax Number: 941-9	
Contact Person's E-Mail Address:			The state of the s	
B. Water Treatment Plant Informa	tion			And the second s
Plant Name: PEACE RIVER HEIG			Plant Teleph	one Number: 1-877-987-2782
Plant Address: CHAMBERLAIN B	LVD	City: WAUCHULA	State: FL	Zip Code: 33873
Type of Water Treated by Plant:	XX Raw Ground Water Purcha	sed Finished Water		
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 120,0	00		
Plant Category (per subsection 62-	699.310(4), F.A.C.): V	Plant Class (per	subsection 62-699.310	(4), F.A.C.); D
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator.	CHRIS GILBERT	C	13107	5
Other Operators:				
	OTTO KRUCKER	C	7790	***
	DANIEL M. HOLMES	С	4335	A-A
	* As Needed			
II. Certification by Lead/Chief Oper	ator			
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/chief	operator of the water tre	eatment plant identified in	Part I of this report. I certify that the
MSF International Standard 60 or other	e and accurate to the best of my knowledge and applicable standards referenced in subsection	belief. I certify that all (drinking water treatment of	hemicals used at this plant conform to
plant were prepared each day/bat a lice	nsed operator staffed or visited this plant during	the month indicated at	also certify that the follow	ving additional operations records for this
rates, and (2) if appropriet appropriate t	reatment process performance records. Further	more. I agree to retain t	these additional operation	is records at the plant site for at least ten
years and to make them by trable for re	view upon request.		management of the management	e recorded the plants site for all top of this
	CHRIS GIL	BERT	nos.	_C-13107
Signature and Date DEP Form 62-555, 900:9)	Print or Typed N			License Number
Etherine August 28, 2004	Pi	age 1		

Monthly Operation Report for PWS Identification Number: \$251954				Monthly	Operat	tion Report	for PWSs	reating	Raw C	round	Water	or Purch	ased Fir	ished Wa	tor
Mass of Anchiny Four Log Virus Inactivation/Removal * FEBRUARY 2009 Mass of Anchiny Four Log Virus Inactivation/Removal * Fee Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	PW	S Identi	ification N	lumber: 625	1954		The Arthur account to the consequence of the Atlanta of the consequence of the Consequenc		Plan	t Name	e: PEA	CE RIVER	HEIGHTS	INSTITUTE OF THE	
Type of Distribution Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	III.	Daily Dat	a for Mont	h/Year of:	FEBR	UARY 2009	**************************************								
Type of Distribution Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	Mea	ns of Ac	hieving Fou	ir-Log Virus In	activation	Removal: *	Free Chlorine	Chlo	rine Dio	ride	07000	Combinar	Chlorina	/Chloramina	
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	U	ltraviolet	Radiation	Other (Descri	be);	-			1110 230	1100	OZUNE .	combined	Chlorine	Chioramine	is)
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus inactivation, (f Applicable* UV Dose UV Dos	Тур	e of Disin	fectant Res	sidual Maintair	ned in Dist	ribution System	Free Ch	lorine C	ambino	d Chlori	na IChlas		Obligation	51 11	
Care Care			T		C	Calculations	IN Dose to I	lamon desta	Fourte	o Mare l	ne (Chioi	amines)	Chionne	Dioxide	
Coverage Coverage			1			- Saledia (10113, O	CT Calcul	lations	rupi Lo	3 Allas	пасичано				
Day Day Plant residual districtant Concentration C						1	O T ORICO	100113	T	Г	Т	UVD	ose		
2	of Mo,	Plant staffed visited by oper.	Plant in operation	of finished water produced, gal	Flow Rate,	residual disnfectant concentra- tion (C) before or at first customer during peak	tontact time (T) a C measurment point during peak flow,	provided before or at first customer during peak flow, mg-	of water	water N	CT Req. mg-	Operating UV dose, MW-s	dose req.	restival disinfectat concentra- tion at remote point in dist. system,	operation conditions. Repair/ Maintenance work that involves taking water system component
1	***************************************	X	**************************************	- Commercial Commercia		24									
4 X 24 40400 2.2 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.0 1.4 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.0 1.1 1.1 1.1 1.1 1.1 1.2 1.4 1.2 1.2 1.4 1.2 1.4 1.2 1.4 1.2 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.2 1.4 1.2 1.4 1.2		<u> </u>	A THE REAL PROPERTY AND ADDRESS OF THE PARTY A												
6 X 24 \$3000 1.9 1.0 1.0 5 X 24 25100 2.0 1.1 1.2 <td>4</td> <td>X</td> <td>24</td> <td>The state of the s</td> <td>***************************************</td> <td></td>	4	X	24	The state of the s	***************************************										
8 X 24 AF500 2.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	6	X	24	33000	***************************************									***************************************	
T		X	24	47600										And the second s	
S X 24 30000 2.2	Street, Square		24	28100		2.4									
# A 24 40200 2.4			24	30000										-	
10	PRINCIPAL PRINCI		24	40200		2.1									
11		X	24	32100		2.2					-				
13			24	30000				1						1.2	
13		MARKATAN AND AND AND AND AND AND AND AND AND A		28500		2.2								4.4	
16		X		34800		2.0									
10	ATTENDED ATTENDED			24200		2.4									
17			24	30090										1.1	
17	16	X	24	27700		2.4								4.4	
19 X 24 27000 1.8 1.0 1.1 1.1 1.1 1.0 1.1 1.1 1.0 1.1 1.0 1.0			· · · · · · · · · · · · · · · · · · ·	30800		3.0									
19 X 24 27000 2.2	***************************************			33800		1.8									
21	19		24	27000		2.2									
22	Account to the last of the las	X		26000		2.1		-		1					
23	Marketon and a second					2.0	-				1				
24	Tree best death and the													1,0	
26 X 24 27400 1.0 .8 26 X 24 26400 1.1 27 X 24 32500 1.6 28 24 24800 2.1 29 10 10 10 10 10 10 10 10 10 10 10 10 10		X				1.2								6	
26 X 24 26400 1.1 .6 .8 .8 .2 .2 .2 .2 .2 .2 .2 .2 .2 .2 .2 .2 .2						1.6								TOTAL CONTRACTOR OF THE PARTY O	
26		-				1.0	. 1		T	Ť					
28 24 24800 1.6						1.1			1						
29 29 10 10 10 29 30 31 10 31 10 31 10 31 10 31 10 31 10 31 10 31 31 31 31 31 31 31 31 31 31 31 31 31	-	<u>X</u>												<u>_</u>	
29 30 31 31 32 32 32 32 32 32	-		24	24800	***************************************	2.1						1			
31 Total 862900 Average 30818									1						
Total 862900 Average 30818															
Average 30818		1		044044											



i. General information for the M	onth/Year of: MAR 2009			5				
A. Water System Information								
PWS Name: PEACE RIVER HEIG	3HTS	*************************		····				
PWS Type: XX Community	Non Transferd New O	4	- Annual Control of the Control of t	PWS	Identification	Number: 625	1954	NO
Number of service connections at	end of month: 70		Transi	ent Non-	Community	C	onsecutive	
PWS Owner: AQUA UTILITIES FL	ORIDA	10	tal population s	erved at	end of month:	250		
Contact Person: JOHNNY CHAMI	BERLAIN	-70			athoris for highest consesses and the state of the state			
Contact Person's Mailing Address:	6960 PROFESISONAL PRIAN		Contact Perso					
Johnact Person's Telephone Numb	per: 941-377-9456		City: SARASC		State: FL		Zip Code: 34240	
Contact Person's E-Mail Address:			Contact Perso	n's Fax I	Number: 941-9	907-7401		
Water Treatment Plant Informa	tion							
Plant Name: PEACE RIVER HEIG	HTS				1	***************************************		
Plant Address: CHAMBERLAIN BI	VA	City	10/01/01/11/1		Plant Teleph	one Number	1-877-987-2782	
Type of Water Treated by Plant:	XX Raw Ground Wotes	1 000 1	WAUCHULA		State: FL		Zip Code: 33873	
Permitted Maximum Day Operating	Canacity of Plant college sender 400 co	ou ri	nished Water					
Train outcool (our subsection 62-	399.310(4), F.A.C.): V		Nont Olean (
Licensed Operators	Name		Plant Class (per	subsecti	on 62-699.310			
Lead/Chief Operator:	CHRIS GILBERT	LI	cense Class		se Number	Day(s)/Shift(s) Worked	
Other Operators:	J. H. W. O. I. I. O. I. I. I. I. I. I. I. I. I. I. I. I. I.		С	1	3107		5	
	OTTO KRUCKER							
	DANIEL M. HOLMES		<u>C</u>		7790		**	
Anne	TOTAL TOTAL TOTAL TO SELECT SERVICE			4	4335		**	
Personal								
Participant		***************************************						
ľ			***************************************		-	·		
	* As Needed							
II. Certification by Lead/Chief Opera	tor							
the undersigned water treatment plant	porotox ligana di mi	nerato	r of the water tra	- t	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
formation provided in this report is true	and accurate to the best of my knowledge and bapplicable standards referenced in subsection 62	peratu pelief.	certify that all d	rinking we	ant identified in	Part I of this r	eport. I certify that the	
ant were prepared each doubt at all	and accurate to the best of my knowledge and b applicable standards referenced in subsection 62 sed operator staffed or visited this plant during t	2-555.	321(3), F.A.C. I	also certif	v that the follow	nemicais used	at this plant conform to	
tes; and (2) if applicable appendicte to	sed operator staffed or visited this plant during t sed operator staffed or visited this plant during t patment process performance records. Furtherm	the mo	onth indicated ab	ove: (1) re	cords of amou	nt of chemical	s used and chemical for	115
ears and to make them available for revi	sed operator staffed or visited this plant during t eatment process performance records. Furtherm ew upon request.	nore, I	agree to retain the	hese addit	tional operation	s records at th	e plant site for at least t	en
					,			
gnature and Date	Print or Typed Na	SEKI				_C-13107		
P Form 62-555.900(3) active August 23, 2004						License Numl	per	
and the second	Pag	le i						

PW	S Identif	fication N	umber: 6251	1954				Plan	t Name	: PEAC	CE RIVER	HEIGHTS		
111 F	Sally Date	a for Mont	h/Voor of	MARC	H 2009									
Mea	ns of Ach	nieving Fou	r-Log Virus Ina	activation/	Removal: *	Free Chlorine	Chlor	ine Diox	ide	Ozone _	Combined	Chlorine (Chloramine	5)
U	traviolet I	Radiation	Other (Describ	be):									www.anananananananananananananananananan	
Type	of Disin	fectant Res	idual Maintain	ed in Dist	ribution System	: Free Ch				ne (Chlor		Chlorine [Dioxide	
, Ab.	I DISHI	T T T T T T T T T T T T T T T T T T T		C)	Calculations, or	UV Dose, to D	emonstrate	Four-Lo	g Virus Ir	nactivatio	n, if Applicab	le*		
						CT Calcul					UVD	ose		
Day	Days Plant staffed/ visited by oper.	Hours Plant In	Net quantity of finished water produced,	Peak Flow Rate,	Lowest residual disnfectant concentra- tion (C) before or at first customer during peak	Disinfectant contact time (T) a C measurment point during peak flow,	Lowest CT provided before or at first customer during peak flow, mg-	Temp of water	PH of water	Min. CT Req. mg-	Lowest operating UV dose, MW-s	Min. UV dose req. mW-	Lowest residual disinfectat concentration at remote point in dist.	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
Mo,	(X)	operation	gal	gpd	flow, mg/L	minutes	min/L	С	appl.	min/L	ec/cm2	sec/cm2	mg/L	
1		24	15000											
2	Х	24	15000		1.9								1.1	
3	X	24	28800	***************************************	1.8								.9	
1	X	24	31000		.7								.6	
5	X	24	56400		1.3								.8	
6	X	24	34000		1.5								.7	
7		24	35300		2.0								1.0	
8		24	31300	(340-00-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
9	Х	24	30000		2.0								1.0	
10	X	24	35500		2.0								1.1	
11	X	24	42000		1.9								1.0	
12	X	24	49700		2.1						<u> </u>		1.3	
13	X	24	45600		2.0								1.2	
14		24	53900	American - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2.2								1.1	
15		24	34400									1	<u> </u>	
16	Х	24	30000		2.0								1.0	
17	X	24	28000		2.1								1.4	
18	X	24	32100		2.2								1.4	
19	X	24	26700		2.4								1.3	
20	X	24	30100		2.1								1.2	
21		24	45100		2.0								1.0	
22		24	34300				1				1	+	1.2	
23	X	24	30000		2.2								1.2	
24	Х	24	33200		2.3				<u> </u>				1.0	
25	X	24	28400		1.7							-	1.0	
26	X	24	43600		1.1								1.0	
27	Х	24	33500		2.0					-	-		1.2	
28		24	23500		2.5								1.2	
29		24	35000										1.	
30	X	24	30600		2.4								1.1	
31	Х	24	27700		2.1								1.2	
Tota			1049700											

Average

Maximum

33861



RECEIVED

See	page	4 for	Instructions	
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I. General Information for the M	onth/Year of:		***************************************	****		<u> </u>	<u>1AY 2 6 2009</u>
A. Water System Information		77_					
PWS Name: PEACE RIVER HEIGH	GHTS					,	qua Utilities
PWS Type: XX Community	Non Transland No. 2			PWS	Identification	Number: 62	551954 Inc.
Number of service connections at	Non-Transient Non –Commu		Transi	ent Non-C	Community		Consecutive
PWS Owner: AQUA UTILITIES FL	ORIDA	Tot	tal population s	served at	end of month:	250	
Contact Person: JOHNNY CHAMI	BERLAIN						
Contact Person's Mailing Address:	6960 PROFESISONAL DIGAR		Contact Perso				
Contact Person's Telephone Numb	Der: 941-377 0466		City: SARASO		State: FL		Zip Code: 34240
Contact Person's E-Mail Address:	201. 841-377-9436		Contact Perso	on's Fax N	lumber: 941-9	07-7401	
3. Water Treatment Plant Informa	tion						
Plant Name: PEACE RIVER HEIG	UTC	***************************************					
Plant Address: CHAMBERLAIN BI	IVD .				Plant Teleph	one Numbe	er: 1-877-987-2782
Type of Water Treated by Plant:	V/V B	City: \	WAUCHULA	İ	State: FL	one radinge	Zip Code: 33873
Permitted Maximum Day Operation	XX_Raw Ground Water Purcha	ased Fin	ished Water				
Plant Category (oer subsection 62-	Capacity of Plant, gallons per day: 120,0			······································	***************************************		
Licensed Operators		PI	lant Class (per	subsectio	n 62-699 310	(A) FAC)	: D
Lead/Chief Operator:	Name	Lic	ense Class	Licens	e Number		
Other Operators:	CHRIS GILBERT		С	-	3107	Day	(s)/Shift(s) Worked 5
other operators.							3
and the state of t	OTTO KRUCKER		С	7	790		**
	DANIEL M. HOLMES		С	The same of the sa	335		大大
						-	
_							
<u> </u>							
L							
II Codifically I	* As Needed						
II. Certification by Lead/Chief Opera	itor		1				
oformation provided in this seement plant	operator licensed in Florida, am the lead/chief of and accurate to the best of my knowledge and	operator	of the water trea	atment nlar	at identified :- F		
ates; and (2) if applicable, appropriate tre	sed operator staffed or visited this plant during eatment process performance records. Further wapon request.	the mor	oth indicated abo	ove: (1) red	ords of amount	of chemica	Is used and chemical foda
ears and to make there available for revi	wupon request.	more, la	agree to retain th	rese additio	onal operations	records at the	he plant site for at least ten
	SSASCHRIS GIL	REDT				***	and to at least tell
gnature and Date	Print or Typed N	ame				C-13107	
P Form 62-555.900(3) lective August 28, 2004		age 1			L	icense Num	ber
	ra	ige /					

Monthly Operation	Report for PW	Ss Treating Ray	Ground Water	or Purchased	Finished Water
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PW	S Identi	fication N	lumber: 625			BACCACCACCACCACCACCACCACCACCACCACCACCACC		Plan	t Name	: PEAC	E RIVER	HEIGHTS		
ШГ	aily Data	a for Mont	h/Year of:	APRIL	2009	Canada a Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Can								-
Mag	ne of Act	iovina Fou	r-Log Virus Inc	activation/	Removal: *I	Free Chlorine	Chlor	ine Diox	ide (Ozone	Combined	Chlorine (Chloramine	s)
ivied	tennialat I	Rediction	Other (Descri	ha)		,00 0,110,111.0	annothers.		*************	**	***************************************			
					il dies Ouden	: Free Ch	Inrina C	amhina	d Chlorin	ne (Chlor	aminas)	Chlorine [Dinvide	
Тур	of Disin	fectant Res	sidual Maintain	ned in Dist	ribution System	rree Un							T	
				C C	Calculations, or			rour-Lo	g virus ir	iactivatio	n, ii Applicab	16		
						CT Calcul	ations				UVD	ose		
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra- tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment point during peak flow, minutes	Lowest GT provided before or at first customer during peak flow, mg- min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	X	24	36200		2.2								1.2	
2	X	24	31000		2.0								1.1	
3	X	24	29000		1.9								1.1	
1	^	24	35500											
		24	30000		2.4								1.1	
6	X	24	38100		2.2								1.3	
7	X	24	41200		1.6								1.0	
8	Х	24	28800		1.5								1.0	
9	X	24	35000		1.5								.8	
10	X	24	27500		2.1								1.0	
11		24	45100		2.0								1.0	
12		24	31300											
13	X	24	30000		2.0								1.3	
14	Х	24	36000		2.1								1.1	
15	Х	24	22500		2.0								1.2	
16	X	24	25300		1.9								1.1	
17	Х	24	31000		1.9								1,1	
18		24	39300	***************************************	1.8								.9	<u> </u>
19		24	31800											
20	X	24	30000		1.8								.9	
21	X	24	31600		2.1								1.1	
2	X	24	32000	BANK BANK BANK BANK BANK BANK BANK BANK	2.1								1.0	
23	X	24	36500		2.2								1.2	
24	Х	24	33100		2.2					<u> </u>			1.0	
5		24	41800		2.4								1.1	
26		24	30000											
27	X	24	24900		2.2								1.6	
28	Х	24	34000		2.2				1	ļ			1.4	
29	Х	24	32200		2.1								1.1	-
30	Х	24	36000		2.3					ļ			1.3	
31							1			<u></u>	1			
Tota			986700											
Aver	age		32890											

Maximum



I. General Information for the Mo	onth/Year of: May 2009									
A. Water System Information			description of the second seco							
PWS Name: PEACE RIVER HEIGH	HTS		PWS Identification I	Number: 6251954						
PWS Type: XX_Community	Non-Transient Non –Communi	tyTransie	ent Non-Community	Consecutive						
Number of service connections at			erved at end of month:							
PWS Owner: AQUA UTILITIES FL										
Contact Person: JOHNNY CHAME		Contact Perso	n's Title:							
Contact Person's Mailing Address:		City: SARASC	OTA State: FL	Zip Code: 34240						
Contact Person's Telephone Number: 941-377-9456 Contact Person's Fax Number: 941-907-7401										
Contact Person's E-Mail Address:										
B. Water Treatment Plant Informa										
Plant Name: PEACE RIVER HEIG			Plant Teleph	one Number: 1-877-987-2782						
Plant Address: CHAMBERLAIN BI		City: WAUCHULA	State: FL	Zip Code: 33873						
Type of Water Treated by Plant:		sed Finished Water								
	Capacity of Plant, gallons per day: 120,0	00								
Plant Category (oer subsection 62-	Y The state of the	Plant Class (per	subsection 62-699.310	(4), F.A.C.): D						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	CHRIS GILBERT	С	13107	5						
Other Operators:										
	OTTO KRUCKER	С	7790	**						
	DANIEL M. HOLMES	С	4335	**						
			3							
	* As Needed									
II. Certification by Lead/Chief Open	ator									
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/chief	operator of the water tre	eatment plant identified in	Part I of this report. Il certify that the						
Information provided in this report is true	and accurate to the best of my knowledge and	belief. I certify that all c	frinking water treatment c	hemicals used at this plant conform to						
plant were prepared each day that a lice	applicable standards referenced in subsection in nsed operator staffed or visited this plant during	the month indicated at	also certify that the follow	/ing additional operations records for this						
rates; and (2) if applicable, appropriate t	reatment process performance records. Further	more I agree to retain t	these additional operation	s records at the plant site for at least ten						
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them averable for review upon request.										
(Ville	301	BERT	_	_C-13107						
Signature and Date	Print or Typed N	ame		_C-13107 License Number						
DEP Form 62-555 900(3) Effective August 23, 2004	Pé	ige 1								

9

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

PWS Identification Number: 6251954 Plant Name: PEACE RIVER HEIGHTS														
111. [aily Dat	a for Mont	h/Year of:	MAY 2	1009						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Mea	ns of Act	nievina Fou	r-Log Virus Inc	activation/	Removal: *	Free Chlorine	Chlor	rine Diox	ide	Ozone	Combined	Chlorine (Chloramine	s)
IJ	traviolet l	Radiation _	Other (Descri	be):										
Typ	of Diein	fectant Res	idual Maintair	ed in Dist	ribution System	: Free Ch	lorine C	combine	d Chlori	ne (Chlor	ramines)	Chlorine [Dioxide	
Typi	T	T Tectant ives	T T	C)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*					le*				
					Calculations, of	CT Calcul			2		UVD	ose		
					T			T		T		T	Louiset	
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	X	24	35500		2.0								1.2	
2		24	35000											
3		24	35000									_		
1	Х	24	33000		2.1							-	1.2	
5	Х	24	44000		1.8								1.1	
6	X	24	44000		2.2							-	1.5	
7	X	24	42500		2.1						1		1.4	
8	X	24	38400		1.8								1.1	
9		24	52600		2.0							-	1.0	
10		24	34900									ļ		
11	Х	24	30000		2.0						ļ	-	1.2	
12	X	24	38700		2.2				ļ				1.2	
13	Х	24	29500		2.3							-	1.3	
14	X	24	32900		2.8				-				1.5	
15	Х	24	28000		2.4						<u> </u>	-	1.4	
16		24	27200		2.4							 	1.2	
17		24	30000						-		ļ	-	1.1	
18	X	24	27100		2.2				-			-	1.1	
19	Х	24	26900		2.1					-		ļ	1.0	
20	Х	24	23800		2.1				_	-		-	1.2	
21	Х	24	22000	***************************************	1.0		ļ	-	-		-		.7	
22	X	24	27700		1.5				-	-	<u> </u>	-	.7	
23		24	30000						 		 	-	4.0	
24		24	26600		2.2		<u> </u>				-		1.0	
25		24	30000						<u> </u>		-		1.0	
26	Х	24	33000		2.0		ļ	-	-	-	-	+	1.0	
27	Х	24	34100		2.2				-			-	1.2	
28	Х	24	30000		2.2				-		+		1.3	
29	X	24	31900		2.1				-			-	1.1	
30		24	30400		2.2	<u> </u>	-	-	-		-	+	1.0	<u> </u>
31		24	40000			<u></u>				1		1	1	L
Tota	1		1024700											
Aver	age		33055											

Maximum





	onth/Year of: June 2009			
A. Water System Information				
PWS Name: PEACE RIVER HEI			PWS Identification N	umber: 6251954
PWS Type: XX_Community		ityTransi	ent Non-Community	Consecutive
Number of service connections at		Total population s	served at end of month: 2	
PWS Owner: AQUA UTILITIES F				
Contact Person: JOHNNY CHAM		Contact Perso	on's Title:	
Contact Person's Mailing Address		City: SARASC	OTA State: FL	Zip Code: 34240
Contact Person's Telephone Num	ber: 941-377-9456	Contact Perso	on's Fax Number: 941-90	7-7401
Contact Person's E-Mail Address:				
B. Water Treatment Plant Informa				
Plant Name: PEACE RIVER HEIG			Plant Telephor	ne Number: 1-877-987-2782
Plant Address: CHAMBERLAIN B		City: WAUCHULA	State: FL	Zip Code: 33873
Type of Water Treated by Plant:	_XX_Raw Ground WaterPurcha	sed Finished Water		
Permitted Maximum Day Operatin	g Capacity of Plant, gallons per day: 120,0			
Plant Category (oer subsection 62		Plant Class (per	subsection 62-699.310(4), F.A.C.): D
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	CHRIS GILBERT	C	13107	5
Other Operators:				
	OTTO KRUCKER	С	7790	##
	DANIEL M. HOLMES	С	4335	ħ*
				Manuscon Committee Committ
	* As Needed			
II. Certification by Lead/Chief Oper	ator			
in the undersigned water treatment plant	t operator licensed in Florida, am the lead/chief	operator of the water tre	atment plant identified in Pa	art I of this report. I certify that the
NSF International Stsandard 60 or other	e and accurate to the best of my knowledge and applicable standards referenced in subsection	BO-555 324(3) EAC	frinking water treatment che	emicals used at this plant conform to
promit word property cacif day that a lice	HISCU QUELATUL STAILED OF VISITED THIS DISHT ALIGNA	TOO MONTH INDICATOR OF	outo: /1) roomedo of auranius	-6 -1
races, and (2) in appropriate, appropriate	reactive it process performance records. Further	rmore, I agree to retain t	hese additional operations	records at the plant site for at least ten
years and to make them available for re	view apon request.			ten at the plant site for at least ten
Signature and Date	CHRIS GIL	BERT		C-13107
DEP Form 62-555.900(3)	AUG		L	cense Number
Effective August 28, 2004	Pa	age 1		
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a

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

PW	S Identi	fication N	umber: 625	1954				Plan	t Name	E: PEAC	E RIVER I	HEIGHTS		
III F	Asily Date	for Monti	Near of	IIINE	2009									
111.	no of Act	olevina Fou	r-Log Virus Ins	activation/	Removal: *F	ree Chlorine	Chlori	ne Dioxi	de C)zone	Combined	Chlorine (Chloramines)	
IVIED	traviolet	neving rou Padiation	Other (Descri	he)			**********		-					
	Haviolet i	Kadianon	idual Maiatain	ad in Diet	ibution System	Free Chl	orine Co	omhined	Chlorin	e (Chlora	mines) (Chlorine D	ioxide	
Тур	e of Disin	rectant Res	siqual Mairitairi	led in Disti	Calculations, or	IN Does to D	omonetrate	Fourd	a Virus	Inactivation			T	
				UI	Calculations, or			I OMI WO	g mas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UVD	ose		
CT Calculations UV Dose										T				
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	X	24	33100		2.3								1.2	
2	X	24	40800		2.3								1.3	
3	X	24	30000		2.4								1.1	
	X	24	27600		2.2								1.2	
1 5	X	24	35000		2.2								1.3	
6		24	33100		2.4								1.2	
7		24	31000											
8	Χ	24	30000		2.3								1.5	
9	X	24	31300		2.2								1.4	
10	X	24	28800		2.4								1.4	
11	X	24	31000		2.2								1.1	
12	X	24	37900		2.2								.9	
13		24	34400		2.1								.9	
14		24	40000											
15	X	24	31300		1.9								1.0	
16	X	24	56600		1.7							<u> </u>	.8	
17	X	24	52000		1.8							ļ	.8	
18	X	24	22800		1.7								.8	
19		24	20800					-		-		-	1.1	
20	Х	24	30000		2.1				-	-			1.1	
21		24	30000									-	1.12	
22	X	24	24600		2.3					-			1.2	
23	X	24	34400		2.3			ļ				-	1.2	
`4	Х	24	22200		2.5			-		-		-	1.5	
. 25	Х	24	26800		2.5					-			1.2	
26	X	24	21800		2.4					-			1.1	
27		24	28200					ļ		-			1	
28		24	28300						-				4.2	
29	Х	24	28300		2.3				1			-	1.2	
30	Х	24	19500		2.4			-	-	-			1.3	
31					1			<u></u>	1	1	1	1	1	
Tota	1		941600											
Ave	rage		31387											

Maximum





I. General Information for the I	/lonth/Year of:		JUL 2009			to the second se
A. Water System Information		and the second s			ner a 1999- oficialista distantino de la fina de la fina de la fina de la fina de la fina de la fina de la fina	
PWS Name: PEACE RIVER HE	IGHTS	entering a value of the access		PWS	Identification Nu	mher: 6251054
PVVS Type:XX_Communi		Non -Community	Transi	en Non-C	Community	Consecutive
Number of service connections a	it end of month: 70		tal population s	erved at	end of month: 25	in consecutive
PWS Owner: AQUA UTILITIES F		ACCOUNTY VALUE OF THE CONTRACT			on or mornin. Zo	And of the second secon
Contact Person: JOHNNY CHAN			Contact Perso	n's Title:	ar terbago chacara a considerate a considerate de describir de considerate a considerate de cons	
Contact Person's Mailing Address		KWY	City: SARASC		State: FL	Zip Code: 34240
Contact Person's Telephone Nun		3. 400, Annual Control of the Contro			lumber: 941-907	-7401
Contact Person's E-Mail Address			and the second s			- 1 V 1
3. Water Treatment Plant Inform		A The Control of the		THE STATE OF THE S	er 4 (1886), 484 (1986), 494 (1986), 494 (1986), 494 (1986), 494 (1986), 494 (1986), 494 (1986), 494 (1986), 4	to the second second second second second second second second second second second second second second second
Plant Name: PEACE RIVER HEI					Plant Telephon	e Number: 1-877-987-2782
Plant Address: CHAMBERLAIN		City:	WAUCHULA		State: FL	Zip Code: 33873
Type of Water Treated by Plant:	_XX_Raw Ground Water	Purchased F	inished Water		· · · · · · · · · · · · · · · · · · ·	
Permitted Maximum Day Operati	ng Capacity of Plant, gallons	per day: 120,000			(1) - (1) -	
Plant Category (oer subsection 62	2-699.310(4), F.A.C.): V		Plant Class (per	subsection	n 62-699.310(4)	. F.A.C.): D
Licensed Operators	Name	Laboration of L	icense Class	Day(s)/Shift(s) Worked		
Lead/Chief Operator:	CHRIS GILBE	ERT	С	1	3107	5
Other Operators:						
THE PROPERTY OF THE PROPERTY O	OTTO KRUCK		С	1	790	*★
	DANIEL M. HOL	LMES	С	4	335	資金
division			*****			and the second s
Control of the Contro						
1						
						- And the second section of the second secon
The state of the s						унивания в при при при при при при при при при при
Il Codification by Lond (Ching C	* As Needed					
II. Certification by Lead/Chief Ope	rator					
I, the undersigned water treatment plan	it operator licensed in Florida, a	am the lead/chief operato	or of the water tre	atment pla	nt identified in Pa	t I of this report. I certify that the
information provided in this report is tru NSF International Stsandard 60 or othe						
rates; and (2) if applicable, appropriate	treatment process performance	e records. Furthermore,	agree to retain t	hese addit	ional operations re	ecords at the plant site for at least ten
years and to make them available for r	eview upon request.					serve at the plant site for at least ten
Signature and Date	/ V	CHRIS GILBERT	***************************************			-13107
DEP Form 62-555.900(3)	AUG 0 5 2009 AUG 0 5 7886	Print or Typed Name			Lic	ense Number
Effective August 25, 2004		Page 1				

30

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

PW	S Identi	fication N	umber: 6251	1954	***************************************			Plan	t Name	E: PEAC	E RIVER I	HEIGHTS		
III D	ally Date	for Month	Near of	IIIIV	2009	www.w								
111. L	any Dan	invina Fou	s Log Vigue Inc	activation/	Removal: *F	ree Chlorine	Chlori	ne Dioxi	de C)zone	Combined	Chlorine (Chloramines)	
iviea	ns of Acr	neving rou	Other (Descri	hal	terriovai.	100 0111011110			Appropriate	*****		***		
U	traviolet l	Radiation _	Other (Descri	UC).	11. 11	Free Chl	orino C	ambinad	Chlorin	e (Chlora	mines)	Chlorine D	ioxide	
Туре	of Disin	fectant Res	idual Maintain	ed in Disti	ibution System Calculations, or	Free Cili	onnec	Fourto	a Viene	Inactivation			Toxido	
				СТ	Calculations, or			Four-Lo	gvirus	mactivatio	UV D	loso		
				1.3753 B		CT Calcu	lations	T			UYL	T		
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min, CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
	X	24	26700		2.2								1.1	
2	x	24	17100		1.3								.9	
3	X	24	28600		1.9								1.0	
J	X	24	19800		2.0								1.0	
-	^	24	30000											
6	X	24	34800		2.2								1.2	
7	X	24	29000		2.0								1.0	
8	X	24	32000		2.3								1.0	
9	X	24	27600		1.9								1.2	
10	X	24	34400		2.2								1.3	
11		24	28100		2.3								1.1	
12		24	28200											
13	X	24	20000		2.3								1.3	
14	X	24	29300		2.1								1.0	
15	X	24	30000		2.0								1.0	
16	X	24	23700		2.1								1.1	
17	X	24	31000		1.8								1.0	
18		24	31100		1.8								1.0	
19		24	30000										1	
20	Х	24	23200		2.2								1.2	
1	X	24	26800		2.1								1.2	
22	X	24	22000		2.0								1.1	
23	X	24	28000		2.1								1.1	
74	X	24	35200		2.3								1.7	
,		24	27700		2.1								1.1	
26		24	26000						-					
27	X	24	25000		1.8								1.3	
28	X	24	29300		2.2								1.3	
29	X	24	30100		2.2								1.2	
30	X	24	32100		2.1								1.2	
31	X	24	25000		1.8								1.0	
Tota	<u> </u>		862100											
Aver			27810											

Maximum



See page 4 for instructions.

A-4							
I. General Information for the Mo	onth/Year of: Quo.	2009				The state of the s	by
A. Water System Information	3						
PWS Name: PEACE RIVER HEIG				PWS	Identification	Number: 6251	954
PWS Type: XX Community	Non-Translen	nt Non -Community	Transi	ent Non-C	ommunity	The second of th	nsecutive
Number of service connections at		To	tal population s	erved at	and of month:	250	700 (11.1)
PWS Owner: AQUA UTILITIES FL							
Contact Person: JOHNNY CHAMI			Contact Perso	on's Title:			
Contact Person's Mailing Address:	6960 PROFESISONAL P	KWY	City: SARASC	ATC	State: FL	[2	ip Code: 34240
Contact Person's Telephone Numb	xer. 941-377-9456		Contact Perso	n's Fax N	lumber: 941-9	907-7401	
Contact Person's E-Mail Address:							
B. Water Treatment Plant Informa	tion						
Plant Name: PEACE RIVER HEIG					Plant Teleph	one Number:	1-877-987-2782
Plant Address: CHAMBERLAIN B			WAUCHULA		State: FL		Zip Code: 33873
Type of Water Treated by Plant:	XX Raw Ground Water	Purchased Fi	nished Water				man to the same of
Permitted Maximum Day Operating	Capacity of Plant, gallon	is per day: 120,000					
Plant Category (per subsection 62-		F	lant Class (per	subsection	n 62-699.310	(4), F.A.C.): D	
Licensed Operators	Name	Li	cense Class	Licens	e Number		/Shift(s) Worked
Lead/Chief Operator:	ÇHRIS ĞILB	BERT	С	1	3107		5
Other Operators:	OTTO KRILLS						
2	OTTO KRUC		C		790		**
	DANIEL M. HO	DLMES .	С	4	335		**
	<u> </u>						
						manyagapan ayan ayan ayan ayan ayan ayan ayan	
	* As Needed						
II. Certification by Lead/Chief Open				<u> </u>			The state of the s
the undersigned water treatment plant	operator licensed in Florida	am the lead/chief operate	of the water tre	oten ant ale		5 41 441	
tero introduction broatden in fine rebuilt is life	Failu acculate to the best of	THE RESERVE AND SOLD TO THE RESERVE OF THE PROPERTY OF THE PRO	I COMITY INDEAN	TEMBER M LAM	true transminant .	hambianta and	- A AL ! 1 A
THE HARMAN TO THE PARTY OF THE	applicable stationeds referen	ICEC'IC SHOSEMON NV-555	433131 F D C	alea andih	s black than Antinia	American manufacture and a first and a fir	
well troto propared could day that a liter	HOOD ORDING STAILED OF AIRT	ed this distribution ma m	antr indicated an	antin' 191 re	carde of amount	at at abamianta	
ates; and (2) if applicable, appropriated years and to make their available for re-		ce records. Furthermore, I	agree to relain t	these addit	ional operation	s records at the	plant site for at least ten
Collins	A sport request.	CHRIS GILBERT				0.40407	
Signature and Date	0.50	Print or Typed Name	-	-		_C-13107_ License Number	3.F
TEP Form 82-656 SOL(S)	SEP 0 5 21.09	Page 1				FINGUSE MANIES	IF

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water											
PWS Identification Number: 6251954											
III Daily Data for Month/Year of AUGUST 2009											
Means of Achieving Four-Log Virus Inactivation/Removal: *Free ChlorineChlorine DioxideOzoneCombined Chlorine (Chloramines)											
Ultraviolet RadiationOther (Describe):											
Type of Disinfectant Residual Maintained in Distribution System:	: Free Chlorine Combined Chlorine (Chloramines) _ Chlorine Dioxide	January 15 10 1590									
CT Calculations, or	UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable' CT Calculations Lowest Lowest	Printer Francisco									
Lowest residual Days	GT displactat provided concentra s	Emergency or abnorminal peration conditions. Repair									
Plant concentration staffed Hours of Roished Peak stiffed	contact time (at 57st castomer Min, Lowest Min UV at remote point in im	Maintenance work that wolves taking water system									
Day by Plant water Flow subtomer of open in produced Rate during peak to (X) operation gal gpd flow, mg/L	point during peak of water Req. UV dose eq dist. or peak flow, fig. water if ing asy-s mw- average min't. C appl. min't. ecrem2 secrem2	ompanent dui of operation.									

10000	5000			ĊT C	alculations, or	UV Dose, to D	emonstrate	Four-Lo	g Virus I	nactivation	on, if Applical	ole*		1700
						CT Calcul				× * * * * * * * * * * * * * * * * * * *	UVD	OSE		
			2 -7 - 2 - 21 - 7					lin tipika	P.G. Line	Ottorio la			Inwest	like the same of t
2 48					Lowest residual		Lowest						Lowest residual	Emergency or abnorm-mal operation conditions. Repair()
				Muss.	Lowest.	X III	CT provided				200		disinfectat	**
	Days				resignal disnfectant	Disinfectant.	before or	N.		G G G G			concentra-	
	Plant		Net quantity of finished		concentra-tion	contact time	at first	and the same			Lowest		tion at remote	operation conditions. Repair/ Maintenance work that
10.7	staffect		Met quantity	70	(C) before or	2 s (T)	customer	4		Min.	Lowest	Man UV	point in	involves taking water system
2	visited	Hours Plant	of Raished	Poals	(C) before or at first	measurment	duting	Temp	PHO		1. Min.ml-service H	N. M. Waller	dist	component dut of operation.
Oay of	(Jty Hotel	in	water produced,		quetomer	point during	peak	of Water	water	Req	UV dose,	req. rrW-	aystard,	
Mo.	oper (X)	operation	gal	Rate.	during peak	peak flow, minutes	flow, mg- min/L	C	appl.	Req mg- murvL	ecicin2	sectom2	mg/L	
. 11				9.0	Balling Comments		miles.	- 13		SIR bribbs Hi	The state of the s	- Production	1.0	
1		24	28500		2.0		<u> </u>	-			-	-	1.0	
2		24	24000		0.4			-				-	1.1	
3	X	24	24000		1.9		-					<u> </u>	1.1	
4	X	24	23700		2.0			 			 		1.0	
5	X	24	29500	1	2.1			-					1.0	
8	X	24	32400 33000		1.8		 				-		1.1	
7	Х	24	27800		2.0		 						1.1	
8 9		24	27100		#.U		†							
10	X	24	27000		1.8		 	1			1		1.2	
-31		24	69500		1.8								1.4	
12	X	24	30000		1.9								1.2	
13	X	24	22200		2.1								1.2	
14		24	22200	<u> </u>	2.2		1						1.2	
16		24	24500		2.3								1.2	
16		24	30000											
17	X	24	25500		2.1								1.0	
18	Х	24	26800		2.2								1.4	
19	Х	24	33700		2.3								1.1	
20	X	24	25900		2.3								1.4	
21	X	24	35000		2.3								1.2	
22		24	21700		2.4			-			-		1.2	
23		24	25000				-	-					1.2	
24	X	24	24600		1.8		1	1		1			1.3	
25	X	24	20000	<u> </u>	1.9		ļ						.5	
26	X	24	22400	ļ	1.7		 	 		<u> </u>			.5	
27	X	24	18900		1.4		<u> </u>	-					.8	
28	Х	24	23700		1.7			 					.8	
29		24	22790 30000		1.5		 	1						
30 31	-	24	25800		1.7		1	-					.9	
-	X		858100	-	1.7		<u> </u>	1	L	L	I	L		
Tota	and the second section of the second	387 / N. S	27681	Bulgoo										
Aver		\$6.50 V., -+	89600	and the state of t										
Maxi	num .		I pagini	J										

DEP Form 62-S55-900(1) Effective August 28: 2004



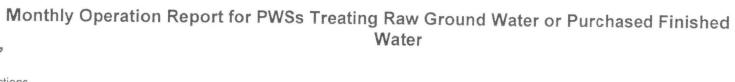


I. General Information for the Mo	onth/Year of: Sout 09									
A. Water System Information										
PWS Name: PEACE RIVER HEIG	HTS		PWS Identification Nu	mber: 6251954						
PWS Type:XX_Community	Non-Transient Non –Communit	y Transi	ent Non-Community	Consecutive						
Number of service connections at	end of month: 70		served at end of month: 25							
PWS Owner: AQUA UTILITIES FL			The Control of the Co							
Contact Person: JOHNNY CHAME		Contact Perso	on's Title:							
Contact Person's Mailing Address:		City: SARASC	OTA State: FL	Zip Code: 34240						
Contact Person's Telephone Number: 941-377-9456 Contact Person's Fax Number: 941-907-7401										
Contact Person's E-Mail Address:				The same of the sa						
B. Water Treatment Plant Informat				A suppose of the supp						
Plant Name: PEACE RIVER HEIGI			Plant Telephon	e Number: 1-877-987-2782						
Plant Address: CHAMBERLAIN BL		City: WAUCHULA	State: FL	Zip Code: 33873						
Type of Water Treated by Plant:		ed Finished Water	***************************************							
Permitted Maximum Day Operating	Capacity of Plant, gallons per day: 120,00	0								
Plant Category (oer subsection 62-	899.310(4), F.A.C.): V	Plant Class (per	subsection 62-699.310(4), F.A.C.): D						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	CHRIS GILBERT	С	13107	5						
Other Operators:										
	OTTO KRUCKER	С	7790	淮京						
	DANIEL M. HOLMES	С	4335	***						
in the second se										

	* As Needed									
II. Certification by Lead/Chief Opera	itor									
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/chief o	perator of the water tre	eatment plant identified in Pa	art of this report. certify that the						
MSE International Steandard 60 or other	and accurate to the best of my knowledge and i	pelief. I certify that all c	frinking water treatment che	micals used at this plant conform to						
plant were prepared each day that a licer	applicable standards referenced in subsection 6 used operator staffed or visited this plant during	2-000.321(3), F.A.C. the month indicated at	also certify that the following	g additional operations records for this						
rates, and (2) if applicable, appropriate tr	eatment process performance records. Furthern	nore. I agree to retain t	these additional operations r	enords at the plant site for at least ton						
years and to make then available for rev	iew upon request.	, , , , , , , , , , , , , , , , , , , ,	move additional operations i	cooled at the plant site for at least ten						
Carrey	CHRIS GILE	BERT	(2-13107						
Signature and Date DEP Form 62-555.900(3)	Print or Typed Na		Li	cense Number						
DEFF Form 62-555.900(3) Effective August 28, 2004	Pag	ge 1								

nieving Fou Radiation	th/Year of: ur-Log Virus Ina _Other (Descri esidual Maintain	activation/F be):		ree Chlorine	Chlori	ne Dioxi	de O	7000	Combined	hloring 10	'hloramines)	
Radiation	Other (Descri	be): led in Distri		ice officiale					Communica	DINOLINE (HILLIAHIII ICO	
fectant Res	esidual Maintain	ed in Distr					***************************************	A000A				
fectant Res	esidual Maintain	ed in Distr		- OLI			Chlorina	e (Chlora	minne) (Chlorine Di	ovida	
			ibution System:	Free Chl	orine Co	mbinea	Chlonne	e (Chiora			Oxide	
		CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										44 × 120 × 130 × 1
		CT Calculations UV Dose										
Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair Maintenance work that involves taking water system component out of operation
24	19500		1.4								.9	
24	41000		1.5								.9	
24	35300		1.5								.9	
24	43300		1.6								.9	
24	28300		1.6		1						1.0	
24	24100		1.0									
24	24000		2.0								1.0	
24	28000		1.8								1.0	
24	32800		1.8								1.3	
24	22500		1.7								1.1	
24	22000		1.7								1.0	
24	21600		1.7								.9	
24	30000											
24	21200		2.2								1.2	
24	24900		2.1								1.2	
24	24500		2.1								1.3	
24	30000		2.0								1.0	
24	39000		2.0								1.4	
24	32800		1.8								1.2	
24	37600											
24	30000		1.9								1.2	
24	29200		2.1								1.2	
24	30000		2.1								1.3	
24	31000		2.2								1.3	
24	24500		2.0								1.2	
24	28700		2.0								1.2	
24	31000											
24	30000		2.1								1.0	
			2.0									
			2.2								1.3	
										1		
	869200											
İ	24 24 24	24 26200 24 27200 869200	24 26200 24 27200 869200	24 26200 2.0 24 27200 2.2	24 26200 2.0 24 27200 2.2 869200	24 26200 2.0 24 27200 2.2 869200	24 26200 2.0 24 27200 2.2 869200	24 26200 2.0 24 27200 2.2	24 26200 2.0 24 27200 2.2	24 26200 2.0 24 27200 2.2 869200	24 26200 2.0 24 27200 2.2 869200	24 26200 2.0 1.1 24 27200 2.2 1.3

Maximum



See page 4 for instructions.

I. General Information for the Month/Year of:

A 187 c A 1 1 2	WI LOW								
A. Water System Information									
PWS Name: PEACE RIVER HE			PWS Identification Number: 6251954						
PWS Type: XX Communit		Transient Non-Community Consecutive							
Number of service connections a		Total population	served at end of month:	250					
PWS Owner: AQUA UTILITIES F									
Contact Person: JOHNNY CHAM		Contact Person's Title:							
Contact Person's Mailing Address	s: 6960 PROFESISONAL PKWY	City: SARAS		Zip Code: 34240					
Contact Person's Telephone Nun		Contact Pers	on's Fax Number: 941-9	907-7401					
Contact Person's E-Mail Address									
B. Water Treatment Plant Inform	<u>nation</u>								
Plant Name: PEACE RIVER HEIGH			Plant Teleph	one Number: 1-877-987-2782					
Plant Address: CHAMBERLAIN		City: WAUCHULA	State: FL	Zip Code: 33873					
Type of Water Treated by Plant:	XX_Raw Ground Water Purchas	ed Finished Water							
Permitted Maximum Day Operation	ng Capacity of Plant, gallons per day: 120,000)							
Plant Category (oer subsection 62	2-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.); D						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	CHRIS GILBERT	С	13107	5					
Other Operators:									
	OTTO KRUCKER	C	7790	**					
	DANIEL M. HOLMES	C	4335	大大					
			1						
				Attack					
	* As Needed								
II. Certification by Lead/Chief Ope									
, the undersigned water treatment plan	of operator licensed in Florida, am the lead/chief or	perator of the water tro	atmost plantide NG-J:- D						
		agree to retain these a	dditional operations record	Is at the plant site for at least ten years					
and to make their diversity of the telegraph	Aboli lednest.								
Signature and Date	NOV 0 4 2009 CHRIS GILE Print or Typed Na	SEKI		C-13107 License Number					
0.00	Fill of Typed Na	inc		License Number					
DEP Form 62-555.900(3) Effective August 28, 2004	Pag	ge 1							
		(
(

PWS	3 Identi	fication N	umber: 625		ion report			Plan	t Name	: PEAC	E RIVER H	HEIGHTS		
III D	aily Data	a for Month	/Year of	OCTO	BER 2009									
1400	oc of Act	olevina Fou	ral on Virus In:	activation/F	Removal: *F	ree Chlorine	Chlori	ne Dioxi	de C	zone	Combined	Chlorine (0	Chloramines)	
IVICA	roviolat l	Dediction	Other (Descri	he)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Accessed to the contract of th			***************************************				
					hutian Custom	Free Chl	orine Co	mhined	Chlorin	e (Chlora	mines) (Chlorine Di	oxide	
Туре	of Disin	tectant Res	sidual Maintain	ed in Distr	ibution System Calculations, or	IN Deep to D	onne Co	Fourto	a Vinue I	nactivatio			I	
				C1	Calculations, or			rour-Lo	y virus i	Hactivatio	UV D	OCO.		
						CT Calcul	ations				UVD	USE		
ay of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1	X	24	23500		1.7								1.0	
2	X	24	28500		1.9								1.1	
3		24	30200		1.8					***************************************			1.1	
4		24	30000		17.0									
5	X	24	25000		1.9								1.4	
6	X	24	29000		2.0								1.4	
7	X	24	25500		1.9								1.1	
8	X	24	23400		1.2								.8	
9	x	24	44100		1.0								.7	
10	^	24	34900		1.3								.8	
11		24	40000		11.0						1			
12	Х	24	38000		1.5								.8	
13	X	24	41300		1.8								.9	
14	X	24	38300		1.8								1.0	
15	X	24	37600		1.8								1.1	
16	X	24	44000		1.8								1.1	
17	^	24	30800		1.7								1.0	
		24	35300											
19	Х	24	30000		1.9								1.0	
20	X	24	22600		1.6								1.0	
21	X	24	23200		1.8								1.1	
22	X	24	22000		1.8								1.1	
23	X	24	26000		1.7								1.1	
24		24	24400		1.8								1.0	
25		24	24200											
26	Х	24	24000		1.7								1.0	
27	X	24	25000		1.8								1.2	
28	X	24	24200		1.9								.12	
29	X	24	24000		1.9								1.1	
30	X	24	21100		1.9								1.2	
31		24	21800		1.8		L				<u> </u>		1.0	
Total		•	911900											
Aver			29416											
Maxi			44100											

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See page 4 for instructions.

i. General information for the N	ionth/year of: N M woold in	2000		
A. Water System Information	nonth/Year of: November	PUDG		
PWS Name: PEACE RIVER HE	IGHTS			
PWS Type:XX_Communit		2.1.0.2	PWS Identification N	umber: 6251954
Number of service connections at	t end of month: 70		sient Non-Community	Consecutive
PWS Owner: AQUA UTILITIES F	LORIDA	Total population	n served at end of month: 2	50
Contact Person: JOHNNY CHAN	BERLAIN	Control D	1 700	
Contact Person's Mailing Address	: 6960 PROFESISONAL PKWY	Contact Per		
Contact Person's Telephone Num	ber: 941-377-9456	City: SARA		Zip Code: 34240
Contact Person's E-Mail Address:		Contact Per	son's Fax Number: 941-90	7-7401
B. Water Treatment Plant Information	ation			
Plant Name: PEACE RIVER HEIGH	SHTS			
Plant Address: CHAMBERLAIN B	LVD	City: WAUCHULA	Plant Telephor	ne Number: 1-877-987-2782
Type of Water Treated by Plant:	_XX_Raw Ground Water Purc	h 1 m · · · · · · · · · · · · · · · · · ·	State: FL	Zip Code: 33873
Permitted Maximum Day Operating	d Capacity of Plant, gallons per day: 120	n non		
riant Category (per subsection 62-	-699.310(4), F.A.C.): V		or subsection CO coo state	
Licensed Operators	Name	License Class	er subsection 62-699.310(4	
Lead/Chief Operator:	CHRIS GILBERT	C	License Number	Day(s)/Shift(s) Worked
Other Operators:			13107	5
	OTTO KRUCKER	С	7790	
	DANIEL M. HOLMES	C	4335	**
			4333	**
	* As Needed			
II. Certification by Lead/Chief Open	ator			
, the undersigned water treatment plant	operator licensed in Florida, am the lead/chie and accurate to the best of my knowledge ar	ef operator of the water to	reatment plant identified in Ro	rt Lof this sound by diff
NOT INTERNATIONAL Steandard 60 or other	applicable standards s	man , conting that an	willing water treatment cher	micals used at this plant conform to
lant were prepared each day that a lice	need approtor staffed		also certify that the following	300 Honal operations records for this
ates; and (2) if applicable appropriate to	applicable standards referenced in subsectionsed operator staffed or visited this plant duri- reatment process performance records. Furth- view upon request.	ng the month indicated a	above: (1) records of amount of	of chemicals used and chemical fede
ears and to make them available for rev	view upon request.	lerriore, ragree to retain	these additional operations re	ecords at the plant site for at least ten
College 1	24/109 CHRISG	ILBERT		
ignature and Date EP Form 62-555.900(3)	Print or Typed	Name		-13107ense Number
Mective August 28, 2004		Page 1	LIC	cuse Mullibel

PW	S Identi	fication N	umber: 6251	1954				Plan	t Name	: PEAC	E RIVER H	HEIGHTS	***************************************	
111 5	11. D-4.	. for Blanch	Vone of	NOVE	MBER 2009									
Mea	ns of Act	nievina Fou	r-Log Virus Ina	activation/F	Removal: *F	ree Chlorine	Chlori	ne Dioxi	deC	zone	_Combined	Chlorine (C	Chloramines)	
IVICA	traviolet I	Radiation	Other (Describ	be):										
	(Tayloret)	factort Dog	idual Maintain	od in Dietr	ibution System	Free Chl	orine Co	ombined	Chlorin	e (Chlora	imines) (Chlorine Di	oxide	
Туре	of Disin	Tectant Res	iqual ivialitalit	CT CT	Calculations, or	UV Dose to D	emonstrate	Four-Lo	g Virus I	nactivatio	on, if Applica	ole*		
				O1	Calculations, or	CT Calcul			У		UVD	ose		
						O F Carcu	I						Lowest	
y Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
1		24	30000											
2	Х	24	27300		1.8								1.2	
3	X	24	23100		1.8								1.0	
4	X	24	22000		1.9								1.2	
5	X	24	24000		1.8								1.1	
6	X	24	22500		2.0							ļ	1.2	
7	X	24	19000		1.9								1.3	
8	X	24	22000		1.8						<u> </u>		1.1	
9		24	26400											
10	X	24	20000		1.9								1.1	
11	X	24	27200		1.9								1.1	
12	X	24	28000		1.9							<u> </u>	1.2	
13	X	24	25500		2.0								1.2	
14	7,	24	29700		1.9								1.0	
15		24	30000										1.0	
16	X	24	25500		1.7								1.0	
17	X	24	34000		1.8								1.4	
T	X	24	26300		1.8			-					1.1	
	Χ	24	35600		1.7			-	1	-	1	1	1.1	
20	Х	24	22000		1.7			-	1			1	1.1	
21		24	25300		1.8				-	<u> </u>			1.1	
22		24	25000					-			+	-	1.1	
23	X	24	25000		1.7			-		-			1.1	
24	Х	24	20000		1.8			-	-		-		1.0	
25	X	24	33300		1.7			-	-	-	-		1.1	
26	Х	24	22000		1.9		-	-	+	-	-		1.0	
27	Х	24	28000		1.8			-	+	-			1.0	
28		24	17100		1.7			-	1		-		1.0	
29		24	26000					-	-	1	-		1.2	
30	X	24	20000		2.0			-					1.44	
31						-	<u> </u>	1	1	1			I.	
Tota	1		761800											
Ave	age		25393											

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Maximum

35600





See page 4 for instructions.

I. General Information for the M	Month/Year of: Dec 2009			
A. Water System Information				
PWS Name: PEACE RIVER HE	IGHTS		DIMO Identificati	
PWS Type: XX_Communit	y Non-Transient Non -Commur	nity Transia	nt Non Community	Number: 6251954
Number of service connections a	t end of month: 70		nt Non-Community erved at end of month	Consecutive
WS Owner: AQUA UTILITIES F	LORIDA	Total population 5	erved at end of month	. 250
Contact Person: JOHNNY CHAN	MBERLAIN	Contact Perso	on'o Title:	
Contact Person's Mailing Address	3: 6960 PROFESISONAL PKWY	City: SARASC		
Contact Person's Telephone Num	nber: 941-377-9456		OTA State: FL on's Fax Number: 941-	Zip Code: 34240
Contact Person's E-Mail Address		T OUTLANDE T CISC	ATS FAX INUITIDEL 94 1-	907-7401
B. Water Treatment Plant Inform	ation			
Plant Name: PEACE RIVER HEIO	HTS		Dloot Tolon	
Plant Address: CHAMBERLAIN E	3LVD	City: WAUCHULA	State: FL	hone Number: 1-877-987-2782
Type of Water Treated by Plant:	XX_Raw Ground Water Purcha	acod Finished Wille		Zip Code: 33873
Permitted Maximum Day Operatir	o Capacity of Plant, gallons per day: 120 0	00		
Flant Category (per subsection 62	:-699.310(4), F.A.C.): V		subsection 62-699.31	0(4) [4 0) [
Licensed Operators	Name	License Class	License Number	
Lead/Chief Operator:	CHRIS GILBERT	C	13107	Day(s)/Shift(s) Worked
Other Operators:			13107	5
	OTTO KRUCKER	C	7790	**
	DANIEL M. HOLMES	C	4335	**
			7000	
1				
II 6 15 11	* As Needed			
II. Certification by Lead/Chief Oper	ator			
, the undersigned water treatment plan	t operator licensed in Florida, am the lead/chief of and accurate to the best of my knowledge and	operator of the water treat	ment plant identified in I	Port Lof this are at 1 11111
nternational Strandard 60 are all	e and accurate to the best of my knowledge and licensed to the best of my knowledge and liceble standards referenced in subsection 62-55	belief. I certify that all drin	iking water treatment ch	emicals used at this plant as a few to 105
vere prepared each day that a licensed	e and accurate to the best of my knowledge and licable standards referenced in subsection 62-55 operator staffed or visited this plant during the n	55.321(3), F.A.C. I also ce	rtify that the following ac	Iditional operations records for this plant
Ing (Z) If applicable appropriate trade	Ant propose as former	month indicated above: (1)	records of amount of ch	nemicals used and chemical fede rates:
and to make them available for review u	ent process performance records. Furthermore, pon request.	agree to retain these add	ditional operations record	ds at the plant site for at least ten years
To the Cold		BERT		
ignature and Date	Print or Typed N	lame	-	C-13107 License Number
EP Form 62-555.900(3) fective August 28, 2004				Flooring Maillinei
	Pê	age 1		1
		1		

PW	S Ident	ification h	Number: 625	1954				Plan	nt Name	e: PEA(CE RIVER	HEIGHTS	}	
			h/Year of:		MBER 2009		***************************************	1 , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	11001001110		
				activation	Removal: *F	Fran Chlorina	Chlor	no Dievi	do (7-000	Cambinad	Chloring /	Oblasasiass	
14100	Itraviolet	Padiation	_Other (Descri	hali	Nemovai	Tee Chionne	CIIIOI	ine Dioxi	ide	Jzone	_Combined	Chlorine (Chloramines	
					11 1: 0 1	F 01		4.5			***************************************			
Тур	e of Disir	nectant Re	siduai Maintair		ribution System					e (Chlora		Chlorine D	lioxide	
				Cī	Calculations, or	UV Dose, to E	Demonstrate	Four-Lo	g Virus	Inactivati				
					_	CT Calcu	lations	·	·	·	UVE	ose	1	
⊃ay .⁄4o.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	Peak Flow Rate, gpd	Lowest residual disnfectant concentra-tion (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurment 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 appl.	Min. CT Req. mg- min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW- sec/cm2	Lowest residual disinfectat concentra- tion at remote point in dist. system, mg/L	Emergency or abnorn-mal operation conditions. Repair/Maintenance work that involves taking water system component out of operation.
1	X	24	20000	apo	2.1	Minutes	IIIIIV.		appi.	4111111	ecrem2	Secremz	4.3	
2	X	24	23500		2.1		-	-	-		 	<u> </u>	1.3	
3	X	24	23200		2.0						<u> </u>		1.5	
4	X	24	28600		2.0						ļ		1.1	
5		24	22000		1.8								1.1	
6	X	24	40000		1,0							-	1,1	
7	X	24	35000	***************************************	1.7								1.2	
8	X	24	108400	***************************************	1.8							1	1.5	
9		24	141400		2.5							 	1.5	
10	Х	24	33100		2.0								1.1	
11	X	24	27300		1.9								1.1	
12		24	30100		2.3								1.2	
13		24	36900										7.2	
14	Χ	24	30000		2.0								1.2	
15	X	24	26600		2.2								1.2	
16	X	24	32000		1.5								.7	
17	X	24	36000		1.1								.5	
18	Х	24	29500		2.1								1.0	
1		24	23200		1.8								1.0	
∠0		24	35400											
21	Χ	24	30000		1.9								1.0	
22	X	24	31200		1.9								1.2	
23	X	24	30200		2.0								1.2	
24	Χ	24	29600		1.8								1.2	
25		24	30200											
26	X	24	30000		1.7								1.0	
27		24	30000											
28	X	24	29500		1.9								1.0	
29	X	24	29600		1.8								1.2	
30	X	24	27000		1.7								1.2	
31	X	24	26200		2.0								1.3	
Total			1105700											
Avera			35668											
Maxin	num		141400											

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



See	Page	es 4	for	Instr	ucti	ons.	
Ger	ieral	Int	orn	ation	for	the	Mo

See Pages 4 for Insti							
. General Information	n for the Month/Ye	ar of: Jan	uary, 2010				
. Public Water System	n (PWS) Informatio	on					
PWS Name:	Peace River Heights					PWS Identification Number:	6251954
PWS Type:	Community	Non-Transient Non-	Community	Transient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month:	70	community []	Transient Nort Com		tal Population Served at End of Mont	h: 250
PWS Owner:	Aqua Utilities Florida				1,0		
Contact Person:	Harry Householder				Ce	ntact Person's Title: Area	Manager
Contact Person's Mailing	Address: 11	00 Thomas Ave.			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephon		11) 915-8788					853-4937
Contact Person's E-Mail A		nouseh@aquaamer	ica.com		100	The state of the s	
Water Treatment Pl	ant Information		The state of the s				
Plant Name:	Peace River Heights					Plant Telephone Number:	863-858-2504
Plant Address:	Chambertain Blvd.				City: Wauchula	State: Florida	Zip Code: 33873
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day (Operating Capacity of Pla	nt, gallons per day:	Parcel	120,000			
Plant Category (per subsect	tion 62-699.310(4), F.A.(C.):	٧		Plan	t Class (per subsection 62-699.310(4), F.A.C.): D
Licensed Operators		Name		License Class	License Numb	er Day(s) /	Shift(s) Worked
Lead/Chief Operator:	Nathaniel Mastroeni			С	14367		
Other Operators:	Don Hostetler			С	14147		
Certification by Lead	Chief Oneman						
in Commercial water	er treatment plant op	erator licensed in Flo	orida, am the lead/chie	ef operator of th	e water treatmen	nt plant identified in part I of t	his report. I certify that the
mormation provided i	n this report is true a	and accurate to the be	est of my knowledge	and belief. I cer	tify that all drin	king water treatment chemical	ls used at this plant conform to NSI
nternational Standard	60 or other applicab	le standards referenc	ed in subsection 62-5	55.320(3), F.A.	C. I also certify	that the following additional	operations records for this plant
were prepared each day	y that a licensed ope	rator staffed or visite	d this plant during the	e month indicate	ed above: (1) re	cords of amounts of chemicals	s used and chemical feed rates; and
2) if applicable, appro	priate treatment pro	cess performance rec	ords. Furthermore, I	agree to provide	these additiona	al operations records to the PV	VS owner so the PWS owner can
etain them, together w	ith copies of this rep	port, at a convenient l	location for at least te	n years.			
Donnel Ho	etteu		Pa Paulta O				C 14147
ignature and Date		4/27/2010		erator Don Hostetle	Г		
Comments of the Comments of th		4/27/2010	Printed or Typ	oed Name			License Number

DEP Form 62-555, 900(3) Alternate

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

	PWS	dentification	n Number:		6251954		Plant Name:	Peace River							NISHED WATER
Contained Chlorine Contained Chlorine Contained Chlorine Contained Chlorine Contained Chlorine Chl							January, 2010								
Upper Committee Committe	Means	of Achiev	ing Four-L	og Virus Inac	tivation/Rem	ioval: Free C	hlorine (Chlorina D	invida	(leanna	(· · · · · · · ·				
Commence Company Com	f U	Itraviolet R	tadiation				,	CIMOTHE 17	IONIGC) ()ZONE	Com	Dined Chlori	ne (Chlorai	mines)	
Days Plant Day	-					- Andrews - Company - Comp	ET D. CHI			1011		r-			
Days Plane Day	171/0	T Disimici	Tan Nesie	luai maintan									Chlorine I	Dioxide	
Days Please Days Please						CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable ⁴			
Doys Plant Viside by OF Finished Viside by OF							CT Calc	culations				UV	Oose		
Doys Plant Viside by OF Finished Viside by OF						and the same		I cr			A EU - x			1	
Day of Post Suffer Net Quantity Suffer Net						2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Disinfactors	1							
Suffect of Visited by Visited b		Days Plant				Lowest Residual		1							
Design Content Conte				Net Quantity									Minimum	and the second s	
Day of Operator Hours Jint Water Hours Jint H		Visited by	77.	of Finished							incom a	Lowest			
the (Hace in Producted, Pack Flow Costone During Month) **X'	Day of	Operator	Hours plant	Water				41 41 41 41 41 41 41 41 41 41 41 41 41 4			Minimum				Emergency of Abnormal Operating
Month X Operation gal Rate, gxt Peak Flow, mg/L minutes min/L water, "C ff Applicable mg-min/L mw -section" section" System, mg/L Out of Operation			in	Producted,	Peak Flow	Customer During			Temp of	pH of Water.	CT Required				Londing Taking Water States Comment
X 240 32,500 1.9	Month			***	Rate, gpd.	Peak Flow, mg/L	minutes		Water, OC	if Applicable	mg-min/l.	1			
2	1			The same of the sa		1.9		1					5000111		Out of Operation
3	-	X				2.0									
10															
10	***************************************	-		The state of the s										1.0	
12	-														
10	-													1.2	
9 X 240 34,000 2.2				I I										1.0	
10				_										1.0	
1						2.2		 						1.1	
12	-	X				2.3		 							
13	12														
14	13														
15	14	X	24.0												
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18	.16	X	24.0	35,100											
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A	- A	***************************************												The state of the s	
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27 X 24.0 40,000 1.2 0.9 28 X 24.0 17,700 1.3 0.7 29 X 24.0 37,500 1.3 0.7 30 X 24.0 29,100 1.2 0.8 31 24.0 33,900 0.8 a1 986,800 crage 31,832	26													0.9	
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^{*} Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555 900(3)

43

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



See Pages 4 for Instructions.

. General Information		ar of: February 2010						
Contracting many	in for the Modell te	February, 2010						
. Public Water System	m (PWS) Informati	on						
PWS Name	Peace River Heights		The state of the s		PS 8 Identification Number	4.25 (9.54		
PWS Type	Community	Non-Transient Non-Community	Transient Non-Comm	nunity	Consecutive	, , , , , , , , , , , , , , , , , , ,		
Number of Service Conne	ctions at End of Month	7()		Total I	Population Served at End of Month 250			
PHSChiner	Aqua Unhities Florida			***************************************				
Contact Person:	Harry Householder			Conta	a Person's Lule A	rea Manager		
Contact Person's Marling	Address	190 Thomas Ave		City Leesburg	State Horida	Zip sinde 34°4°		
Contact Person's Telephor		415415-8788		Contac	et Person's Fax Number, 86	3-853-453_		
Contact Person's L-Mail A	iddress. <u>h</u>	househ@aquaamerica.com						
. Water Treatment P	lant Information							
Plant Name:	Peace River Heights				Plant Telephone Number.	863-858-2564		
Plant Address:	Chamberlam Blvd			City Wauchula	State Florida	Zip Code: 33873		
Type of Water Treatment I			sed Finished Water					
Pennitted Maximum Day ({20anni					
Plant Category (per subsec		· · · · · · · · · · · · · · · · · · ·		Plant C	luss (per subsection 62-699 31)	0(4), () ()		
Licensed Operators		Name	License Class	License Number	Day(s	s) / Shift(s) Worked		
Lead/Chief Operator	Nathaniel Mastrocai		C	14367	Day Shift			
Other Operators:	Den Hostetler		į.	14147				
Certification by Lea	diChiaf Operator							
			1/					
i. the undersigned wa	ner treatment plant o	perator licensed in Florida, am the lea	definel operator of the	water treatment pl	ant identified in part I of	this report. I certify that the		
information provided	in this report is true	and accurate to the best of my knowle	edge and belief. I certi	fy that all drinking	water treatment chemics	ils used at this plant conform to NS		
International Standar	d 60 or other applica	ble standards referenced in subsection	162-555.320(3), F.A.C	. I also certify tha	t the following additional	l operations records for this plant		
were prepared each d	ay that a licensed op-	erator staffed or visited this plant duri	ng the month indicated	labove: (1) record	is of amounts of chemica	ls used and chemical feed rates; an		
(2) if applicable, appr	ropriate treatment pro	ocess performance records. Furtherm	ore, Lagree to provide	these additional or	perations records to the P'	WS owner so the PWS owner can		
retain them, together	with copies of this re	port, at a convenient location for at le	east ten years.					
Will il	1 07	- "						
Well the	uct	3-8-10 Facili	ty Operator III. Don Hostetle	· t		(* [4] 4*		
Signature and Date		No. 2 Control of the	d or Lyped Name			Locaise Natiober		
o♥ more mandi Mis id		3.1000	SE AND A STORM CONTINUE.			raceing vinine;		
N F F and 12.75% (44)	Talifernate		Page 1					

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

	Ленинство			6251/154		Plant Name:	Peace River	Heights						
III. D	Daily Data	a for the N	louth/Year	of:	STOREST LOSSES	February, 2010)		and the state of t			. 49,000		
Means	of Achievi	ing bourd e	g Vinus Inacti	cation Paris	val	blorine	Chlorine D		Ozone		The state of the s			
()	travacht R	ladiation	Othe	i (Desenber			1 BRAING 12	EXECUTE:	035005	(rdh	bined Chlori	ik (Chlora	Difficer	
Func :	of Design	estant D			ibution System:						*		The same of the sa	4.470.4.400.400.400.400.400.400.400.400.
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		111111		(T Calculations, o	UV Dose, so	Demostale	Four-Log	Virus Inac	tivation; if	Applicable	1111		
	1.00	100	}			CT Cale	ulations				UV			
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			I:		1		-		
			-		11:12	Disintectant	Lowest CT			111		111	1 2 1	
	Dajs Plant		2 * 7 2 1		Lowest Residual	Contact Time	Provided		1 6					
	Shared or		Set Quantity		Disinfectant	TTI at C	Before of at	120	11,			Allerton on	Lowest Residual	*
	Visited by		of Finished		Concentration (C)	Messarement	Customer	1 13	1 "		Larvest	Minhnum LV Dose	Disinfectant	
Day of	Operator	Hoors plant	Water	11 1111	Before or at First	Point During	During Peak			Minimum CT	A Printer of the second	Required,	Concentration at	Emergency or Abnormal Operating
the	2(Place	z#s	Producted.	Peak Flow	Customer During	Peak Flow	"Plane mg-	Temp of	nil of Water	Pannyar m	LV Dase	mW-	Remote Plant in	Conditions: Repair or Majorenence Work
Month.	"X")	Operation	in!	Rate, gpd.	Peak Flow mg/L	animutes.	min L	Water of	if Amblecable	Minimum CT Required, mg min L	mW-sector	see/em	System, ragil.	Involves Taking Water System Componer
1	χ	24,0	67,800		1.5		V-74.75		4-1-1-010-10	10010	111 41 700(No 621)	26474713	aystern, rage to	Can of Operation
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7		24.0	12,906											
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11	X	24.0	48.000		2.4				,				1.2	1.55
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13	X	24.0	34,100		2.5								11	***************************************
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22	X	24 (1)	29,800		2.7				-			111	1 1	
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24	X	24.0	29,200		2.8				4168				1.2	
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otal -		1 :	998 (19)											
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aximun	1)	2 2 4	72.200											

^{*} Refer to the instructions for this represende termine which plants must provide this information

Office Cast Control

Page 2

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: March, 2010 A. Public Water System (PWS) Information PWS Identification Number 6251954 PWS Name: Peace River Heights Consecutive √ Community Non-Transient Non-Community Transient Non-Community PWS Type 306 102 Total Population Served at End of Month. Number of Service Connections at End of Month PWS Owner Aqua Utilities Florida Contact Person's Title Area Manager Contact Person Hamy Householder 34748 City Leesburg State. Florida 7 to Code Contact Person's Mailing Address: 1100 Thomas Ave. Contact Person's Fax Number 863-853-4937 Contact Person's Telephone Number 352-435-4033 harryhousehoulder@aguaamerica.com Contact Person's E-Mail Address B. Water Treatment Plant Information 941-377-9456 Plant Telephone Number Plant Name Peace River Heights Zip Code Wauchula State Florida 33873 Plant Address Chamberlain Blvd. City Purchased Finished Water Type of Water Treatment by Plant ✓ Raw Ground Water 120,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day Plant Class (per subsection 62-699 310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.). V Day(s) / Shift(s) Worked Licensed Operators License Class | License Number Name . A. Baller arithmet. Lead/Chief Operator: Nathaniel Mastroeni 14367 14147 Other Operators: Don Hostetler · HAR 11111 halft dalligh

H Certification by Lead/Chief Operator

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

4/6/2010

Sr Facility Operator Don Hostetler

C 14147

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555 900(3)Alternate

Page 1

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

11 b	ails 11 ato	for the b	lonth (Year	of .		Plant Name								
-						March, 2010								
			Virus Inactiv			thlorine [Chlorine D	ioxide	[Ozone	[Com	bined Chlori	ne (Chlorar	ninest	
1:1	ravioles R.	adiation	Othe	(Describe)										
's ne o	Disinfor	tant Resid	tual Maintair	ned in Distr	ibution System:	17 Franc'hl	stime [Cambia	ed Chlorine	(Chlorimus		Chlorine I	· · · · · · · · · · · · · · · · · · ·	######################################
-	1 Distinct												PRINIDE	
		. 14.54	¥.	C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable'			
344.			4 14.5				ulations	tra liitus			UV	Dose		
	i de la				110		Lowest CT		Marie Cons	F 24.000				
						Disinfectant	Provided					1 115.4	Kirik I	
183	Days Plant				Lowest Residual	Contact Time	Before or at					100	100	
Child Novel	Staffed or		Net Quantity		Distributant	(T) at C	Fast				10.3	Minimum	Lowest Residual Disserted	, es
	Visited by		of Plaished		Concentration (C)	Metsurement	Customer			100	Lowest	UV Dose		
Day of		Hours plant			Before or at First	Point Dames	During Penk			Minimum CT	14 1 pour 1 10 11 11 11 11	Reguired	Concentration at	Ensergency of Abnormal Operation
the	Place	JIN .	Producted	Pook Flow	Customer Dumps	Peak Flow	自 自由 100 000 000 000 000 000 000 000 000 00	Tenso of	ness nest Windows	Parational cale		mw.	Distribution	Conditions, Repair of Maintenance Wor
Meoth	(%)	Operation	gal	Rate gpd	Peak Flow, mg/L	minutes		W		Required, mg	mW-sec/cm	SEC/CER ²	System mg/L	involves Taking Water System Compos Old of Operation
	X	24.0	55,100	The second secon	2.7		S S S S S S S S S S S S S S S S S S S	Transaction of the second	M.C. Barrier	3, 411,000	AUTO CONTRACTOR	DEPONICAL .	System mpu	OR OF CHESTON
2	X	24.0	52,700		2.2								1.3	
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9	X	24.0	48,500		2.0		I						1.1	
10	X	24.0	13,900	,	21			1					1.2	
11	X	24.0	31,800		1.9								3,1	
12	χ	24.0	34,800		2.4								13	
13	X	24.0	30,400		2.2								1.1	
14	X	24.0	43,100		2.2								1.0	
15	N]	24.0	23,000		2.0								0.9	
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19	Х	24.0	22,580		2.0								LJ	
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22	X	24 0	34,250		2.3								1.2	
23	X	24.0	20,000		2.9								1,4	
24	X	24.0	39,800		1.7								1.5	
25	X	24.0	18,700		2.2								1,5	
26	X	24.0	46,000		2.1								1.0	19, 1995
27	X	24.0	11,500		2.9								1.5	
28		24,0	35,050											
29	Ν,	24.0	35,050		2.3								12	
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otel .	X	24.0	25,300											
rerage			1,056,100											
eximus			34,068											

^{*} Refer to the assignations by the report to determine which plants must provide this information.

Page 2

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



See Pages 4 for Instructions. 1. General Information for the Month Year of: April, 2010 **计图解的图像** A. Public Water System (PWS) Information PWS Name: Peace Rivet Heights 1 图 3 章 PWS Identification Number: 6251954 ✓ Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: Agua I Milities Florida Contact Person: Harry Householder Contact Person's Title: Area Manager Contact Person's Mailing Address: 1100 Thomas Ave. City: Leestrurg State: Plorite Zip Code: 34748 Contact Person's Telephone Number: (941) 915-8788 Contact Person's Fax Number: 863-853-4937 Contact Person's E-Mail Address: hhouseh@aquaamerica.com 11:15 1.516 1000 126.73 B. Water Treatment Plant Information CAPTION! Plant Name: Peace River Heights Plant Telephone Number. 863-858-2504 Plant Address: Chamberlain Blyd 21 1 1 1 1 2 2 1 3 5 City: Wauchula State: Florida Zip Code: 33873 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000 V. Plant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): The second second .-.... Minaniel Mestroeni 14367 Days 1st Shift Don Hosteller 14147 Particular Property STEET SET 1 5 E 1 E 1 F CHEMICAL CO. 7 前上海海" i la 115 11.

H Certification by Lead Chief Operator

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

Donnel	Houter

5/6/2010

SR Facility Operator Don Hostetler
Printed or Typed Name

CHEAT

License Number

Signature and Date

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

PWS Identification Number.	6251954	Plant Na			UND WATE	R OR PURCH	IASED FINIS	HED WAIER
III. Daily Data for the V		April, 2			1			
Means of Achieving Four-Log	Virus Inactivation/Reme	oval: Free Chlorine		= .				
Ultraviolet Radiation	Other (Describe		Chlorine Di	oxide \ \ Ozone	Combine	ed Chlorine (Chloran	nines)	
Type of Disinfectant Resid		And the second s	- OL 1 - F	7 0 11 1011 1		year .		
Type of Disinfectant Resid	tuat Wanteamed III Dis	unbullon System: IV Fr	e Chlorine	Combined Chlorin	e (Chloramines)	Chlorine I	Dioxide	
					15			
1	427.18	×	12.4			建设建设		
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X 24.0								
24.0	26,700	A STATE OF THE STA		, ##			h la	
24.0		dia.	white ship is a Richard	emining to resulting	STATE STREET, STREET	a., 14 a	1.0	Part of the second
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7 8 8 8 7 8 8 8 7 17	35,900						1.2	
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X 24.0	35 200	2.2 李紫					1113	
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24.0	33,500		7 14	4.4			1.2	
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	000,109		Total State of the	TAMENTON TO A STATE OF THE STAT	Lordon Lordin	THAT AREA	1.2]	Name of the State
	30,033							

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

DEP Form 62-555.900(3)

Effective August 28, 2003

41,100

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlab@strato.net fax: (863) 655-5820

Report Cover Page

Client:

Aqua Utilities Florida, Inc.

Address:

1616 Wedell Kent Rd

City, St, Zip: Attention: Sarasota, FL 34240

Harry Householder

Report #:

2009050179

Report Date:

5/17/2009

Project:

Peace River Heights

Inorganics, Secondaries, VOCs, SOCs, Radiologicals

Sample date:

April 13, 2009

Sample #'s

331713

This report package includes the following contents and

attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Cover Page:		1		
Report of Analysis:	DW Original	7	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
	Sampler cert	1	Q	Sample was analyzed out of holding time.
	Subcontract Lab Report	5	J	Estimated value; value may not be accurate.
Total Pages:		15		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted.

David W. Murto Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



May 22 09 08:30a

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

PUBLIC WATE	R SYSTEM INFORM	IATION (to be com	pleted by sam	ipler - Please ty	pe or print le	gibly)	
System Name:	PEACE RIVER HEI	GHTS			PWS I.D. #:	6251	954
System Type (ch	neck one): (x) Co	mmunity () Non	Transient Non	community () Transient 1	NonCommunity	ÿ
Address:	Chamberlain Blvd.						
City:	Wauchula	State:	Florida	ZIP Code:	3	3873	######################################
Phone:	(800) 250-7532	Fax #:	(863) 655-	2556	300000 1880 0000 000 000 000 000 000 000		
E-Mail Address:							
SAMPLE INFO	ORMATION (to be c	ompleted by sample	er)			6.4 (20)	 Вобрательной филоморий (се é é за запада пове систем да развительной пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на преду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на предоставления пореду на преду на предоставления поставления пореду на предоставления пореду н
Sample Number:	331713	Location (Code (ii Known):				
Sample Date:	4/13/2	2009 Sample T	ime:	0818	AM PM	(circle one)	MATERIA STATE CONTRACTOR CONTRACT
Sample Location	(be specific): Point of	Entry	9				
Disinfectant Residu	ial (Required when reporti	ng results for trihalome	thanes and halo	acetic acids):	2	mg/L Field pH	: 7.7
Sample Type (C	heck Only One)		Reason(s) for Sample (Check all tha	t apply)	
Distribution		X Routine Co	mpliance (with	62-550)	Quarterly (W	/hich One?)	
X Entry Point (to	Distribution)	Confirmant	ion of MCL Exc	ceedance*	Special (not i	or compliance w	ith 62-550.)
Plant Tap (not f	or compliance with 62.55	0.) Composite	Multiple Sites**		Violation Re	-	
Raw (at well in		Clearance (<u></u>			1 . 3
processor 4		4	permuting)	L	Keptacement	(of invalidated S	empte)
Max. Residence		Other:			*****		
Ave. Residence		Sampling Proce	edure Used or ot	her Comments:	***************************************		FEETER FEETER ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.
Near First Cosu	umer	A-107800000000000000000000000000000000000	***************************************				More commenced and a separation and an experience
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NOTE: See 62- nitrite MCL exe	550.512(3) for additional cedances.	requirements for nitrate	OI	** See 62-550 page for each s		irements and atta	ch a results
	Ch. i. Cith			, ,			
Sampler*sName:	Cnns Gilbert				***************************************		PERFECTION OF THE PERFECT OF THE PER
Sampler's Phone	e #: (863) 381-0755	Sampler's l	Fax:	(8)	63) 655-2556	
			0.00000.00	434440	······································	***************************************	STATE OF THE PROPERTY OF THE P
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CERTIFICATI	ON (to be completed	by sampler)					
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and the same of th	TO STREET SHOW THE STOP OF THE	passic water system	and sumpre t	oncouon mior	mation is coll	ipicie and com	Mot.
Signature:	400 444 444 444 444 444 444 444 444 444				Date	4/13/2	1009
Reporting Format 6.	2-550.730	4	, , , , =				

L	ABORATORY	CERTIFICATION INF	ORMATION (to be con	npleted by lab -	Please type or print legib	ily)	
		RRENT DOH ANALYTI				,	
	Lab Name:	Short Environmental L	aboratories		Florida Certificatio	n #:	E85458
	Address:	10405 US Highway 27	South		Certification Expira	ation Date:	06/30/09
		Sebring, FL 33876			Phone #:		55-4022
A	NALYSIS INFO	ORMATION (to be comp	pleted by lab)		Date Sample(s) Receiv	ved:	4/13/2009
	PWS ID (From	Page 1):	6251954		Sample Number (From P	age li:	331713
	Lab Assigned R	Report Number or Job ID:	331713	notice to be a second		,,,,,,,,,,,	
	Group(s) Anal	lyzed & Results attached	for compliance with C	hapter 62-550,	F.A.C. (Check all that ap	oply):	
In	All 17	All 30 x All Except Dioxin Partial Dioxin Only	All 21 Partial Radionuclides X Single Sampl Qtrly Compo	e	Byproducts Trihalomethanes Haloacetic Acid Bromate Chlorite condaries X All 14		
		Lead & Copper			Partial		
	Were any anal	yses subcontracted?	(x) Yes	() No			
		provide DOH certification			E84129		
	ATTACH DO	H ANALYTE SHEET F	OR EACH SUBCONT	RACTED LAB	*		4450 4000 4000 4000 4000 4000 4000 4000
			CERTIF	ICATION			
I.		**************************************	V. Murto		Labora	atory Direct	or
	1 11000001		Name)			rint Title)	
					s noted meet all requirem	nents of the	
	National Envir	ronmental Laboratory Ac	ccreditation Conference	(NELAC).			
	Signature:	Daw	Samuel		Date:	5/17/2	2009
	results will result in result in notification	ie a valid and current Florida l in rejection of the report, poss on of the DOH Bureau of Lab radiological sample dates & le	ible enforcement against the paratory Services.	and a current Ana public water system	ilyte Sheet for the attached and n for failure to sample, and ma	elysis Iy	
C	OMPLIANCE I	ETERMINATION (to b	oe completed by DEP or I	OOH)			
	mple Collection	Info Satisfactory:	() Yes () N		alysis Info Satisfactory:	()	Yes () No
		mple(s) Requested (circle or			Revised Report Req		
		toring Required (circle or	parentering.		(circle or highli	ght group(s) at	oove)
	Reason(s):	MCL(s) Exceeded Missing Analyte Sheet	Detection(s) Location Unsat	isfactory	Incomplete Report Analysis Unsatisfact	tory	
	Person Notified	Other:		Date Notifie			
	Comments:	100 miles and an annual an annual an annua		Date NOUTE			
	Date Reviewed		DEP/DOH Re	viewing Offici	al.		
	Reporting Format		~ WI I VII I C	- many Onto	C.Z. 1	***************************************	***************************************
	Effective January I	1995, Revised January 2004		2 of 7			

Inorganic Contaminants	Report Number/Job ID:	331713
62-550.310(1)	PWS ID (from page 1):	6251954

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.83		EPA 353.2	0.02	4/15/2009	1111	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	4/14/2009	1150	E85458
1005	Arsenic	0.01	mg/L	0.002	U	SM 3113 B	0.002	4/15/2009	1200	E85458
1010	Barium	2	mg/L	0.012		EPA 200.7	0.002	4/16/2009	0832	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	4/16/2009	0832	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	4/16/2009	0832	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	4/20/2009	0805	E85458
1025	Fluoride	4.0	mg/L	0.69		SM4500F-C	0.05	5/6/2009	1015	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	4/16/2009	0730	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	4/23/2009	0731	E85458
1036	Nickel	0.10	mg/L	0.002	L	EPA 200.7	0.002	4/16/2009	0832	E85458
1045	Selenium	0.05	mg/L	0.005	U	SM 3113 B	0.005	4/20/2009	0816	E85458
1052	Sodium	160	mg/L	18.		EPA 200.7	0.05	5/5/2009	1430	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	4/28/2009	1131	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	4/16/2009	0832	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	4/22/2009	0753	E85458
1094	Asbestos	7 MFL	MFL							

All results meet the requirements of NELAC.

Reporting Format 62-550.730

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, 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.

Secondary Contaminants

62-550,320

Report Number/Job ID:

331713

PWS ID (From Page 1):

6251954

	T							(2.011114801).		31934
Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1002	Aluminum	0.20	mg/L	0.02	l II	EPA 200.7	0.02	4/16/2009	0832	E85458
1017	Chloride	250	mg/L	28.		EPA 325.3	0.5	4/14/2009	0921	E85458
1022	Copper	1	mg/L	0.004	I	EPA 200.7	0.002	4/16/2009	0832	E85458
1025	Fluoride	2.00	mg/L	0.69		SM4500F-C	0.05	5/6/2009	1015	E85458
1028	Iron	0.30	mg/L	0.025		EPA 200.7	0.005	4/16/2009	0832	E85458
1032	Manganese	0.05	mg/L	0.0007	I	EPA 200.7	0.0005	4/16/2009	0832	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	4/16/2009	0832	E85458
1055	Sulfate	250	mg/L	120.		EPA 375.4	1.	4/16/2009	1013	E85458
1095	Zinc	5	mg/L	0.006	I	EPA 200.7	0.004	5/14/2009	1306	E85458
1905	Color	15	CU	1.	U	SM 2120 B	1.	4/14/2009	1545	E85458
1920	Odor	3	TON	0.	U	SM 2150 B	1.	4/13/2009	1614	E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU	7.7		EPA 150.1	0.1	4/13/2009	0818	E85458
1930	Total Dissolved Solids	500	mg/L	404.		SM 2540 C	10.	4/17/2009	1158	E85458
	Foaming Agents neet the requirements of NELAG	0.50	mg/L	0.02	U	SM 5540 C	0.02	4/15/2009	0700	E85458

Reporting Format 62-550,730

Effective January 1995, Revised January 2004

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160. Table 1. Results qualified with A, F, H, N, 0, 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.

Volatile Organics

62-550.310(4)(a)

Report Number/Job ID:

331713

PWS ID (from page 1):

6251954

Contam				Analysis		Analytical	Lab			Analysis	DOH Lab
ID	Contaminant Name	MCL	Units	Result	Qualifier*	Method	MDL	RDL	Analysis Date	Time	Certification
2378	1,2,4-Trichlorobenzene	70	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.2	U	EPA 502.2	0.2	0.50	4/16/2009	1433	E84129
2955	Xylenes (total)	10,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2964	Dichloromethane	5	ug/L	0.5	U	EPA 502,2	0.5	0.50	4/16/2009	1433	E84129
2968	o-Dichlorobenzene	600	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2969	para-Dichlorobenzene	75	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2976	Vinyl Chloride	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2980	1 .2-Dichloroethane	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	4/16/2009	1433	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.3	U	EPA 502.2	0.3	0.50	4/16/2009	1433	E84129
2982	Carbon tetrachloride	3	ug/L	0.3	U	EPA 502.2	0.3	0.50	4/16/2009	1433	E84129
2983	1,2-Dichloropropane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	4/16/2009	1433	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	4/16/2009	1433	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	4/16/2009	1433	E84129
2987	Tetrachloroethylene	3	ug/L	0.2	U	EPA 502,2	0.2	0.50	4/16/2009	1433	E84129
2989	Monochlorobenzene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2990	Benzenc	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2991	Toluene	1,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2992	Ethylbenzene	700	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129
2996	Styrene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	4/16/2009	1433	E84129

All results meet the requirements of NELAC.

Reporting Format 62-550730

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?.*. are unacceptable for compli with 65.550. 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 during the same monitoring period.

Synthetic (Organics								Report Nun	nber/Job ID:	.3	31713
62-550.31									PWS ID (fr	rom page 1):	62	251954
Contam				Analysis		Analytical	Lab		Extraction	Analysis	Analysis	DOII Lab
ID	Contaminant Name	MCL	Units	Result	Qualifier*	Method	MDL	RDL	Date	Date	Time	Certification
2005	Endrin	2	ug/l,	0.1	U	EPA 525.2	0.1	0.01	4/17/2009	4/17/2009	1705	E84129
2010	Lindane	0.20	ug/L	0.06	U	EPA 525.2	0.06	0.02	4/17/2009	4/17/2009	1705	E84129
2015	Methoxychlor	40	ug/L	0.05	U	EPA 525.2	0.05	0.10	4/17/2009	4/17/2009	1705	F.84129
2020	Toxaphene	3	ug/L	0.5	U	EPA 508.1	0.5	1	4/17/2009	4/20/2009	2010	E84129
2031	Dalapon	200	ugЛ.	1	U	EPA 515.3	1.	1	4/21/2009	4/22/2009	1709	E84129
2032	Diquat	20	ug/L	1.	U	EPA 549.2	1.	0.4	4/18/2009	4/20/2009	1426	E84129
2033	Endothall	100	ug/L	20.	U	EPA 548.1	20.	9	4/18/2009	4/22/2009	1959	E84129
2034	Glyphosate	700	ug/L	10.	U	EPA 547	10.	6		4/20/2009	1240	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.3	U	EPA 525.2	0.3	0.6	4/17/2009	4/17/2009	1705	E84129
2036	Oxamyl (Vydate)	200	ug/l,	0.5	U	EPA 531.1	0.5	2		4/18/2009	0008	E84129
2037	Simazine	4	ug/L	0.07	U	EPA 525.2	0.07	0.07	4/17/2009	4/17/2009	1705	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1.	U	EPA 525.2	1.	0.6	4/17/2009	4/17/2009	1705	1284129
2040	Picloram	500	ug/L	0.75	U	EPA 515.3	0.75	0.1	4/21/2009	4/22/2009	1709	E84129
2041	Dinoseb	7	ug/L	0.5	U	EPA 515.3	0.5	0.2	4/21/2009	4/22/2009	1709	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.2	U	EPA 525.2	0.2	0.1	4/17/2009	4/17/2009	1705	E84129
2046	Carbofuran	40	ug/L	0.5	U	EPA 531.1	0.5	0.9		4/18/2009	0008	E84129
2050	Atrazine	3	ug/L	0.06	U	EPA 525.2	0.06	0.1	4/17/2009	4/17/2009	1705	E84129
2051	Alachlor	2	ug/L	0.2	U	EPA 525.2	0.2	0.2	4/17/2009	4/17/2009	1705	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L			EPA 1613B	0.0028	0.005		·		
2065	Hcptachlor	0.40	ug/L	0.08	U	EPA 525.2	0.08	0.04	4/17/2009	4/17/2009	1705	E84129
2067	Heptachlor Epoxide	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	4/17/2009	4/17/2009	1705	E84129
2105	2,4-D	70	ug/L	1.	U	EPA 515.3	1.	0.1	4/21/2009	4/22/2009	1709	E84129
2110	2.4,5-TP (Silvex)	50	ug/l.	0.25	U	EPA 515.3	0.25	0.2	4/21/2009	4/22/2009	1709	E84129
2274	Hexachlorobenzene	1	ug/L	0.05	U	EPA 525.2	0.05	0.1	4/17/2009	4/17/2009	1705	E84129
2306	Bonzo(a)pyrene	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	4/17/2009	4/17/2009	1705	E84129
2326	Pentachlomphenol	1	ug/L	0.1	()	EPA 515.3	0.1	0.04	4/21/2009	4/22/2009	1709	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	ug/L	0.2	()	EPA 508.1	0.2	0.1	4/17/2009	4/20/2009	2010	E84129
2931	Dibromochloropropane	0.20	ug/L	0.005	U	EPA 504.1	0.005	0.02	4/24/2009	4/25/2009	0246	E84129
2946	Ethylene Dibromide (EDB)	0.02	ug/1.	0.005	U	EPA 504.1	0.005	0.01	4/24/2009	4/25/2009	0246	E84129

All results meet the requirements of NELAC unless otherwise noted.

U

EPA 508.1

0.05

0.2

4/17/2009

4/20/2009

2010

F84129

0.05

2

ug/L

Reporting Format 62-550.730

Chlordane

Effective January 1995, Revised January 2004

^{*} Results must be reported with appropriate qualifiers to accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be repalced with acceptable results from samples collected during the same monitoring period.

Radionuclides

Report Number / Job ID:

331713

62-550.310(6)

PWS ID (From Page 1):

6251954

Contam	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	21.5		900.0 - D5174	2	3	5.9	4/28/2009	1731	E84129
4002	Gross Alpha (Incl Uranium)	***	pCi/L	22.		EPA 900.0	2	3	5.9	4/20/2009	1459	E84129
4006	Combined Uranium	****	pCi/L	0.47		ASTM D5174	0.04	0.667		4/28/2009	1731	E84129
~	(U-234, U-235, & 11-238)	30	ug/L					1			***************************************	E84129
4020	Radium - 226	5	pCi/L	3.5		EPA 903.1	0.03	1	0.3	4/23/2009	1545	E84129
4030	Radium - 228			0.3	U	EPA Ra-05	0.3	1	0.2	4/27/2009	1634	E84129

- ** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/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 (ug/L) by multiplying the result by 1.5.

All results meet the requirements of NELAC, except as noted.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A. F. H. N. 0, T. Z.2,*, 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.

110 BAYVIEW BOLILEVARD, DLDSMAR, FL 3457? 913455-1344 fax 613455-2218



Short Environmental Laboratories Dave Murto 10405 US 27 S. Sebring, FL 33876-9502 April 29, 2009 Project No: 91105

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

May 22 U9 U8:33a

Aqua Utilities #386

Sample Number 9:105.01 Sample Description
Peace River 331713

Date & Time Collected

04/13/09 08:18

Date & Time Received

04/15/09

11:22

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

FDOH Laboratory No. E84129 NELAP Accredited Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

Page 1 of 5

nelac

Short Environmental Laboratories

Aqua Utilities #386

Sample ID: Peace River 331713

April 29, 2009

Sample No.: 91105.01

PWS ID:

Radionuclides 62-550.310(6)

Contaminant	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	22		EPA 900.0	2.0	3	5.9	04/20/09	14:59	E84129
4006	Combined Uranium	20	pCI/L	0.47		ASTM D5174	0.04	Microsop.	***	04/28/09	17:31	E84129
4020	Radium-226	5*	pCi/L	3.5		EPA 903.1	0.03	1	0.3	04/23/09	15:45	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2	04/27/09	16:34	E84129

^{*} Combined Limit

* Qualifiers:

UI

Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDI, is sample specific and matrix dependent.

^{***} If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

110 BAYVIII A/ FOULEVARD, OLDSMAR, RII (04077) (813 855-1444 fs) 813 855-9918

nelac

April 29, 2009

Sample No.: 91105.01

PWS ID:

Short Environmental Laboratories Aqua Utilities #386 Sample ID: Peace River 331713

Volatile Organics 62-550.310(4)(a)

											DOH Lab	
Contaminant ID	Contaminant Name	MCL.	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	Certification #	
2378	1,2,4 Trichlorobenzene	70	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2380	cis-1,2-Dichloroethylene	70	μg/L	0.2	U	EPA 502.2	0.2	0.5	04/16/09	14:33	E84129	
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2964	Dichloromethane	5	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2968	o-Dichlorobenzene	600	µg/L	0.5	U	EPA 502,2	0.5	0.5	04/16/09	14:33	E84129	
2969	para-Dichlorobenzene	75	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2976	Vinyl Chloride	1	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2977	1,1-Dichloroethylene	7	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2979	trans-1,2-Dichloroothylene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	04/16/09	14:33	E84129	
2981	1,1,1-Trichloroethane	200	μg/L	0.3	U	EPA 502.2	0.3	0.5	04/16/09	14:33	E84129	
2982	Carbon tetrachloride	3	µg/L	0.3	U	EPA 502.2	0.3	0.5	04/16/09	14:33	E84129	
2983	1,2-Dichloropropane	5	µg/L	0.3	U	EPA 502.2	0.3	0.5	04/16/09	14:33	E84129	
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	04/16/09	14:33	E84129	
2985	1,1,2-Trichloroethane	5	µg/L	0.3	U	EPA 502.2	0.3	0.5	04/16/09	14:33	E84129	
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 502.2	0.2	0.5	04/16/09	14:33	E84129	
2989	Monochlorobenzene	100	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2990	Benzene	1	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2991	Toluene	1,000	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	
2996	Styrene	100	μg/L	0.5	U	EPA 502.2	0.5	0.5	04/16/09	14:33	E84129	

* Qualifiers:

U

Analyte was undetected, Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550 310(4)(b).

p.20

9413783554

May 22 09 08:34a



Short Environmental Laboratories Aqua Utilities #386

Sample ID:

Peace River 331713

April 29, 2009

Sample No.: 91105.01

PWS ID:

Synthetic Organics 62-550.310(4)(b)

Contaminant	Contaminant			Analysis		Analytical		RDL	Extraction		Analysis	DOH Lab
ID	Name	MCL	Units		Qualifier*	Method	Lab MDL	44	Date	Analysis Date	Time	Certification#
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	04/17/09	04/17/09	17:05	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	04/17/09	04/17/09	17:05	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	04/17/09	04/17/09	17:05	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	04/17/09	04/20/09	20:10	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	04/21/09	04/22/09	17:09	E84129
2032	Diquat	20	μg/L	1	U	EPA 549.2	1	0.4	04/18/09	04/20/09	14:26	E84129
2033	Endothall	100	µg/L	20	U	EPA 548.1	20	9	04/18/09	04/22/09	19:59	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		04/20/09	12:40	E84129
2035	Di(2-ethylhexyl)adipate	400	μg/L	0.3	U	EPA 525.2	0.3	0.6	04/17/09	04/17/09	17:05	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		04/18/09	80:00	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	04/17/09	04/17/09	17:05	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	04/17/09	04/17/09	17:05	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	04/21/09	04/22/09	17:09	E84129
2041	Dinoseb	7	μg/L	0.5	U	EPA 515.3	0.5	0.2	04/21/09	04/22/09	17:09	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	04/17/09	04/17/09	17:05	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		04/18/09	00:08	E84129
2050	Atrazine	3	μg/L	0.06	U	EPA 525.2	0.06	0.1	04/17/09	04/17/09	17:05	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	04/17/09	04/17/09	17:05	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	04/17/09	04/17/09	17:05	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	04/17/09	04/17/09	17:05	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	04/21/09	04/22/09	17:09	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	04/21/09	04/22/09	17:09	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	04/17/09	04/17/09	17:05	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	04/17/09	04/17/09	17:05	E84129
2326	Pentachlorophenol	1	μg/L	0.1	U	EPA 515.3	0.1	0.04	04/21/09	04/22/09	17:09	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	04/17/09	04/20/09	20:10	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	04/24/09	04/25/09	02:46	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	04/24/09	04/25/09	02:46	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	04/17/09	04/20/09	20:10	E84129

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550 310(4)(b)

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

ch of 110 BAYVIEW BOULEVAHD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 9/105

863-655-4022 Client Name 08:34a SHORT ENVIRONMENTAL LABORATORIES, INC. Turn Around Time Requested (*Surcharges may apply) Project Name / Location 46 lour* 5 Bus. Daya" Aqua Utilities #386 Samplers: (Signature) PARAMETER / CONTAINER DESCRIPTION Matrix Codes: No. of Containers (Total per each location) DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other 40ml aV, Cool 4C 515.3 R-Reagent Water 40ml V. MCAA 531,1 1LaP, H₂SO 549.2 40ml V, Cool 547,548.1 1LaG, HCI 525.2, 508.1 Composite Matrix Date Time Sample Description Peace River DW X 2 3 3 3 17 331713 4/13/09 0818 62-550 61 9413783554 Seat Intact? NA
Samples Intact upon arrivar? Dato/fime8/5 Containers Prepared/ 0800 Helinquished: 4-15-09 Date/Time: Relinquished Proper preservatives indicated? N/A Relinquished Hec'd within holding time?Y N NA Date/Time: Received: Date/Time: Relinquished. Volutios rec'd w/out headspace NA Proper containers used? Date/Time: Relinquished: Date/Time: Heceived:

way 22 U9 U8:35a Safe Orinking Water Program Laboratory Reporting Format

BLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or print legibly)
s Name: PPACE RIVE	PWSI.D. # 6251954
stem Type (check one): Community	The state of the s
tross: Chamberla	un blud
y: Wallchilla	State: 40 ZIP Code: 34240
0:10 #:	Fix #:
Mail Address:	
MPLE INFORMATION (to un completed	by sampler)
mple Number: 4/13/09	Location Codo (If known):
mple Date: 4/13/09	Sample Time: Dell AM PM (Chela Oue)
mple Location (on specific):	POE
infectant Residual (Required when reporting	esuits for tritisiemelhanes and inhaccello adds): 2-0 mg/L Field pH: 7.7
	× .
mple Type (Check Only One)	Reason(s) for Sample (Check all that moph)
Distribution	Routine Compilance (with 62-550) Quarterly (Which Quarter?
Entry Point (le Distribution)	Confirmation of MCL Excoedance* Special (not for compliance with 62-550)
Plant Tap (not for compilance with 62-550)	Composite of Multiple Sites** Violation Resolution
Raw (at well or intake)	Clearatice (portroiting) Replacement (of Invalidated Sample)
M Residence Time	Other
Ava Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(0) for required NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	diditional requirements attach a results page for each site.
impler's Name: Chris Gilk	xrt
mpler's Phone #: 863-4165-4	9911 Samplor's Fax#: 863-465-5159
mpler's E-Mail Address:	
	*,
IRTIFICATION (to be completed by	sampler)
Chris G	lbert operator
(Print Name)	(Print Tile)
HEREBY CERTIFY that the abo	ve public water system and sample collection information is
nature:	Mero Date: 4/13/09
ting Council 62 550,730	

rie Jaminy 1995, Terried Jaminy 2004

Page I of [macr) number of pages]

May

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlab@strato.net fax: (863) 655-5820

Report Cover Page

Report #:

Report Date:

Client:

Aqua Utilities Florida, Inc.

Address:

1616 Wedell Kent Rd

City, St, Zip:

Sarasota, FL 34240

Attention:

Harry Householder

Project:

Peace River Heights

Radiologicals

Sample date:

attachments:

July 23, 2009

Sample #'s

337506

This report package includes the following contents and

Commonly used Qualifiers with explanations:

2009080162

8/18/2009

	Item	Pages	Qualifier	Explanation
Cover Page: Report of Analysis: Attachments:	DW Original Chain of Custody Sampler cert Subcontract Lab Report	3 1 1 3	U Q J	Compound was analyzed for but not detected. Result is between the PQL and the MDL. Sample was analyzed out of holding time. Estimated value; value may not be accurate.

Total Pages: The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted.

Danish Mento

David W. Murio Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies



WATER THAT

	Saic Dir)		
PUBLIC WATE	R SYSTEM INF	ORMATION	(to be comple	eted by sample	er - Please type	or print PWS 1.1	legibly)	62:	51954
System Name:	PEACE RIVER	RHEIGHTS				-			
System Type (ch	neck one):	x) Communi	ty () Non'l	Transient Nonc	community () Transi	ent Non(Commu	nity
Address:	Chamberlain B	livd.			ZIP Code:		33873	3	
City:	Wauchula		State:	Florida	_				
Phone:	(800) 250-753	2	Fax #:	(863) 655-2	2220				
	:								, manus de procusso des de manuscarez y en el manusca des el desarrollo de la companya del companya de la companya del companya de la company
SAMPLE INF	ORMATION (to be complete	ed by sampler)					
Sample Number:		7506	Location C	Code (if Known):		AM	DM (circle or	ie)
Sample Date:		7/23/2009	Sample T	ime:	0755	AM	PIVI (LIJEIC OI	,,,
Sample Location	on (be specific):	Plant POE						e raile	aU:
Disinfectant Resid	dual (Required whe	n reporting resul	ts for tribalomet	hanes and haload	cetic acids):		-		pH:
	Check Only One			Reasont	s) for Sample (Check a	ll that ap	ply)	
	eneer on,		X Routine Co	ompliance (with	62-550)	x Quart	erly		
Distribution				tion of MCL Ex		Speci	al(not for	complian	ce with 62-550.)
X Entry Point (to Distribution)		L				ition Resol		
Plant Tap (no	of for compliance w	ith 62-550.)	Composite	Multiple Sites*	**				(Cample)
Raw (at well			Clearance	(permitting)		Repla	acement (0	if invalid	ated Sample)
			Other:						
Max. Reside			Sampling Pro	cedure Used or C	other Comments:				
Ave. Reside	nce Time		Samping						
Near First C	ostumer								
NOTE: See	0.500(6) for require 62-550.512(3) for a exceedances.	ments and restric additional require	tions. ements for nitrat	e or	** See 62-55 page for each	50.550(4) In site.	for requires	ments and	d attach a results
Sampler's Nam	ne: Chris Gilber	rt							
Sampler's Pi			381-0755	Sampler'	s Fax:		(86	3) 655-	2556
Sampler's E-	Mail Address:								
CERTIFICA	ATION (to be co	ompleted by s	ampler)						
		Chris Gilb					Opera		
1.					11	armation	(Print 7	litte) lete and	correct.
do HEREBY	CERTIFY that	the above pub	lic water syste	em and sample	e collection into	(ATTION)	Date		7/23/2009
Signature:							Date	-	
Reporting For	mat 62-550.730 pary 1995, Revised	January 2004		1 of	3				

ABORATORY ATTACH CU	CERTIFICATION INFORMATION (to be comple URRENT DOH ANALYTE SHEET*		
Lab Name:	Short Environmental Laboratories	Florida Certification	т -
Address:	10405 US Highway 27 South	Certification Expirat	
Address:	Sebring, FL 33876	Phone # :	(863) 655-4022
		Date Sample(s) Receive	ed: 7/23/2009
NALYSIS IN	FORMATION (to be completed by lab)	Sample Number (From Pa	
PWS ID (Fro	m Page 1): 6251954	Sample (Valide)	
Lab Assigned	d Report Number or Job ID: 337506		
Group(s) A	nalyzed & Results attached for compliance with Cha	pter 62-550, F.A.C. (Check all tha	at apply/.
	Synthetic Organics Volatile Organics	Disinfection Byproducts	
The second secon	All 30 All 21	Trihalomethanes	
All 17	All Except Dioxin Partial	Haloacetic Acid	
Partial		Bromate	
Nitrate	Partial Dioxin Only Radionuclides	Chlorite	
Nitrite	Circle Sample		
Asbestos O	Otrly Composite	e** Secondaries	
		All 14	
	Lead & Copper	Partial	
	Lead & coppe.		
Were any	analyses subcontracted? (x) Yes	() No	
ATTACH	ase provide DOH certification Numbers: DOH ANALYTE SHEET FOR EACH SUBCONTE CERTIFIC	CATION	
	on a control Manufa	, Labo	oratory Director
},	David W. Murto (Print Name)		(Print Title)
	(Print Name) BY CERTIFY that all attached analytical data are co	rrect and unless noted meet all rec	quirements of the
do HERE	BY CERTIFY that all attached analytical conference	(NELAC).	
National I	Environmental Laboratory Accreditation Conference	Date	8/18/2009
Signature	. Dound a live	Date:	
		er and a current Analyte Sheet for the attac	hed analysis
* Failure to	provide a valid and current Florida DOH lab certification number result in rejection of the report, possible enforcement against the	public water system for failure to sample.	and may
41.74	Gration of the DOH Bureau of Laboratory Services		
** Please p	rovide radiological sample dates & locations for each quarter.		
	TONK I DEP or	DOH)	ory: () Yes ()
COMPLIAN	ection Info Satisfactory: () Yes () N	o Sample Analysis Info Satisfacto	3
Sample Coll	ent Sample(s) Requested (circle or highlight group(s) above)	Revised Report	ighlight group(s) above)
Replacem	Musitoring Required (circle or highlight groupts) above		
Reason(s	1. IMCL (c) Exceeded Detection(s)		efactory
ice ason (Missing Analyte Sheet Location Unsat	isfactory Analysis Onsaid	n be un y
	Other:	D. Blacklad	
Person N	Notified:	Date Notified:	
Commer		winning Officials	
Date Re	DEP/DOH K	eviewing Official:	
	Format 62-550.730	2 of 3	
Effective	January 1995. Revised January 2004	4 (1)	

Radionuclides

62-550.310(6)

 Report Number / Job ID:
 337506

 PWS ID (From Page 1):
 6251954

Contam				Analysis	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
ID	Contaminant Name	MCL	Units	Results	Quantier	Method					1720	E 84129
		15**	pCi/L	18.		900.0 - D5174	2.0	3	4.3	8/4/2009	1238	
	Gross Alpha (Excl Uranium)					EPA 900.0	2.0	1	4.3	8/4/2009	1218	E 84129
4002	Gross Alpha (Incl Uranium)	***	pCi/L	18.		El / Food					1770	E 84129
4006	Combined Uranium	****	pCi/L	0.46		ASTM D5174	0.04	0.667		8/4/2009	1238	E 84129
	(U-234, U-235, & U-238)	30_	ug/L					1				
	1891			3.8		EPA 903.1	0.06	1	0.34	8/6/2009	1335	E 84129
4020	Radium - 226	- 5	pCi/L	0.3	U	EPA Ra-05	0.3	1	0.2	8/10/2009	1501	E 84129

- ** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/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 (ug/L) by multiplying the result by 1.5.

All results meet the requirements of NELAC, except as noted.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, 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.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004





August 11, 2009 Project No: 93904

Short Environmental Laboratories **Dave Murto** 10405 US 27 S. Sebring, FL 33876-9502

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

93904.01

Aqua Utilities #386

Sample Number

Sample Description

Peace River Heights 337506

Date & Time Collected

07:55 07/23/09

Date & Time Received

07/29/09

10:55

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

FDOH Laboratory No. E84129 NELAP Accredited

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

Page 1 of 3

1 TO BAYVIEW BOULEVARD, DLOSMAR, FL 34577 513-855-1844 fex 213-855-2818

nelac

Short Environmental Laboratories Aqua Utilities #386

Sample ID: Peace River Heights 337506

August 11, 2009

Sample No.: 93904.01

PWS ID:

Radionuclides 62-550.310(6)

1000		K 10		The state of the s	20 4 1 1	14 H 1997						DUH Lab
Contaminan		MGI	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	Certification #
10	and the same of th	+++		40		EPA 900.0	2.0	3	4.3	08/04/09	12:18	E84129
4002	Gross Alpha (Incl. Uranium)		pCi/L	10		and the desired				08/04/09	12:38	E84129
4006	Combined Uranium	20	pCi/L	0.46		ASTM D5174	0.04		404		12.25	F84129
-		5*	pCi/L	3.8		EPA 903.1	0.06	1	0.34	08/06/09	13:30	
4020	Radium-226	-	840	0.0	1.14	FPA RA-05	0.3	1	0.2	08/10/09	15:01	E84129
4030	Radium-228	5*	pCi/L	0.3	UI	EFA NA-00						

^{*} Combined Limit

* Qualifiers:

Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent

^{***} If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

SAL Project No. 93904

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

Client N	lame		ONEATT	TTO A F Y	A D)DA	TOPIES	INC		Contac	t / Phor	ne: 863-6	55-4022		
Project	Name / Location	ORT ENVIR		ua Utiliti				, IIVO		Turn Arou	nd Time R	lequested (*	Surcharges n	nay apply) us Days	
				ua Ottiiti		1101									
Sample	ers: (Signature)						·	PARA	METER	7 / CONTAINER DESCRIPTION					
SAL Une Only	Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Raagent Water	to.	ē	Matrix	Composite	Grab	Gross Alpha 1/2 Gallon, Plastic w/HNO3	Rad 226	Rad 228	Uranium	Gross Beta				No. of Containers (Total per each location)
Sample No	Sample Description	Date	Тіте	×	ŭ	1					0	1			2
0\	Peace River Heights 337506	07/23/09	0755	DW		X	X	X	X	X					
-					+	+				1					
-					+	+		-							
Contain Refinqu Refinqu Refinqu	ished: O'7/29/0° Detertime: Detertime: Date/Time: Date/Time:	Received: Received: Received: Received:	. brown	n	D			Samples Receive Proper p Rec'd w	ed on ice? ' preservativ rithin holdin	n arrival? Y Temp es indicated? g time? Y out headspace	NA	instructio	ns / Remarks		

, age

Charles Frietraty #15

10405 US 27 S Sebring, FI 33876 (863) 655-4022 (800) 833-4022

			72	AID	5								
npler's Name:		Client Name (include	x: (863) 655-582 address & phone if no				<u></u>		E	5-7	1		
	Chris Gilbert	Pugh Utilities Service	- Ino.		: 1	-	1421	3	(V)	1			
ease Print)	0 11		Aqua	>	1	7	N	7					
npler's Signature	Is there	Project: Peace River Heights	Ų.		WTP	ject or Location:		Radium	Gross	Uranium			
Field ID	Sample ID	Date	Time	Туре	Grab	Laboratory ID#	# of Cont		-	+			
6251954	Peace River Height	7				7.00		-					
	POE	7/23/09	0755	DW	X	3376C6	2	X	XX	XX			
				-									
					-								
								-					
				-					-				
mments.		SAMPLE TYPES:	DW-Drinking Water					ory Use Or les on ice:		Yes	. No	7.6	Temp C
			SW-Surface Water STP-Wastewater GW- Ground Wate			Aliquots proper						1,5	-
	SOL-Solids LSS-Sludge			Log In Batch # 8162							_pH _pH		
ample Quantity:	Relinquished by:		Accepted By:			Date:	Time:				Field Tin		Time
	(15/11/00)	Chailles				07/22/03 13		201			Departed lab / site		
	Cesque					19427	1 / 2				Departed site		-
			4			\ ' '					Arrived	lab	
	I Town (Mail Page)		F-MAIL SHORTL	AB ØS	TRATO.	NET	-						

hain of Custody and Transmittal Form

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlab@strato.net fax: (863) 655-5820

Report Cover Page

Client:

Aqua Utilities Florida, Inc.

Address:

1616 Wedell Kent Rd

City, St. Zip:

Sarasota, FL 34240

Auention:

Harry Householder

Project:

Peace River Heights

Radiologicals

Sample date:

October 15, 2009

Sample #'s

342688



Report #:

2009110026

Report Date:

11/7/2009

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Cover Page: Report of Analysis: Attachments:	DW Original Chain of Custody Sampler cert Subcontract Lab Report	1 3 1 1 3	U I Q J	Compound was analyzed for but not detected. Result is between the PQL and the MDL. Sample was analyzed out of holding time. Estimated value; value may not be accurate.
77		9		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted.

David W. Murto Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



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

	Otto V					***************************************	
BLIC WATE	ER SYSTEM IN	FORMATION	(to be comple	ted by sample	r - Please typ	e or print legibly)
System Name:	PEACE RIVE	ER HEIGHTS				PWS I.D. #:	6251954
		(v) Commun	ity () NonT	ransient Nonc	ommunity	() Transient Nor	Community
System Type (c	Chamberlain						
Address:		13170.	State:	Florida	ZIP Code	3387	3
City:	Wauchula	4.4	- Fax #:	(863) 655-2	- 556		
Phone:	(800) 250-75		000		described and the reservoir and the second and the	-	
E-Mail Address							
SAMPLE INF	FORMATION	(to be complet					
Sample Number	9 9	342688	Location Co	ade (if Known):	500000000000000000000000000000000000000		(area area)
Sample Date:		10/15/2009	Sample Ti	me:	0822	AM PM	Circle one)
Sample Location	on (be specific):	Plant POE					
Disinfectant Resi	dual (Required wh	nen reporting resu	lts for tribalometh	anes and haloace	etic acids):		ng/L Field pH:
	Check Only Or			Reason(s) for Sample	(Check all that a	oply)
p			Tx Troume Cor	npliance (with 6	2-550)	X Quarterly	
Distribution			L	ion of MCL Exe		Special(not for	compliance with 62-550.
X Entry Point (to Distribution)					Violation Rese	
Plant Tap (no	ot for compliance	with 62-550.)	Composite	Multiple Sites**		bosconorran de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de	
Raw (at well	intake)		Clearance (permitting)		Replacement (of Invalidated Sample)
Max. Reside			Other:			agggapapapapapapapapapapapapapapapapapa	
			Sampling Proce	edure Used or of	her Comments:		
Ave. Reside							
Near First C	ostumer						
NOTE: Sec	0.500(6) for requir 62-550,512(3) for exceedances.	ements and restric additional requir	ctions. ements for nitrate	or	** See 62-5 page for eac		ements and attach a results
Sampler's Nan	ie: Chris Gilbe	:r1					
Sampler's Ph			465-6911	Sampler's	Fax:	(86	53) 465-5159
Sampler's E-	Mail Address:						
CERTIFICA	ATION (to be c	completed by s	ampler)				
***		Chris Gilb	ert			Opera	
Section and agreement of the section				n and sample :	collection inf	(Print' ormation is comp	lete and correct.
do HEREBY	CERTIFY that	the above pub	he water system	and sample (සාව වැරැම් ව වැන ජාවලිස් සිට වර්ජි වි		
Signature:						Date	: 10/15/2009
Renorme Fort	nat 62-550.730 ary 1995, Revised			73			

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

	Sale Dinking						
BORATORY	CERTIFICATION INFOR	MATION (to be compl	eted by lab	- Please type or print leg	ibly)		
ATTACH CU	RRENT DOH ANALYTE SI	IFF.I*				em 20 PF 42PF 23	
Lab Name:	Short Environmental Lab	oratories		Florida Certification		E85458	
Address:	10405 US Highway 27 Sc	outh	and the second s	Certification Expirat		06/30/10	
	Sebring, FL 33876			Phone #:	(863) 6	555-4022	
ANALYSIS INF	ORMATION (to be comple	ed by lab)		Date Sample(s) Receive		10/15/2009	
PWS ID (Fron	Page 1): 6	251954		Sample Number (From Pa	ge 1):	342688	
Lub Assigned	Report Number or Job ID:	342688					
	alyzed & Results attached f	or compliance with Cha	apter 62-5	50, F.A.C. (Check all tha	t apply):		
Inorganics S All 17 Partial Nitrate Nitrite Asbestos On	All 30 All Except Dioxin Partial Dioxin Only R	All 21 Partial adionuclides X Single Sample Qtrly Composit (x) Yes	Disinfect e** Se	Trihalomethanes Haloacetic Acid Bromate Chlorite condaries All 14 Partial E 84129			
		CERTIFIC					
1	David W.	Murto		_	ratory Dire	A2002A777777777777777777777777777777777	
8.5	(Print Na	ime)	wast and t		(Print Title) s noted meet all requirements of the		
do HEREB	Y CERTIFY that all attache vironmental Laboratory Ac	d analytical data are co creditation Conference	(NELAC)).			
	vironmental Laboratory Ac	Du an A		Date:	11	/7/2009	
results will res result in notifi ** Please prov	ovide a valid and current Florida l ult in rejection of the report, poss cation of the DOH Bureau of Labo ide radiological sample dates & le	ble enforcement against the oratory Services. ocations for each quarter.	public water	mt Analyte Sheet for the attach	ed analysis nd may		
Sample Collect Replacement	E DETERMINATION (to be too Info Satisfactory: Sample(s) Requested (circle or Monitoring Required (circle or MCL(s) Exceeded Missing Analyte Shee Other:	() Yes () N r highlight group(s) above highlight group(s) above Detection(s)	Sample	Analysis Info Satisfactor Revised Report Re (circle or hig Incomplete Report Analysis Unsatisfactorified:	equested hlight group(() Yes () No s) above)	
Comments Date Revie		DEP/DOH RE	tiewing O	Official:			
tagitt, 16 t. A. It.	>> 2. 2. 2. 2.			200000000000000000000000000000000000000			

Florida Department of Env Inmental Protection Safe Drinking Water Program Laboratory Reporting Format

iclides		
310(6)		

Report Number / Job ID: 342688

PWS ID (From Page 1):

6251954

	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
-		15**	pCi/L	12.56		900.0 - D5174	2.0	3	3.2	11/2/2009	1529	E 84129
1	Gross Alpha (Excl Uranium) Gross Alpha (Incl Uranium)	***	pCi/L	13.		EPA 900.0	2.0	3	3.2	11/2/2009	1529	E 84129
1		****	pCi/L	() 44		ASTM D5174	0.04			10/27/2009	1414	E 84129
	Combined Uranium (U-234, U-235, & U-238)	30	ug/L	33. **								
				3.6		EPA 903.1	0.03	ig e	0.4	10/29/2009	1249	E 84129
	Radium - 228		pCi/L	0.5		EPA Ra-05	0.3	(4)	0.2	11/2/2009	1438	E 84129

All results meet the requirements of NELAC, except as noted.

Its must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160. Table 1. Results qualified with A, F, H, N, 0, T, Z,?,*, are unacceptable mpliance with 62.550. Results qualified with a LQ.R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring ion, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

ing Format 62-550.730

^{**} If the results exceed 5 pCi/L, a measurement for radium-226 is required.

^{***} If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/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 (ug/L) by multiplying the result by 1.5.

SOL HERN ANALYTICAL LABORATO. ES, INC.



Short Environmental Laboratories

Pugh #2

Sample ID: POE 342688

November 3, 2009

Sample No.: 96588.01

PWS ID:

Radionuclides 62-550.310(6)

												DOH Lab
Contaminant		MCI	Units	Analysis	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date		Certification #
ID	Name	MCL	UIIIIS				2.0	3	3.2	11/02/09	15 29	E84129
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	13		EPA 900.0				10/27/09	14:14	E84129
		20	pCi/L	0.44		ASTM D5174	0.04		take a deposited	10/2/103		
4006	Combined Uranium	2.0				EDA 002 1	0.03	1	0.4	10/29/09	12:49	E84129
4020	Radium-226	5*	pCi/L	3.6		EPA 903.1			0.0	11/02/09	14:38	E84129
4030	Radium-228	5*	pCi/L	0.5		EPA RA-05	0.3	1	U.Z.	11102100		

^{*} Combined Limit

· Qualifiers:

76

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

		91		29	
SAL Project	No.	(00	00	

Client Name		***************************************					**163					55-4022		
SHO	ORT ENVIR	ONMEN				TORIES	, INC.		Turn Aroun	d Time Re	quested (*S	Surcharges	may apply) Bus Days	
Project Name / Location			Pugh	#2		200000000000000000000000000000000000000	2777777		24 Hour*	48 Hour"	J 5 Bus. U	375 L		land.
Samplers: (Signature)			000000000000000000000000000000000000000				PAR	AMETER /	CONTAINE	R DESCR	IPTION	· · · · · · · · · · · · · · · · · · ·		
Matrix Codes:						03								ital pe
DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water						Gross Alpha 1/2 Gallon, Plastic w/HNO3		1		(a	A CALLESTON OF THE PARTY OF THE			No, of Containers (Total per each location)
SAL Use Only Sample No Sample Description	Date	Time	Matrix	Composite	Grab	Gross Alph 1/2 Gallon,	Rad 226	Rad 228	Craniti	Gross Beta				No. of C
D	10/15/09	0822	DW		X	X	Χ	X	X					£
		***************************************												PROPERTY OF THE PROPERTY OF TH
7														
														Penegar
				_	-									
Relinquished: 10-21-0	10 Peceived	Sofin	15		0-		Recei Prope Rec'd	ies intact up ived on ice? ar preserval s within hold	Temp 0.0	° 1	Instruct	tions / Rema	IKS	
Relinquished: Date/Time:					Date/1	Ime		tries reca w er container			SAL I GOOD ROOM PROPERTY CONTRACT AND ADDRESS OF THE PARTY CONTRACT AND AD			
Relinquished Date/Time:	Received			1	Lieue!	1 to 15 C	1				1			

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

Safe Drinking Water 1 vg	
PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please	se type or print legibly)
PUBLIC WATER SYSTEM INFORMATION (10 00 COLOR)	PWS LD. #: 6251954
System Name: Peace River Heights	() Transient NonCommunity
System Type (check one): Community ()NonTransiem Noncommunity	() Transient roots on the same
Address: (XXXIVY)	
Share Clando ZIP Cod	le: 33873
City: Wauchula State: Floridazip Cod E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)	-
Sample Number Location Code (if Know	
Sample Date: 10/15/09 Sample Time: 0822	AM PM (circle one)
VOE	
Sample Location (be specific	
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids)	s): mg/L Field pH:
Preson(s) for Sam	ple (Check all that apply)
Sample Type (Check Only One) Reason(8) for Sample Type (Check Only One) Reason(8) for Sample Type (with 62-55)	(Which One?)
Distribution Routine Compliance (with 62-33	Special(not for compliance with 62-550.)
(Entry Point (to Distribution) Confirmantion of MCL Exceedance*	
CENTRY POINT (10 DISH touries)	Violation Resolution
Plant rapinot for complete	Replacement (of Invalidated Sampl
Raw (at Well Illiane)	
Max. Residence Time Other:	· Comme
Ave. Residence Time Sampling Procedure Used or other	The second secon
Near First Costumer	
NOTE: See 62-550.512(3) for additional requirements for matter page for nitrite MCL exceedances.	62-550.550(4) for requirements and attach a results for each site.
Sampler's Name Chris Gilbert	3103-4105-5150
Sampler skilolie	363-465-5159
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	nperator
	(Print Title)
do HEREBY CERTIFY that the above public water system and sample col	Date: 0/15/09
Signature: (XXIII)	A. W. W.
78	
Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Lof	
01	





March 17, 2010

Mr. Patrick Farris Aqua Utilities Florida 1100 Thomas Ave Leesburg, FL 34748

RE: Project: Peace River Heights

Pace Project No.: 358246

Dear Mr. Farris:

Enclosed are the analytical results for sample(s) received by the laboratory on March 03, 2010. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Sa on one

Sakina Mckenzie

sakina.mckenzie@pacelabs.com Project Manager

Enclosures





CERTIFICATIONS

Project:

Peace River Heights

Pace Project No.:

358246

Pennsylvania Certification IDs

Alabama Certification #: 41590 1638 Roseytown Road Suites 2,3&4 Greensburg, PA

15601

Arkansas Certification

California/NELAC Certification #: 04222CA

Colorado Certification

Connecticut Certification #: PH 0694

Delaware Certification

Florida/NELAC Certification #: E87683

Georgia Certification #: 968

Guam/PADEP Certification Hawaii/PADEP Certification

Idaho Certification

Illinois/PADEP Certification

Indiana/PADEP Certification

lowa Certification #: 391

Kansas/NELAC Certification #: E-10358

Kentucky Certification #: 90133

Louisiana/NELAC Certification #: 4086

Louisiana/NELAC Certification #: LA080002

Maine Certification #: PA0091

Maryland Certification #: 308

Massachusetts Certification #: M-PA1457

Michigan/PADEP Certification

Missouri Certification #: 235

Montana Certification #: Cert 0082

Nevada Certification

New Hampshire/NELAC Certification #: 2976

New Jersey/NELAC Certification #: PA 051

New Mexico Certification

New York/NELAC Certification #: 10888

North Carolina Certification #: 42706

Oregon/NELAC Certification #: PA200002 Pennsylvania/NELAC Certification #: 0065-282

Puerto Rico Certification #: PA01457

South Dakota Certification

Tennessee Certification #: TN2867

Texas/NELAC Certification #: T104704188-09 TX Utah/NELAC Certification #: ANTE

Virgin Island/PADEP Certification
Washington Certification #: C1941

West Virginia Certification #: 143 Wisconsin/PADEP Certification

Wyoming Certification #: 8TMS-Q

Arizona Certification #: AZ0734







SAMPLE SUMMARY

Project:

Peace River Heights

Pace Project No.: 358246

Lab ID	Sample ID	Matrix	Date Collected	Date Received	
358246001	POI	Drinking Water	03/02/10 12:30	03/03/10 15:19	
358246002	POI	Drinking Water	03/02/10 12:20	03/03/10 12:05	







SAMPLE ANALYTE COUNT

Project:

Peace River Heights

Pace Project No.:

358246

COMPANY OF THE PARTY OF THE PAR				Analytes	
Lab ID	Sample ID	Method	Analysts	Reported	Laboratory
358246001	POI	SM 7110C	JC2	1	PASI-PA
358246002	POI	EPA 903.1	RMD	1	PASI-PA
338240002		EPA 904.0	MBT	1	PASI-PA
		EPA 908.0	JAL	1	PASI-PA





PROJECT NARRATIVE

Project:

Peace River Heights

Pace Project No.:

358246

Method:

SM 7110C

Client:

Description: 7110C Gross Alpha Aqua Utilities Florida

Date:

March 17, 2010

General Information:

1 sample was analyzed for SM 7110C. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.





PROJECT NARRATIVE

Project:

Peace River Heights

Pace Project No.:

358246

Method:

EPA 903.1

Client:

Description: 903.1 Radium 226 Aqua Utilities Florida

Date:

March 17, 2010

General Information:

1 sample was analyzed for EPA 903.1. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:

Page 6 of 16





PROJECT NARRATIVE

Project:

Peace River Heights

Pace Project No.:

358246

Method:

EPA 904.0

Description: 904.0 Radium 228

Client:

Aqua Utilities Florida

Date:

March 17, 2010

General Information:

1 sample was analyzed for EPA 904.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.





PROJECT NARRATIVE

Project:

Peace River Heights

Pace Project No.:

358246

Method:

EPA 908.0

Client:

Description: 908.0 Total Uranium Aqua Utilities Florida

Date:

March 17, 2010

General Information:

1 sample was analyzed for EPA 908.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:

This data package has been reviewed for quality and completeness and is approved for release.





ANALYTICAL RESULTS

Project:

Peace River Heights

Pace Project No.:

358246

Parameters

Sample: POI

Lab ID: 358246001

Collected: 03/02/10 12:30

Received: 03/03/10 15:19 Matrix: Drinking Water

PWS:

Site ID:

Method

Sample Type:

Act ± Unc (MDC)

Units

Analyzed

CAS No.

Qual

Gross Alpha

SM 7110C

7.68 ± 1.66 (1.95)

pCi/L

03/16/10 13:52 12587-46-1

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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Page 9 of 16



ANALYTICAL RESULTS

Project:

Peace River Heights

Pace Project No.:

358246

Parameters

Sample: POI

Lab ID: 358246002

Method

Collected: 03/02/10 12:20

Received: 03/03/10 12:05

Matrix: Drinking Water

Qual

PWS:

Site ID:

Sample Type:

Act ± Unc (MDC)

CAS No. Units Analyzed 03/15/10 15:50 13982-63-3

Radium-226 Radium-228 **Total Uranium** EPA 903.1 EPA 904.0 EPA 908.0 5.64 ± 1.40 (0.246) 0.863 ± 0.368 (0.672) $0.940 \pm 0.376 \quad (0.501)$ pCi/L pCi/L pCi/L

03/15/10 09:38 15262-20-1 03/16/10 06:24 7440-61-1

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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Page 10 of 16



QUALITY CONTROL DATA

Project:

Peace River Heights

Pace Project No.:

QC Batch Method:

358246

QC Batch:

RADC/4479

EPA 903.1

Analysis Method:

EPA 903.1

Analysis Description:

903.1 Radium-226

Associated Lab Samples:

METHOD BLANK: 147218

358246002

Matrix: Water

Associated Lab Samples:

358246002

Parameter

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Radium-226

 $0.000 \pm 0.400 \quad (0.896)$

pCi/L

03/15/10 14:15

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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Page 11 of 16



QUALITY CONTROL DATA

Project:

Peace River Heights

Pace Project No.:

QC Batch Method:

358246

QC Batch:

RADC/4498

EPA 908.0

Analysis Method:

 0.205 ± 0.314 (0.669)

EPA 908.0

Analysis Description:

908.0 Total Uranium

Associated Lab Samples:

METHOD BLANK: 147979

s: 358246002

Matrix: Water

Associated Lab Samples:

358246002

Parameter

Total Uranium

Act ± Unc (MDC)

Units pCi/L Analyzed 03/16/10 11:45

Qualifiers

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project:

Peace River Heights

Pace Project No.:

358246

QC Batch:
QC Batch Method:

RADC/4518

SM 7110C

SM 7110C les: 358246001 Analysis Method:

SM 7110C

Analysis Description:

7110C Gross Alpha

Associated Lab Samples:

METHOD BLANK: 149391

Parameter

Matrix: Water

Associated Lab Samples:

358246001

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Gross Alpha

 $0.232 \pm 0.685 \quad (1.71)$

pCi/L

03/17/10 06:07

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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Page 13 of 16



QUALITY CONTROL DATA

Project:

Peace River Heights

Pace Project No.:

358246

QC Batch: QC Batch Method: RADC/4480

EPA 904.0

Analysis Method:

EPA 904.0

Analysis Description:

904.0 Radium 228

Associated Lab Samples:

METHOD BLANK: 147219

Parameter

Matrix: Water

Associated Lab Samples:

358246002

358246002

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Radium-228

 $0.358 \pm 0.298 \quad (0.592)$

pCi/L

03/15/10 09:36

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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Page 14 of 16



QUALIFIERS

Project:

Peace River Heights

Pace Project No.: 358246

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

U - Indicates the compound was analyzed for, but not detected.

LABORATORIES

PASI-PA Pace Analytical Services - Greensburg

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:

Peace River Heights

Pace Project No.:

358246

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
358246001	POI	SM 7110C	RADC/4518		-
358246002	POI	EPA 903.1	RADC/4479		
358246002	POI	EPA 904.0	RADC/4480		
358246002	POI	EPA 908.0	RADC/4498		

Date: 03/17/2010 03:52 PM

REPORT OF LABORATORY ANALYSIS

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May 14, 2010

Mr. Patrick Farris Aqua Utilities Florida P O Box 2480 Lady Lake, FL 321582480

RE: Project: AU 1021

Pace Project No.: 3510849

Dear Mr. Farris:

Enclosed are the analytical results for sample(s) received by the laboratory on April 30, 2010. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Sakina Mckenzie

sakina.mckenzie@pacelabs.com

Project Manager

Enclosures







CERTIFICATIONS

Project:

AU 1021

Pace Project No.:

3510849

Pennsylvania Certification IDs

Alabama Certification #: 41590 1638 Roseytown Road Suites 2,3&4 Greensburg, PA

15601

Arkansas Certification

California/NELAC Certification #: 04222CA

Colorado Certification

Connecticut Certification #: PH 0694

Delaware Certification

Florida/NELAC Certification #: E87683 Guam/PADEP Certification

Hawaii/PADEP Certification

Idaho Certification
Illinois/PADEP Certification
Indiana/PADEP Certification
Indiana/PADEP Certification

Iowa Certification #: 391

Kansas/NELAC Certification #: E-10358

Kentucky Certification #: 90133

Louisiana/NELAC Certification #: 4086 Louisiana/NELAC Certification #: LA080002

Maine Certification #: PA0091

Maryland Certification #: 308

Massachusetts Certification #: M-PA1457 Michigan/PADEP Certification

Missouri Certification #: 235

Montana Certification #: Cert 0082

Nevada Certification

New Hampshire/NELAC Certification #: 2976

New Jersey/NELAC Certification #: PA 051

New Mexico Certification

New York/NELAC Certification #: 10888

New York/NELAC Certification #: 10888 North Carolina Certification #: 42706 Oregon/NELAC Certification #: PA200002 Pennsylvania/NELAC Certification #: 65-00282 Puerto Rico Certification #: PA01457 South Dakota Certification #: TN2867

Tennessee Certification #: TN2867

Texas/NELAC Certification #: T104704188-09 TX

Utah/NELAC Certification #: ANTE Virgin Island/PADEP Certification

Washington Certification #: C1941

West Virginia Certification #: 143

Wisconsin/PADEP Certification Wyoming Certification #: 8TMS-Q

Arizona Certification #: AZ0734

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project:

3510849001

AU 1021

AU1021

Pace	e Proj	ect	No.:

3510849

Lab ID	Sample ID

Matrix

Date Collected

Date Received

Drinking Water 04/26/10 11:00 04/30/10 11:40

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project:

AU 1021

Pace Project No.:

3510849

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
3510849001	AU1021	EPA 900.0	JC2	1	PASI-PA
		EPA 903.1	RMD	1	PASI-PA
		EPA 904.0	DJL	1	PASI-PA
		EPA 908.0	JAL	1	PASI-PA







PROJECT NARRATIVE

Project:

AU 1021

Pace Project No.:

3510849

Method:

EPA 900.0

Description: 900.0 Gross Alpha/Beta

Client:

Aqua Utilities Florida

Date:

May 14, 2010

General Information:

1 sample was analyzed for EPA 900.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.





Pace Analytical Services, Inc.

 8 East Tower Circle Ormond Beach, FL 32174 (386)672-5668

PROJECT NARRATIVE

Project:

AU 1021

Pace Project No.:

3510849

Method:

EPA 903.1

Description: 903.1 Radium 226

Client: Date:

Aqua Utilities Florida May 14, 2010

General Information:

1 sample was analyzed for EPA 903.1. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.





Pace Analytical Services, Inc.

8 East Tower Circle Ormond Beach, FL 32174

(386)672-5668

PROJECT NARRATIVE

Project:

AU 1021

Pace Project No.:

3510849

Method:

EPA 904.0

Description: 904.0 Radium 228 Client:

Aqua Utilities Florida

Date:

May 14, 2010

General Information:

1 sample was analyzed for EPA 904.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.





PROJECT NARRATIVE

Project:

AU 1021

Pace Project No.:

3510849

Method:

EPA 908.0

Description: 908.0 Total Uranium

Client: Date:

Aqua Utilities Florida May 14, 2010

General Information:

1 sample was analyzed for EPA 908.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:

This data package has been reviewed for quality and completeness and is approved for release.







ANALYTICAL RESULTS

Project:

AU 1021

Pace Project No.:

3510849

Sample: AU1021

Lab ID: 3510849001

Collected: 04/26/10 11:00 Received: 04/30/10 11:40 Matrix: Drinking Water

PWS:	Site ID:	Sample Type:				
Parameters	Method	Act ± Unc (MDC)	Units	Analyzed	CAS No.	Qual
Gross Alpha	EPA 900.0	12.9 ± 2.18 (2.54)	pCi/L	05/08/10 15:45	12587-46-1	
Radium-226	EPA 903.1	4.10 ± 1.18 (0.761)	pCi/L	05/10/10 13:42	13982-63-3	
Radium-228	EPA 904.0	0.907U ± 0.406 (0.907)	pCi/L	05/10/10 12:04	15262-20-1	
Total Uranium	EPA 908.0	0.611 ± 0.292 (0.420)	pCi/L	05/11/10 06:11	7440-61-1	

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

Page 9 of 15

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QUALITY CONTROL DATA

Project:

AU 1021

Pace Project No.:

3510849

QC Batch:

RADC/4969

Analysis Method:

EPA 908.0

QC Batch Method:

EPA 908.0

Analysis Description:

908.0 Total Uranium

Associated Lab Samples:

3510849001

Matrix: Water

Associated Lab Samples:

METHOD BLANK: 166849

Parameter

3510849001

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Total Uranium

 $0.633 \pm 0.340 \quad (0.464)$

pCi/L

05/11/10 06:10

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project:

AU 1021

Pace Project No.:

3510849

QC Batch:

RADC/4970

Analysis Method:

EPA 903.1

QC Batch Method:

EPA 903.1

Analysis Description:

903.1 Radium-226

Associated Lab Samples:

3510849001

Matrix: Water

Associated Lab Samples:

METHOD BLANK: 166850 3510849001

Parameter

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Radium-226

 $0.167 \pm 0.463 \quad (0.896)$

pCi/L

05/10/10 12:40

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project:

AU 1021

Pace Project No.:

3510849

QC Batch:

RADC/4956

Analysis Method:

EPA 900.0

QC Batch Method:

EPA 900.0

Analysis Description: 900.0 Gross Alpha/Beta

3510849001

Associated Lab Samples:

METHOD BLANK: 166378

Matrix: Water

Associated Lab Samples:

3510849001

Parameter

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Gross Alpha

 $0.0348 \pm 0.252 \quad (0.539)$

pCi/L

05/08/10 15:46

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

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Page 12 of 15



QUALITY CONTROL DATA

Project:

AU 1021

Pace Project No.:

3510849

QC Batch:

RADC/4972

Analysis Method:

EPA 904.0

QC Batch Method:

EPA 904.0

Analysis Description:

904.0 Radium 228

Associated Lab Samples:

METHOD BLANK: 166852

Matrix: Water

Associated Lab Samples:

Parameter

3510849001

3510849001

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Radium-228

 $0.125 \pm 0.334 \quad (0.760)$

pCi/L

05/10/10 12:04

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

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Page 13 of 15





QUALIFIERS

Project:

AU 1021

Pace Project No.:

3510849

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

U - Indicates the compound was analyzed for, but not detected.

LABORATORIES

PASI-PA Pace Analytical Services - Greensburg

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

Page 14 of 15







QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:

AU 1021

Pace Project No.:

3510849

Lab ID	Sample ID	QC Batch Method	QC Batch Analytical Method	Analytical Batch
3510849001	AU1021	EPA 900.0	RADC/4956	
3510849001	AU1021	EPA 903.1	RADC/4970	
3510849001	AU1021	EPA 904.0	RADC/4972	
3510849001	AU1021	EPA 908.0	RADC/4969	

Date: 05/14/2010 12:13 PM

REPORT OF LABORATORY ANALYSIS

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Page 15 of 15



CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

F-ALL-Q-020rev.07, 15-May-2007

A d Client Information:	Section B Required P		formation:					Section	on C e Inform	ation;									Page:			of	
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ction D Matrix quired Client Information MATRIX Drinking Water Waste Waste	/ CODE ster DW WT er WW	(see valid codes to left)	COMP	OSITE	COMPOSEND/GF	SITE RAB	COLLECTION			Prese	rvative	es	N/A							7			
SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE Soll/Solid Oil Wipe Air Tissue Other	P SL OL WP AR TS OT	MATRIX CODE (see val					SAMPLE TEMP AT COLLE	# OF CONTAINERS	Unpreserved H ₂ SO ₄	NO ₃	aOH	ethanol	Other Analysis Test							Residual Chlorine (Y/N)			
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DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT

ENVIRONMENTAL LABORATORIES, INC.

Report Nur Analyeis Standa HPC Other: System N System Ad System or Collector	Requested: (please check all that apply) rd Coliform Test	TP		Ar Sa Sa Dis Th	sinfectant C is sample d	te & Time ceptance envation Check Joes not m	Criteria: Criteria:	Not Contected owing NEU	on Ice	3 °C mg/L
Comm	unity Water System Noncommunity Water System	-			communit	y Water S	System		ted Use Sy	
Private Reason f	o Well ☐ Swimming Pool For Sampling: (check only one) ☐ Routine Compliance	h-rand	ottled W		ement	Main C	earance		Survev [
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Number	(Location or Specific Address)	Time	Type ¹	Res'd (mg/L)	pН	Non Coliform	Total Coliform	Eecal or E. coli	Data Qualifier ²	Lab Sample Number
1	INSIDE WELL asAmples	1000	ale	0	8.1		AAR	3		351546
2	Firster Well (Broken)	1000	-	4	8-1		11/4	اند		351547
3	629 Chamberlain Blue	1000	DW	2.8	8.0		4/			361548
4	659 SAlly Place	1045	Ow	2.2	8.0		A			351549
5	1211 Davio CT	1100	DW	1.8	8.0	Me constant	A		A1 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	351550
6	689 CHAMBERLAIN Blub	1025	DW	2.6	8.0		A			31551
7	646 SAlly Place	1035	DW	2.2	8.0		H			35/002
communit	of disinfectant residuals for routine and repeat samples. (y and nontransient noncommunity systems serving populations up onot include raw or plant samples in the average.)	Complete fo to and inclu	or ding	2.3	All tests				Code Rule 62 vith NELAC s	2-160, Table 1 standards.
Person p		red by a certified by DEP of	DOH TO	Date S	WS notified	d by lab of				
Nan Al 161 San	ne and Mailing Address of Person to Receive F QUA UTILITIES FOR IDA 6 WENDA! KENT RD ASOTA, F./. 39240	Report	Titl	Satisf Incom Repea Repla	actory plete Co at Sampl acement riewed by	ollection les Requisamples DEP/DC	iired Require)H:	ion	EP/DOH U	SE ONLY

Delivered by: Solis Chalins



Florida Department of Environmental Protection Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

March 31, 2010

Mr. John M. Lihvarcik Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 jmlihvarcik@aquaamerica.com

Re:

Sanitary Survey Report Peace River Heights PWS-ID No. 625-1954 Hardee County

Dear Mr. Lihvarcik:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. On the second page of the report you will find a list of deficiencies that were noted during the recent inspection, along with recommended corrective action.

You are requested to correct all listed deficiencies, as recommended, and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at, (813) 632-7600, extension 395.

Sincerely,

Rachel McGraw Environmental Specialist II Drinking Water Section

RM/dsm

Enclosure

cc: Patrick Farris, Aqua Utilities via email, PAFarris@aquaamerica.com

: HORS	SANITARY SURVEY REP	ORT – Small S	ystems – Chlor	rine/Aeration / <350 p	opulation	Page 1
	Water system: PEACE RIVER HEIGH	UTS		Custom DIMC #	6051054	D-t(
	Inspector name: RACHEL MCGRAW		reon(s) contacted:		6251954	Date of survey: 02/18/2010
જ	System type: _ C Population:				itv: 260,000	Storage capacity: 5000
	System address: CHAMBERLAIN BLV					
m	System phone: n/a	D		City WAUCHULA		State FL Zip 33852
SYS	Fax number:			- Frankli	Cell:	
				Email:		
	Owner name: AQUA UTILITIES			-		Owner title:
OWNER	Owner address: 1100 THOMAS AVE	NUE		City: LEESBURG		State FL Zip 34748
ŏ	Owner phone: (352) 435–4029			-	Cell:	
	Fax number: (352) 787-6333			Email:		
œ	Operator required? Yes No (II	f "No", Operator section	s not applicable)	Operator class &	cert. number:	C 14147
OPERATOR	Operator name: DON HOSTETLER			-	Phone:	
9 B	Fax number:			Email: DHo	stetler@aquaan	merica.com
	Well Name	Well 1 Inside	Well 2 Outside	Ctt		
		AAC7100	AAC3600			☐ Elevated ☐ Bladder ☐ N/A
TION	Well head sealed? (Pad/conduit/openings)	YES	YES	Inspections compliar Washouts compliar Storage capacity co		YES 9-2008
ORMA	Well casing 12" above grade?	YES	YES	Washouts complian		YES 9-2008
볼	Casing vent compliant?(installed, screened)	YES	YES	Storage capacity co		NO NO
ME.	Check valve compliant? (installed/no leak) Tap Compliant? (Smooth/12" high/precheck)	YES	YES	APPURIENAN	NCES: "X" box belo	ow if not compliant, Bypass Drain Compliant
2	Flow measurable? (if applicable, GPM@psi)	YES YES	YES	T [] [] 00		ow if not compliant . NA
	Flow meter accuracy checked?	YES 6-30-09	YES YES 6-30-09	Hatch TV	ent Moverflow I	☐ Drain ☐ Bypass ☐ Compliant
	Well capacity > maximum day?	123 0-30-09	1E3 0-30-09			Automatic
	Setbacks compliant?(hazard type and distance)	unknown	unknown	On/Off pressure of		40 / 70
	Name of plant & type of chlorination	MAIN PLA	NT / HYPO	Manual or automati On/Off pressure of pres	Pumps functional?	N/A
	O & M log compliant?	Y	ES	HSP capacity	compliant?	N/A
	O & M manual compliant?	Y	ES	Chlorine test kit con	npliant?	WITH OPERATOR
	CI storage compliant? (no organics/acid/sun)	Y	ES	Chlorine grab samp	ling compliant?	YES
	Chlorinator flow proportionate?	Y	ES	Chlorine grab samp Bacti sampling com		YES
	Treated sample tap provided?	Y	ES	Chemical sampling		YES
NE NE	Cl solution strength?	16	3%	Lead/copper sampli	and the same of th	YES
TREATMENT	Solution tank compliant?(covered/etc) Antisiphon protection compliant?	Y	ES	DBP monitoring cor		YES
			ES	MONITORING PLA		
	Safety: (Gloves/Apron/Eyewash/etc) CI room compliant?(separate/ventilation)		10			ducts (c, P) Lead & Copper (c, P)
	Scales compliant? (installed/functional)		VA.	NSF: "X" box below		Storage Pipe New Meters
	Safety: (SCBA/Gloves/Ammonia)		JA	NSF: "X" box below Treatment Chemic CCC / Plan(C) impl		
			VA.	Record keeping cor		YES YES
	Choose type: "X" box below if not co		ee Compliant	Security measures		YES
š	Flushing of dead ends compliant?	T	ES	Plant category and		Cat V / Class C
	Valve maintenance compliant?		ES	Plant checked 5 da		
	Distribution PSI compliant? (> 20 PSI)	Y	ES	Plant checked 5 da Operator visits com		2X WEEK
٥	Chlorine residual above minimum?	Y	ES	MORs submittal co	mpliant?	YES
	LD SAMPLING RESULTS Plant CI (mg/L) /pH		.80 Nos (see engl	Distribution CI (r		1.42
	CHNICAL ASSISTANCE PROVIDERS (TA	AF) KECOMMENDE	res (see encl	osed TAP Information)	⊠INO TAP rec	ommended at this time
COV	MENTS:					



DEFICIENCIES

Deficiency: Operator Staffing

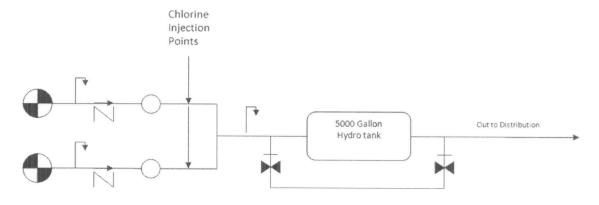
Regulation reference: Rule 62-699.310

Corrective action: The current design capacity of the water system is 260,000 gallons per day. Plant staffing requirements are based on treatment process and design capacity. Your system is considered a Category V and Class C. As a result, minimum staffing by a Class "C" (or higher) operator: 5 visits/week and one visit each weekend for a total of 0.6 hour/week is required. Rule 62-699 was updated in late 2007. Current flows, whether higher or lower than the permitted design capacity, are not considered in determining a system's design capacity.

REMARKS AND RECOMMENDATIONS

At the time of inspection the Outside Well #2 was not in operation. Records indicated that the well has been out of operation since December 2009. The Department needs a timeline for the repairs or abandonment of this well. Submit this timeline with your written response to the Sanitary Survey.

SYSTEM SCHEMATIC



TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION 2970 Wellington Circle W, Suite 101 Tallahassee FL 32309-6885

E-Mail: FRWA@frwa.net

Home Page: http://www.frwa.net

850.668.2746

MAPS OR DIRECTIONS TO SYSTEM (text and/or graphics)

From South Highway 17, turn East on Will Duke Road. Continue to drive east, passing through Martin Luther King (MLK) Blvd. About 2 blocks after passing MLK You will see a dirt road on your right, just before the first bend in road. Turn Right on the dirt road, water treatment plant will be on the right.



DIGITAL PHOTOS

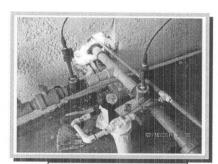
- 1. Type of Camera Used: Cannon Power Shot A1000 IS
- 2. Digital Recording Media: 2 GB Kingston SD Card
- 3. Were the photos altered?: (Yes or No) Yes If explain yes: Resized and cropped
- 4. Photographer: Rachel McGraw



AAC3600



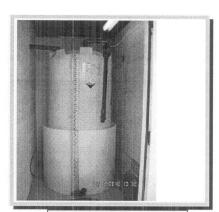
AAC7100



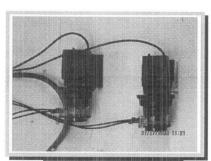
Chlorine Injection



Flow Meter



Chlorine Day Tank



2 Stenner Pumps



Water Treatment plant

Rachelm Fra

TITLE

E.S. II

DATE: 3/31/2010

REVIEWED BY_

TITLE ENVIRONMENTAL MANAGER DATE: 3/31/2010

115



SMALL WATER SYSTEM SANITARY SURVEY REPORT - COMPLIANCE MONITORING ADDENDUM

Form can be optionally used to aid systems with upcoming sampling.

COMMUNITY P	UBLIC W		MONITORING STEMS WITH POPU N 350	JLATIONS	S LESS
CONTAMINANT	# Samples Required	Sampling Location	Frequency	Sample Date	Due Date
Microbiological	1	Each well	Monthly	Monthly	Monthly
(Bacte)	2	Distribution	Monthly	Monthly	Monthly
Volatile Organics	(Note A)	(Note G)	(Notes A, 2)	2012	2012
Synthetic Organics	(Notes B, E)	(Note G)	3 years (Note 2)	2012	2012
Nitrate & Nitrite (as N)	1	Each POE	Annually	2010	2010
Inorganics	1	Each POE	3 years (Note 2)	2012	2012
Asbestos	1 (Note F)	Distribution	9 years (Note 4)	2012	2012
Secondaries	1	Each POE	3 years (Note 2)	2012	2012
Radionuclides	(Note C)	Each POE	3, 6, or 9 years (Note 2)	Quarterly 2010	Quarterly 2010
Lead and Copper	(Note D)	Distribution	(Note 7)	2012	2012
Disinfection By- Products	1/plant	Max Res Time	Triennial (Note 7)	2012	2012

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

Note B 4 consecutive quarterly samples for the first year of operation. Credit will be given for samples taken before January 1, 1993. After initial sampling may go to triennial sampling in 2nd year of a 3 year compliance period.

Note C See Rule 62-550.519, F.A.C

Note D Contact the <u>Southwest</u> District/County Drinking Water Program at <u>(813) 632-7600</u> or contact the Florida Rural Water Association.

Note E Contact , Environmental Specialist of FDEP – Southwest District at (813) 632-7600, extension to obtain an application for reduced monitoring or visit http://www.dep.state.fl.us/water/drinkingwater/forms.htm.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

Note 1 First year of each three-year compliance period (calendar years 2005, 2008, 2011, etc.)

Note 2 Second year of each three-year compliance period (calendar years 2006, 2009, 2012, etc.)

Note 3 First year of each nine-year compliance cycle (calendar years 2005, 2008, etc.)
 Note 4 Second year of each nine-year compliance cycle (calendar years 2006, 2009, etc.)

Note 5 Third year of each 3-year compliance period (2007, 2010, 2013, etc)
Note 6 Third year of each nine-year compliance cycle (2004, 2013, etc)

Note 7 Requirements vary. Please contact your local District/County office for specific information.

MONITORING VIOLATIONS	MCL VIOLATIONS
	Radiological-Gross Alpha 2 nd quarter 2009
	Radiological-Gross Alpha 3rd quarter 2009
	Radiological-Gross Alpha 4th quarter 2009
	Non-Acute MCL bacteriological Mar. 2010



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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

May 6, 2010

Rachel McGraw FDEP SWD 13051 North Telecom Parkway Temple Terrace, FL 33637-0926

RE: Reply to Sanitary Survey Peace River Heights WTP PWS ID No. 625-1954 Hardee County

Dear Ms. McGraw:

This letter is in response to your inspection of the facility referenced above on February 18, 2010.

Deficiency:

1. The current design capacity of the water system is 260,000 gallons per day. Plant staffing requirements are based on treatment process and design capacity. Your system is considered a Category V and Class C. As a result, minimum staffing by a Class "C" (or higher) operator: 5 visits/week and one visit each weekend to a total of 0.6 hour/week is required.

Prior to January 2010, this facility was contract operated and staffed 5 days per week. Beginning in January 2010, Aqua has operated this facility with our own staff and have staffed this facility per the rule. An example of the logbook during the week of the inspection is included as an example.

Remarks and Recommendations:

At the time of the inspection the Outside Well # 2 was not in operation. Records indicated that the well has been out of operation since December 2009. The Department needs a timeline for the repairs or abandonment of this well.

This well was not large enough to supply the needs of the system and is beyond repair. Aqua has received proposals for the proper abandonment of this well and will have this well abandoned within the 30 days from the date of this letter. We will forward the Department the Southwest Florida Water Management Districts well abandonment documentation after the well is abandoned.

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

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Enclosure:

Pages from logbook

cc:

Johnny Chamberlain, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail PEASE WIDER

STANDARD DIARY OUS GREEN 1954 OUS GREEN

Daily Reminder

FEBRUARY 17 WEDNESDAY THURSDAY 18 FEBRUARY 48th day - 317 days follow 2010 49th day - 316 days follow 0-1500 DEP Inspection Pacine Concercion Ash Wednesday MASTROENI C14367 1200-1330 NO BUASTROENI C14367 30 MADE PLANT CHECK, WERYTHING IS OK. CA! 1200 MASE PLANT INSPECTION All OK, CALPATICE 49 C/2 METER METERS 45 DAILY METER NEADING idio DEP INSPECTION All ok NEED DBP SAMPLING GUIDELINE W/) 344260 1310 Daily METER READING wd) 656.1 PT > 2.0 RT > 1.2 Q 42,500 W)R 7526.8 W2) 22446.8 PT >2.0 W/) 344566 W2) 656,1 PF7 1.8 RT71.4 Q30,600 1320 EXCENISED "Blowaff VALVE ON SALLY. 10 OPPSITE S MAGLANCE"

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Re:

Florida Department of Environmental Protection

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

March 24, 2010

RECEIVED

MaP an 20m

Aqua Utilities Florida Inc.

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

Warning Letter No. WN10-28-PWS-25-SWD

Failure to submit Certification of Delivery of Public Notice

Peace River Heights PWS-ID No. 625-1954

Hardee County

Dear Mr. Lihvarcik:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A review of your Drinking Water system records indicates that a violation of Florida Statutes and Rules may exist at the above-referenced facility.

The Department's records indicate the above-referenced drinking water system is overdue for submitting the required public notice for gross alpha maximum contaminant level exceedance that occurred during the 4th quarter of 2009. This office received the analytical results on December 19, 2009 and has not received the required Certification of Delivery of Public Notice, pursuant to Rule 62-560.410(2), Florida Administrative Code, (F.A.C.). Failure to submit the Certification of Delivery for a Tier 2 public notice within 30 days of learning of the exceedance is a violation of 62-560.410 F.A.C.

You are requested to contact Rachel McGraw at, (813) 632-7600, extension 395, within fifteen, (15), days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action, in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely yours,

Deborah A. Getzoff District Director

Southwest District

DAG/rm/m

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Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

7

In the Matter of an Application for Permit by:

Aqua Utilities of Florida Jack Lihvarcik President/COO 6960 Professional Parkway, Suite 400 Sarasota, FL 34240

AUG - 3 2006
Agus Juliues
Florida Inc.

August 2, 2006

PA File No. FLA011994-005-DW3P Hardee County Peace River Heights WWTF

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA011994 to operate a domestic wastewater treatment facility issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within fourteen days of receipt of notice shall

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constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
 - (b) A statement of how and when each petitioner received notice of the Department action;
 - (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate:
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the clerk of the Department.

Aqua Utilities of Florida, Inc. Peace River Heights WWTF PA File No. FLA011994-005-DW3P

Executed in Hillsborough County, FL

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

for

Jeffny S. Greenwell, P.E. Water Facilities Administrator Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on Quy. 2, 2006 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to s. 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

(Clerk)

(Date)

Copies Furnished To:

Nicholas Nicholson, P.E., Adirondack Engineering Services, Inc. Johnny Chamberlain, Operator David MacColeman, FDEP-SWD, DW Environmental Specialist



Jeb Bush Governor

Department of Environmental Protection

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

September 12, 2006

Mr. Jack Lihvarcik President/COO Aqua Utilities of Florida 6960 Professional Parkway, Suite 400 Sarasota, FL 34240

Re:

Minor Modification

Peace River Heights WWTF

PA File No. FLA011994-005-DW3/MM

Hardee County

Dear Mr. Lihvarcik:

Due to some typographical errors, the Department is notifying you at this time that Page 7 of the permit renewal mailed to you dated August 2, 2006 was issued with some errors. All corrections have been made. Please replace the current Page 7 with this updated, attached Page 7.

Should you have any questions or comments, please contact the undersigned at (813) 632-7600, Extension 443.

Sincerely

Jéff Hilton, P.E. Program Manager

Domestic Wastewater Section

PATRICK

For your review and up deting

SIM

Attachment

JGH/rli

cc: Donald F. Stearns, P.E., Adirondack Engineering Services, Inc. David MacColeman, FDEP-SWD, DW Environmental Specialist

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Jeb Bush Governor

Department of Environmental Protection

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA011994

PA FILE NUMBER:

FLA011994-005-DW3P

ISSUANCE DATE:

August 2, 2006

EXPIRATION DATE:

August 1, 2011

RESPONSIBLE AUTHORITY:

Jack Lihvarcik President/COO 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240 (941) 907-7470

FACILITY:

Peace River Heights WWTF Chamberlain Boulevard, Peace River Heights Subdivision Wauchula, FL 33873 Hardee County

Latitude: 27° 31' 29" N Longitude: 81° 47' 53" W

RECEIVED

AUG - 3 2006

Aqua vannes
Florida inc.

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operation of an existing 0.040 MGD 3 Month Average Daily Flow (3MADF), Type III, extended aeration domestic wastewater treatment plant consisting of: one equalization basin of 10,500 gallons total volume, eight aeration basins of 40,000 gallons total volume, two clarifiers of 12,400 gallons and 140 square feet of surface area, one chlorine contact chamber of 5,000 gallons, and one digester of 10,500 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.040 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of a two cell Rapid Infiltration Basin (RIB) of 43,710 square feet of bottom surface area. R-00l is located approximately at latitude 27° 31' 41" N, longitude 81° 47' 57" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 20 of this permit.

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MIT NUMBER:

FLA011994

PERMITTEE: Aqua Utilities Florida, Inc.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

				Reclaimed Water Limitations				Monitoring Requirements					
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes			
Flow	MGD	Maximum	0.040	Report	w	*	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.LA.3			
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	**************************************			
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01				
pH	SU	Range	set	7	*	6.0 to 8.5	5 Days/Week	Grab	EFA-01				
Coliform, Fecal	#/100ML	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond.I.A.4			
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	*	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5			
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	*	12.0	Monthly	Grab	EFA-01				

Peace River Heights WWTF PERMIT NUMBER: FLA011994

Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location	Description of Monitoring Location
EFA-01	Effluent sampling point after treatment and prior to discharge to the rapid infiltration basin.
FLW-01	Flow measured at the master lift station.

- A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

FACILITY:

PERMITTEE:

Aqua Utilities Florida, Inc.

Peace River Heights WWTF PERMITTEE: Aqua Utilities Florida, Inc.

MIT NUMBER:

FLA011994

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

		ососу группанана		Limitations				Monitoring Requirements				
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes		
Flow, Total Plant	MGD	Maximum	.040 3MADF	Report	~	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.l.B.3, 5		
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	9	-	Monthly	Calculated	FLW-01			
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	*	-	Annually ¹	Grab	INF-01	See Cond.I.B.4		
Solids, Total Suspended	MG/L	Maximum	*	Report	-	96	Annually ¹	Grab	INF-01	See Cond.I.B.4		

^{1 –} The annual sample shall be taken in the month of February.

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Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location	Description of Monitoring Location
FLW-01	Flow measured at the master lift station.
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.

- The three-month average daily flow to the treatment plant shall not exceed 0.040 MGD.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:

Florida Department of Environmental Protection Wastewater Compliance Evaluation Section, Mail Station 3551 Twin Towers Office Building

PERMIT NUMBER:

FLA011994

2600 Blair Stone Road Tallahassee, Florida 32399-2400

Copies to: Florida Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telecom Parkway Temple Terrace, Florida 33637-0926

[62-620.610(18)][62-601.300(1),(2), and (3)]

9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office 13051 N. Telecom Parkway Temple Terrace, Florida 33637-0926

Phone Number – 813-632-7600

FAX Number - 813-632-7662

Email – DWSWD@dep.state.fl.us

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application, transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit.

 [62-640.300(5)]
- 4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]

Revised 9/12/06

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640.100(6)(k)3 & 4]

 Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-

- 6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
- 7. The domestic wastewater residuals for this facility are classified as Class B.
- 8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Lime Stabilization) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
- 9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Alkali Addition) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
- 10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
- 11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below annually. All samples shall be representative of the residuals used or land applied and shall be taken after final treatment of the residuals but before use or land application.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits In Accordance with the AUP	
Total Nitrogen	(Report only) % dry weight		
Total Phosphorus	(Report only) % dry weight	Not applicable	
Total Potassium	(Report only) % dry weight	Not applicable	
Arsenic	75 mg/kg dry weight	36.6 pounds/acre	
Cadmium	85 mg/kg dry weight	34.8 pounds /acre	
Copper	4300 mg/kg dry weight	1340 pounds/acre	
Lead	840 mg/kg dry weight	268 pounds/acre	
Mercury	57 mg/kg dry weight	15.2 pounds/acre	
Molybdenum	75 mg/kg dry weight	Not applicable	
Nickel	420 mg/kg dry weight	375 pounds/acre	
Selenium	100 mg/kg dry weight	89.3 pounds/acre	

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits 2500 pounds/acre Not applicable	
Zinc	7500 mg/kg dry weight		
рН	(Report only) standard units		
Total Solids	(Report only) %	Not applicable	

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

12. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location Site Number	Description of Monitoring Location
RMP-B	After final treatment and before land application.

- 13. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
- 14. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
- 15. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
- 16. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]
- 17. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
- 18. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
- 19. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
- 20. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]

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- 21. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
- 22. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
- 23. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
- 24. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
- 25. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
- 26. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
- 27. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
- 28. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

Application Site Number	Site Name	Application Area (acres)	County
FLA288284	Palmer Simmons	188	Highlands

- 29. The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless, under unusual circumstances, all of the following conditions are met:
 - a) The permittee notifies the Department within 24 hours that the site is being used;
 - b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
 - c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
 - d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
 - e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3)]

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- 30. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
- 31. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
- 32. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
- 33. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
- 34. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
- 35. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]
- 36. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - Amount of residuals applied or delivered to each application zone;
 - Cumulative loading of each application zone;
 - The names of all other wastewater facilities using each of the application zones identified in item C .;
 - Method of incorporation (if any);
 - Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least
 - Unsaturated depth of soil above the water table level at the time of application;
 - Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

37. The permittee shall submit an annual summary of residuals application activity to the Southwest District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary

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must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]

- 38. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]
- 39. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 40. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 41. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 42. The permittee shall be responsible for proper treatment, management, use, and land application of residuals accepted from source facilities. [62-640.880(1)(a)]
- 43. The permittee shall enter into a written agreement with each source facility that it intends to receive residuals from. The agreement shall address the quality and quantity of the residuals accepted by the permittee. The agreement shall include a statement, signed by the permittee, as to the availability of sufficient permitted capacity to receive the residuals from the source facility, and indicating that the permittee will continue to operate in compliance with the requirements of its permit. The agreement shall also address responsibility during transport of residuals between the facilities. The permittee shall submit a copy of this agreement to the Southwest District Office at least 30 days before transporting residuals from the source facility to the permittee. [62-640.880(1)(c)]
- 44. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals Management Facility or Treatment Facility
- Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

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III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

- 1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 1.5 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 4. Rapid infiltration basins normally shall be loaded for 1-7 days and shall be rested for 5-14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- 5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
- 6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
- 7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator for ½ hour/day for 5 days/week and a weekend visit. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]

- The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]

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2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]

- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction and conveyance of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants other than normal domestic wastewater constituents:
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment: or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(54)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to

control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

- 10. The permittee shall provide adequate notice to the Department of the following:
 - Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]

- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit;
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]

FACILITY: Peace River Heights WWTF PERMITTEE: Aqua Utilities Florida, Inc.

- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01.

 Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;

Peace River Heights WWTF Aqua Utilities Florida, Inc.

- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- Description of area affected by the discharge, including name of water body affected, if any; and
- Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
 - d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22, a. through c. of this permit.

[62-620.610(22)]

PERMIT NUMBER:

FLA011994

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

- 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
- The permitted facility was at the time being properly operated;
- The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
- The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF **ENVIRONMENTAL PROTECTION**

Jeffry/S. Greenwell, P.E.

Water Facilities Administrator

Southwest District

13051 N. Telecom Parkway

Temple Terrace, FL 33637-0926

	DEPARTMENT OF ENVIRONMENTAL PROT	T	DISCHARGE MONITORING REPORT - PART
When	opleted mail this report to: Department of Environmental Part of the	1	

When appleted m	ail this report to: Department of Environmental Protection,	Wastewater Compliance Evaluation Section, MS	3551, 2600 Blair Stone Ro	oad, Tallahassee, FL 32399-24	00
PERMITTEE NA	ME: Aqua Utilities of Florida, Inc. ESS: 6960 Professional Parkway, Suite 400	PERMIT NUMBER	FLA011994		
	Sarasota, FL 34240	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Peace River Heights WWTF Chamberlain Boulevard Wauchula, FL 33873	MONITORING GROUP NUMBER MONITORING GROUP DESC:	RIB (R-001), including	Influent	
COUNTY:	Hardee	NO DISCHARGE EROM STIE.	mental and the second		

MONITORING PERIOD From: To

Parameter		Quantity or Loading		Units	Qualit	ty or Concen	or Concentration		No. Ex.	4 1	Sample Type
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Mon.Site No. FLW-01	Requirement	(I2MADF)		- Addition						Monthly	Calculation
Flow	Sample										
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BOD, Carbonaceous 5 day, 20C	Sample										Meter
	Measurement										
PARM Code 80082 Y	Permit				20.0			mg/L		3 (0.1.1.2
Mon.Site No. EFA-01	Requirement				(An,Avg.)			111671		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample		***************************************								
	Measurement										
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Mon Site No. EFA-01	Requirement				(Mo.Avg.)		(Max.)	HIB/L		Monthly	Grab
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	Measurement			D. S. S. S. S. S. S. S. S. S. S. S. S. S.							
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Solids, Total Suspended	Sample		***************************************		(2011, 100, 200, 200, 200, 200, 200, 200,			_			
	Measurement	-			and the state of t						
PARM Code 00530 A	Permit				30.0		(0.0				
Mon.Site No. EFA-01	Requirement				(Mo.Avg.)		60.0 (Max.)	mg/L.		Monthly	Grab

Lecrtify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

Flardee County

Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011994 To

Parameter	Quantity or Loading			Units Quality or Concentration				Frequency of Analysis	Sample Typ
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	Measurement								
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4 X 4 / 20 1	Measurement								
ARM Code 00620 A	Permit				12.0	mg/L			
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on Site No. FLW-01	Permit			Report		%	_	Manufala	0.6.6.
	Requirement		199			'0		Monthly	Calculation
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DM C-1- 00000	Measurement					mai superanti			
RM Code 80082 G on.Site No. INF-01	Permit			Report		mg/L		A	~ 1
	Requirement					1118/17		Annually	Grab
lids, Total Suspended	Sample					 		(February)	
DAGG L COMM	Measurement			***************************************			***	MANAGEMENT	
ARM Code 00530 G on.Site No. INF-01	Permit			Report		mg/L		Annually	Grab
	Requirement								

DAILY SAMPLE RESULTS - PART B Peace River Heights WWTF Facility: Permit Number: FLA011994 Hardee To: County: Monitoring Period From: pH (SU) TRC Nitrogen, Nitrate, Notes Fecal Coliform TSS (mg/L) Flow (MGD) CBOD5 (mg/L) Total (as N) (For Disinfect.) Bacteria R-001 (mg/L)(#/100mL) (mg/L)00406 50060 00620 74055 00530 Code 50050 80082 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 FLW-01 EFA-01 Mon. Site 2 3 4 5 6 8 9 10 11 12 14 15 16 17 18 19 20 21 23 24 26 28 29 Total

PLANT STAFFI Day Shift Opera		Certificate No:	Na	ame:
ng Shift O	perator Class:	Certificate No:	Na Na	ame:
Night Shift Open	rator Class:	Certificate No.	Na	ame:
Lead Operator	Class	Certificate No.	Na	ime:

PA File No. FLA011994-005-DW3P DEP Form 62-620 910(10), Effective November 29, 1994

Mo. Avg.

1

Read mese instructions as well as the SUPPI EMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A. B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS	
ANC	Analysis not conducted.	
DRY	Dry Well	
FLD	Flood disaster.	
IFS	Insufficient flow for sampling.	
LS	Lost sample.	
MNR	Monitoring not required this period	

CODE	DESCRIPTION/INSTRUCTIONS	
NOD OPS OTH SEF	No discharge from/to site. Operations were shutdown so no sample could be taken. Other. Please enter an explanation of why monitoring data were not available. Sampling equipment failure.	

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring

group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

Montoring Period. Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data

DESCRIPTION/INSTRUCTIONS
The compound was analyzed for but not detected.
Value reported is the mean (average) of two or more determinations.
Estimated value, value not accurate.
Sample held beyond the actual holding time.
Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling. Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which tell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME Aqua Utilities of Florida, Inc.

MAIL ING ADDRESS 6960 Professional Parkway

Sarasota, FL 34240

PERMIT NUMBER

FLA011994

1.IMIT CLASS SIZE Final NIA

REPORT **GROUP**

Monthly Domestic

FACILITY

Peace River Heights WWTF LOCATION Chamberlain Boulevard

Wauchula, FL 33873

MONITORING GROUP NUMBER R-001

MONITORING GROUP DESC

RIB (R-001), including Influent

COUNTY

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/08

To 5/31/08

Parameter		Quantity or Loading		Units	Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.021		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Requirement	(Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD. Carbonaceous 5 day, 20C	Sample Measurement			f	3.3			ing/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			ing/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2		3.2	mg/L	0	Monthly	Grab
ARM Code 80082 A Aon.Site No. EFA-01	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				5.4			mg/L	0	Monthly	Calculation
ARM Code 00530 Y 4on.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
olids. Fotal Suspended	Sample Measurement				7.4		7.4	mg/L	0	Monthly	Grab
ARM Code 00530 A Ion.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Paver, Lead Operator	all Pau	941-650-3032	08/06/27

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

FACILITY Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER R-001 MONITORING PERIOD From 5/1/08

To

PERMIT NUMBER FLA011994 5/31/08

Parameter		Quantity or	Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
p11	Sample Measurement				7.23		7.8	SU	0	5 Days/Week	Grab
PARM Code 00406 A	Permit		, , , , , , , , , , , , , , , , , , , ,		6.0		8.5	SU		5 Days/Week	Grab
Mon Site No. EFA-01	Requirement				(Min.)		(Max.)				
Colitorm Fecal	Sample	or dept of the			42.8			#/100mL	0	Monthly	Calculation
0.00.00.00.00.00.00.00.00.00.00.00.00.0	Measurement			+	200			#/100ml	-	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit				(An.Avg.)		9	W/TOOIIL		Monuny	Carculation
Toliform, Fecal	Requirement Sample	+		+	<1.0		<1.0	#/100mL	0	Monthly	Grab
oliform, recai	Measurement				<1.0		<1.0	100012		, , , , , , , , , , , , , , , , , , ,	Chao
PARM Code 74055 A	Permit				Report		800	#/100mL		Monthly	Grab
Mon.Site No. EFA-01	Requirement				(Mo.Geo.Mean)		(Max.)				
Fotal Residual Chlorine (For	Sample				2.0			mg/L	0	5 Days/Week	Grab
Disinfection)	Measurement			1							
PARM Code 50060 A	Permit				0.5			mg/L		5 Days/Week	Grab
Mon Site No. EFA-01	Requirement				(Min.)						
Vitrogen, Nitrate, Total (as N)	Sample						0.21	mg/L	0	Monthly	Grab
	Measurement										
PARM Code 00620 A	Permit						12.0	mg/L		Monthly	Grab
Mon Site No. EFA-01	Requirement						(Max.)				
	Sample									-	
	Measurement							-			
	Permit			ŀ				İ			
	Requirement							-			
low, Total Plant	Sample	0.023		-MGD					U	Monthly	Calculation
	Measurement	2010		1466						14	Calculation
ARM Code 50050 Q don Site No. FLW-01	Permit Requirement	0.040 (3MADF)		MGD						Monthly	Calculation
	Sample	(3MADF)		-	5(0)			0%	0	Monthly	Calculation
Percent Capacity, 3MADF/Permitted Capacity) x	Measurement				56%			'		Monthly	Casculation
(ii)	Measurement										
PARM Code 00180	Permit			1	Report			%		Monthly	Calculation
don Site No. FLW-01	Requirement				Report					,	- www.min
3OD. Carbonaceous 5 day, 20C	Sample			1	337			mgl	U	Annually	Grab
	Measurement				331					(February)	
ARM Code 80082 G	Permit				Report			mgl		Annually	Grab
don Site No. INF-01	Requirement									(February)	
obds. Total Suspended	Sample			T	262			mg/L	0	Annually	Grab
	Measurement				202					(February)	
ARM Code 00530 G	Permit	3			Report			mg/L		Annually	Grab
don Site No. INF-01	Requirement									(February)	

Permit Number Monitoring Period FLA011994

From. 5/1/08

To: 5/31/08

Facility County

Peace River Heights WWTF Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon Site	F1.W-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
ı	1)(1)	32	7.4	<1.0	7 7	3.5	0.21	and the second s
2	029				7.8	4.0		
3	014				7.48	7.7		71-no-100000g-40g-1-01-40g-1-0-0
4	022							
5	022				7.7	3.5		
6	014				7.6	3.5		
7	021				76	3.8		
8	013			-	7 5	2 0		
4	021				7 3	2.2		And the second s
10	025				7.4	2.5		
11	032							redr rear rear seeds reason more annual describer out of the least out
12	032				7.5	2 8		The second secon
13	016				7.6	2.9		
14	034				7.6	3 0		
15	012				7.6	3.1		Antonini di Kristina (1800) anno antoni antoni antoni antoni antoni antoni antoni antoni antoni antoni antoni
16	018				7.6	2.8		
17	019				7.6	2.6		
18	.021							
19	021				7.6	2.8		
20	018				7.6	4 0		Additional to the second secon
21	015				7.6	3.8		array alberta array and a second and a second array array and a second array a
22	021				7.4	40		
23	019				7.5	3 7		
2.4	019				7.4	3 5		
25	022					The state of the s		arrangungan arrang diplograph datas da Arra da Arra da Arrang da Arrang da Arrang da Arrang da Arrang da Arrang
26	022				7.4	3.8		
27	623				7.42	40		
28	027				7.5	3.9		and the second s
29	014				7 48	4.2		
31)	021				7.5	4.0		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN
31	021				7 23	7.2		
lotal		1	and the second state of the second state of the second sec			and the second state of th	PARTICULAR CONTROL AND AND AND AND AND AND AND AND AND AND	
Mo Avg		The second second	C ACCESSION COMMON MARKET ENGINEER PROPERTY.					

PLANT STAFFING Day Shift Operator	Class	<u>(</u>	Certificate No	13244	Name	Eddie Christmas
Evening Shift Operator	Class	prograph that of Million Audition to consider that bets	Certificate No		Name	
Sight Shift Operator	Class		Certificate No		Name	
ead Operator	Class	(Centificate No	8946	Name	Robert Paver

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2000 Blair Stone Road, Tallahassee, Ft. 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway

LIMIT:

CLASS SIZE:

PERMIT NUMBER

FLA011994

1 :nal N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Peace River Heights WWTF

Chamberlain Boulevard Wauchula, FL 33873

Sarasota, Fl. 34240

MONTFORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERKOD From: 6/1/08

6/30/08

Parameter	Quantity or Loading		Units Quality or Concentr			ration Units		No. Ex.	Frequency of Analysis	Sample Type	
Flow, To RIB	Sample Measurement	0.023		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.023		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaccous 5 day, 20C	Sample Measurement				3.1			mg/L	(9	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			ngl		Monthly	Culculation
BOD, Carbonaccous 5 day, 20C	Sample Measurement				10.2		10.2	nig/L	O	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	Ing/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			ng/l.	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				11.0		11.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	ing/L		Monthly	Grah

Legrify 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 SIGN	NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Le	ad Operator	5 Malcel	941-377-9450	10/05/19

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

FACILITY: Hardee County

Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 6/1/08

To

PERMIT NUMBER: FLA011994 6/30/08

Parameter	Quantity or Loading	Units	Units Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
pH Sample Measurement			6.97	7.5	SU	0	5 Days/Week	Grab
PARM Code 00406 A Permit		-	6.0	8.5	SU		5 Days/Week	Grab
Mon. Site No. EFA-01 Requirement			(Min.)	(Max.)				
Coliform, Fecal Sample Measurement			44.9		4/100ml.	U	Monthly	Calculation
PARM Code 74055 Y Permit			200		#/100mL		Monthly	Calculation
Mon. Site No. EFA-01 Requirement			(An.Avg.)					
Coliform, Feeal Sample Measurement			26.0	26.0	#/100ml.	0	Monthly	Grab
PARM Code 74055 A Permit Park			Report	800	#/100mL		Monthly	Grab
Mon Site No. EFA-01 Requirement			(Mo.Geo.Mean)	(Max.)		-		
Total Residual Chlorine (For Sample			2.5		mg/L	0	5 Days/Week	Grah
Disinfection) Measurement								
PARM Code 50060 A Permit			0.5		mg/L		5 Days/Week	Grab
Mon.Site No. EFA-01 Requirement			(Min.)			<u> </u>		
Nitrogen, Nitrate, Total (as N) Sample Measurement				0.31	nig/L	0	Monthly	Grab
PARM Code 00620 A Permit				12.0	mg/l.		Monthly	Grab
Mon.Site No. EFA-01 Requirement				(Max.)		1		
Sample								
Measurement					-	ļ		
Permit					1			
Requirement						0	1 11	Calculation
Flow, Total Plant Sample	0.023	MGD				"	Monthly	Calculation
Measurement						+	h.f., alst.	Calculation
PARM Code 50050 Q Permit	0.040	MGD					Monthly	Calculation
Mon.Site No. FLW-01 Requirement	(3MADF)				0/6	0	Monthly	Calculation
Percent Capacity, Sample (3MADI/Permitted Capacity) x Measurement			57.5%		7.6		Monthly	Carculation
PARM Code 00180 Permit			Report		9,0		Monthly	Calculation
Mon.Site No. FLW-01 Requirement BOD, Carbonaceous 5 day, 20C Sample			324		nış/l.	0	Annually (February)	Grab
PARM Code 80082 G Permit			Report		ngl.	1	Annually (February)	Grab
Mon.Site No. INF-01 Requirement Solids, Total Suspended Sample			179		mg/L	G	Annually (February)	Grab
PARM Code 00530 G Permit Mon Site No. INF-01 Requirement			Report		mg/l.		Annually (February)	Grah

Permit Number: Monitoring Period FLA011994

From: 6/1/08

To: 6/30/08

Facility: County:

Peace River Heights WWTF Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate. Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
t	.023	l l						por and
2	.024				7.4	2.5		
3	.025				7.4	4.0		
4	.026				7.4	4.1		
5	.011	10.2	11	26	7.4	3.8	0.31	
6	.020				7.3	4.0		
7	.019				7.3	4.2		
3	.022							
9	.022				7.4	4.5		
10	.017				7.4	4.0		
il	.020				7.4	3.8		
12	035				7.4	3.5		
13	.018				7.4	3.2		
14	.028				7.0	6.0		
1.5	.023							AAMS WANDER
16	.023				7.4	4.5		
17	.021				7.5	4.0		
18	.021				7.5	4.0		
19	.026				7.5	3.0		
20	.039				7.4	3.4		
21	012				7.4	4.5		
22	.027							TVV Hurelman
23	.027				7.4	3.8		
24	.025				7.4	4.4		The second second second second
25	.024				7.4	3.8		
26	.021				7.4	3.5		
27	.028				7.5	3.0		
28	.022				6.97	2.9		
29	.018		AAATA		\$			
30	.018		***************************************		7.2	3.0		
31								198 ³ -19-19-19-19-19-19-19-19-19-19-19-19-19-
Iotal								
Mo. Avg.								

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	С	Certificate No:	8946	Name	Robert Paver
Night Shift Operator	Class:		Certificate No:		Name:	
1 cad Operator	Class:	C	Certificate No:	9465	Name:	Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway Sarasota, FL 34240

LIMIT:

CLASS SIZE:

Final N/A

REPORT GROUP:

Monthly Domestic

FACILITY:

Peace River Heights WWTF

LOCATION:

Chamberlain Boulevard

Wauchula, FL 33873

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/08

7/31/08 To

Parameter		Quantity o	r Loading	Units	Qua	ality or Concer	itration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.031		MGD					()	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0			ing/l.	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-03	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaccous 5 day, 20C	Sample Measurement				4.7		4.7	mg/L	0	Monthly	Grah
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l.		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.0			my/1.	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				5.2		5.2	mg/l.	0	Monthly	Grah
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Robert Paver, Lead Operator	Donnel Hostetler/Load Operator	941-650-3032	10/05/27

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORI

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 7/1/08

To

PERMIT NUMBER: FLA0) 1994 7/31/08

Parameter	Quantity or Loading				Quality or C	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pli	Sample Measurement				7.2	7.52	SH	(:	5 Days/Week	(irah
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grah
Coliform, Fecal	Sample Measurement				20.0	(Max.)	#/100ml.	U	Monthly	Calculation
PARM Code 74055 Y Mon,Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#;100ml		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100md.	n	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100mL.		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8		mg/L	6	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.16	mg/l.	O O	Monthly	Grah
PARM Code 00620 A Mon,Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/l.		Monthly	Grah
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	0.025		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.040 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement				62.5%		%,	1)	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report		%		Monthly	Calculation
BOD, Carbonaccous 5 day, 200	Sample Measurement				240		næ/L	()	Annually (February)	Grab
PARM Code 80082 G Mon,Site No. INF-01	Permit Requirement				Report		mg/l.		Annually (February)	Grah
Solids, Total Suspended	Sample Measurement				74		mg/L	()	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report		Ing/L		Annually (February)	Grab

Permit Number:

FLA011994

From: 7/1/08 Monitoring Period

To: 7/31/08

Facility: County: Peace River Heights WWTF Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate. Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	F1.W-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.025				7.3	2.0		
2	.039			1	7.4	3.0		
3	.028				7.4	2.0		
4	.022				7.4	3.0		to the second se
5	.031				7.4	3.0		A little delices interpret del home transformation and an analysis of the second
6	.033							
7	.033				7.3	2.5		
8	.050				7.3	2.0		
9	.019	4.7	5.2	<1.0	7.38	4.0	1.16	
10	.043				7.4	3.8		
11	.022				7.4	2.6		Management from the day for the second secon
12	.023				7.2	9.4		CONTRACTOR OF THE PARTY OF THE
13	.028							
14	.028				7.4	3.0		
15	.039				7.5	2.5		
16	.056				7.5	2.8		
17	.024				7.42	2.6		
18	.033				7.52	4.0		
19	.030	1			7.5	3.8		
20	.033							
21	.033				7.4	3.5		
22	024				7.41	3.2		
23	.021				7.45	3.4		
24	.025				7.4	3.0		
25	.031				7.45	3.5		
26	.029				7.4	3.0		
27	034							
28	.034				7.3	0.8		
29	.033				7.41	2.5		
30	.023		and the second s		7.3	3.8		
31	.043				7.4	3.5		
l'otal		Ì						
Mo. Avg.	100000000000000000000000000000000000000				A Miles Company of the Company of th			

PLANT STAFFING: Day Shift Operator	Class:	_C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:	Management of the Control of the Con	Name:	
Lead Operator	Class:	C	Certificate No:	8946	Name:	Robert Paver

PA File No. FLA011994-005-DW3P DEP Form 62-620 910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, FL 34240

LIMIT: CLASS SIZE Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Peace River Heights WWTF Chamberlain Boulevard

Wauchula, Fl. 33873

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC.

RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/08

8/31/08

To

Parameter		Quantity o	Quantity or Loading Units		Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.033		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	(1900)			4.0			mg/l.	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l.		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			-	2.3		2.3	mg/l.	D	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.0			næ/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l.		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.4		2.4	ntg/l.	0	Monthly	Cirab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	Ngm		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Paver, Lead Operator	Donel Hacter	941-650-3032	10/05/27

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 8/1/08

То

PERMIT NUMBER: FLA011994-8/31/08

Parameter		Quantity or Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
11	Sample			7.0	7.5	SU	0)	5 Days/Week	Grab
11	Measurement								
ARM Code 00406 A	Permit			6.0	8.5	SU		5 Days/Week	Grab
fon Site No. EFA-01	Requirement	*		(Min.)	(Max.)				
oliform, Feeal	Sample			20.0		#/100ml.	G	Monthly	Calculation
(IIII) III, I ccai	Measurement						-	N. 11	Calculation
ARM Code 74055 Y	Permit			200		#/100ml.		Monthly	Calculation
Ion.Site No. EFA-01	Requirement			(An.Avg.)			0		Grab
oliform, Fecal	Sample			<1.0	<1.0	###(XOml.	0	Monthly	Grab
Control of the contro	Measurement					4.7100-1	-	N.A. melali	Grab
ARM Code 74055 A	Permit			Report	800	#/100mL		Monthly	(Hab
Aon. Site No. EFA-01	Requirement			(Mo.Geo.Mean)	(Max.)		0	5 Days/Week	Grab
otal Residual Chlorine (For	Sample	100		2.0	in the second se	mg/l.	"	5 Days: Work	(HZI)
Disinfection)	Measurement						-	5 Days/Week	Grab
ARM Code 50060 A	Permit			0.5		mg/L		3 Days week	Crao
Aon Site No. EFA-01	Requirement			(Min.)		mg/L	0	Monthly	Grab
litrogen, Nitrate, Total (as N)	Sample		1		0.6	mg/t.	"	Michaely	(1146
	Measurement				12.0	mg/l.	-	Monthly	Grab
ARM Code 00620 A	Permit	1			(Max.)	mp.		1	
Aon. Site No. EFA-01	Requirement				(IVIAX.)		+		
	Sample								
	Measurement						1		
	Permit							1	
	Requirement		MGD	 		_	0	Monthly	Calculation
low, Total Plant	Sample	0.029	1000		1				
	Measurement	0.040	MGD				1	Monthly	Calculation
PARM Code 50050 Q	Permit	(3MADF)	1						
Mon Site No. FLW-01	Requirement	(3MI/LDF)		72.5%		15	0	Monthly	Calculation
Percent Capacity,	Sample	u de de de de de de de de de de de de de	ł	12.570	1				
(3MADF/Permitted Capacity) x	Measurement								
100	Permit			Report		%		Monthly	Calculation
PARM Code 00180 1	Requirement			,					
Mon, Site No. FLW-01	Sample	•		153		mg/L	0	Annually	Grah
BOD, Carbonaceous 5 day, 20C	Measurement						-	(February)	
PARM Code 80082 G	Permit			Report		mp∕l.		Annually	Grab
Mon.Site No. INF-01	Requirement							(February)	
Solids, Total Suspended	Sample			59		rng/L	0	Annually	Grab
Solids, Total Suspended	Measurement							(February)	0.1
PARM Code 00530 G	Permit			Report		mg/L		Annually	Grab
Mon.Site No. INF-01	Requirement							(February)	

Permit Number: Monitoring Period FLA011994

From: 8/1/08 To: 8/31/08

Facility:

Peace River Heights WWTF Hardee

County:

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/l.)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/l.)	Nitrogen, Nitrate, Total (as N) (mg/L)	
	50050	80082	00530	74055	00406	50060	00620	
Code	50050	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
Ion. Site	FLW-01	EFA-01	Elito.		7.42	3.0		1000
1	.036				7.5	2.5		
2	.034			 	1.5			-
3	.036				7.48	3.0		
4	.036				7.5	2.0+		the relative to the second sec
5	.031			<1.0	7.3	4.0	0.6	
6	.032	2.3	2.41	1.0	7.32	3.8		
7	.035				7.4	2.0+		
8	.031				7.4	2.9		
9	.037				7.4	2.7		
10	.031					12.0		
11	.031				7.4	3.0		
12	018				7.2	4.0		
13	.025		}		7.0	4.5		Ministration of the second second second second second second second second second second second second second
14	.024				7.1	4.0		
15	.032				7.2	3.8		
16	.028				7.23	3.6		
17	.033							
18	.033				7.3	3.5		
19	.023				7.3	3.0		
20	.059		400-00-00-00-00-00-00-00-00-00-00-00-00-		7.25	3.1		
21	.061				7.25	3.2		
22	.028				7.3	2.5	a de la companya de l	
23	.030				7.2	2.3		
24	.035							
25	.035				7.2	4.5		
26	.013				7.2	4.2		
27	.036				7.3	3.0		
28	.024				7.3	3.5		
29	.041				7.2	2.5		
30	.019				7.3	3.0		
31	.041							
Total		-					1	
Mo Avg	A Professional Control of the Contro							

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class	C	Certificate No:	8946	Name:	Robert Paver

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final NIA

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Peace River Heights WWTF Chamberlain Boulevard

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

RIB (R-001), including Influent

Wauchula, FL 33873 Hardee COUNTY:

NO DISCHARGE FROM SITE: MONITORING PERIOD From: 9/1/08

To

9/30/08

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y	Permit Permit	0.040 (12MADF)		MGD						Monthly	Calculation
Mon.Site No. FLW-01 Flow	Requirement Sample	0.025		MGD					n	5 Days/Weck	Elapsed Time Meter
PARM Code 50050 1	Permit P	Report		MGD						5 Days/Week	Elapsed Time Meter
Mon.Site No. FLW-01 BOD, Carbonaccous 5 day, 20X	Requirement Sample	(Mo.Avg.)	-		4.4			ring/l.	9	Monthly	Calculation
PARM Code 80082 Y	Measurement Permit				20.0 (An.Avg.)			mg/L		Monthly	Calculation
don.Site No. EFA-01 BOD, Carbonaccous 5 day, 20C	Requirement Sample				7.2		7.2	nig/L	0	Monthly	Grab
PARM Code 80082 A	Measurement Permit	and the second s			30.0 (Mo.Avg.)		60 0 (Max.)	mg/l.		Monthly	Grab
Mon.Site No. EFA-01 Solids, Total Suspended	Sample				6.7			mg/l.	0	Monthly	Calculation
PARM Code 00530 Y	Permit P				20.0 (An.Ayg.)			mg/L		Monthly	Calculation
Mon.Site No. EFA-01 Solids, Total Suspended	Requirement Sample				11.0		11.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Measurement Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

ATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Donel Hactitical	941-650-3032	10/05/27
		Daniel Haitlein. 941-650-3032

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 9/1/08

To

PERMIT NUMBER: FLA011994 9/30/08

Parameter		Quantity or Loading	Units	Quality or C	oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Н .	Sample Measurement			7.3	8.0	SU	0	5 Days/Week	Grab
ARM Code 00406 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
10n. Site No. EFA-01 oliform, Fecal	Sample			2.0		#/100ml.	()	Monthly	Calculation
ARM Code 74055 Y	Measurement Permit			200 (An,Avg.)		#/100ml.		Monthly	Calculation
fon Site No. EFA-01 oliform, Fecal	Requirement Sample			<1.0	<1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 A	Permit Requirement			Report (Mo.Geo Mean)	800 (Max.)	#/100ml.		Monthly	Grab
ton, Site No. EFA-01 (ota) Residual Chlorine (For	Sample Measurement			1.5	(1.004.)	mg/L	0	5 Days/Week	Grab
Disinfection) PARM Code 50060 A Aon.Site No. EFA-01	Permit Requirement			0,5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.48	mg/L	()	Monthly	Grab
ARM Code 00620 A Aon, Site No. EFA-01	Permit Requirement				12.0 (Max.)	tng/L		Monthly	Grab
WORLSHO IN TOTAL	Sample Measurement								
	Permit Requirement								
Tow, Total Plant	Sample Measurement	0.030	MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon, Site No. FLW-01	Permit Requirement	0.040 (3MADF)	MGD					Monthly	Calculation
Percent Capacity, 3MADF/Permitted Capacity) x	Sample Measurement			74%		%	0	Monthly	Calculation
PARM Code 00180	Permit Requirement			Report		e/q		Monthly	Calculation
BOD, Carbonaccous 5 day, 20C	Sample Measurement			156		mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. JNF-01	Permit Requirement			Report		mp/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement			111		mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		mg/1,		Annually (February)	Grab

Permit Number: Monitoring Period FLA011994

From: 9/1/08

To: 9/30/08

Facility: County:

Peace River Heights WWTF Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
					7.3	3.2	The second secon	
2	.041				7.7	4.5		
3	.023				7.7	3.8		
4	.022			-	7.7	4.5		
5	.023				7.7	4.0		y) i i i i
	.036				7.8	3.5		
7	.027							
8	.027				7.8	1.5		
9	.022				7.9	1.5		
10	.022				79	4.5		
11	.023				7.8	4.0		
12	.021	7.2	11	<1.0	7.9	2.0	0.48	
13	.023				7.9	3.5		
14	.018							
15	.018				7.9	4.5		
16	.027				7.9	2.0		
17	.020				7.9	4.0		and the state of t
18	.013				7.9	4.5		
19	.022		1		7.9	4.0	and the same of th	
20	.021				7.9	3.2		different manademischen der der Terrent Seiner von 1900 - 1900
21	.029		1					
22	.029				7.9	4.0		
23	.038				7.9	3.5		
24	.020				8.1	4.0		
25	.027				7.9	3.8		
26	.030				7.6	2.1		
27	.024				7.6	2.2		
28	.021							
29	.021				7.8	2.8		
30	.028				7.9	2.9		
31	-							the state of the s
Total				 				
Mo. Avg.		+	+					

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:	The second secon	Certificate No:		Name:	
ead Operator	Class.	C	Certificate No:	8946	Name:	Robert Paver

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

Hardee

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway Sarasota, FL 34240

LIMIT: CLASS SIZE: Final NIA

REPORT: GROUP:

Monthly Domestic

FACILITY:

Peace River Heights WWTF Chamberlain Boulevard

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

RIB (R-001), including Influent

LOCATION: COUNTY:

Wauchula, FL 33873

NO DISCHARGE FROM SITE:

MONIFORING PERIOD From: 10/1/08

10/31/08 To

Parameter		Quantity of	r Loading	Units	Qua	lity or Concer	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.025		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			ngA.	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Pennit Requirement			la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	20.0 (An.Avg.)			mg∕l.		Monthly	Calculation
BOD, Carbonaceous 5 day, 200	Sample Measurement				2.3		2.3	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo,Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.6			mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.4		1.4	næ/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/l.		Monthly	Grab

Legrify 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)
Robert Paver, Lead Operator	Donal Hartitu	941-650-3032	10/05/27

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 10/1/08

To

PERMIT NUMBER: FLA011994 10/31/08

Parameter		Quantity or	Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
11	Sample Measurement				7.7	8.0	SU	0	5 Days/Week	Grah
PARM Code 00406 A	Permit				6.0	8.5	SU		5 Days/Week	Grab
Aon. Site No. EFA-01	Requirement				(Min.)	(Max.)		0		
Coliform, Fecal	Sample				20.0		#:100ml,		Monthly	Calculation
	Measurement						#/100mL	ļ	Monthly	Calculation
ARM Code 74055 Y	Permit				200		#/TOOML		Monthly	Calculation
Aon. Site No. EFA-01	Requirement				(An.Avg.)		#/1(00m)	0	N. 4	Grab
oliform, Fecal	Sample			1	<1.0	<1.0	g: ranni.		Monthly	(iran
	Measurement			-		000	##[D0m],	-	Monthly	Grab
PARM Code 74055 A	Permit				Report	800	gritanii,		Monthly	Chab
Aon, Site No. EFA-01	Requirement				(Mo.Geo Mean)	(Max.)	- m./	0	5 Days/Week	Grab
fotal Residual Chlorine (For	Sample				2.0		mg/L		5 Days week	Снар
Disinfection)	Measurement						mg/L	-	5 Days/Week	Grab
ARM Code 50060 A	Permit				0.5		Light		3 Days/ Wock	Citati
Aon. Site No. EFA-01	Requirement				(Min.)	1.05	mg/L	0	Monthly	Grab
litrogen, Nitrate, Total (as N)	Sample					1.85	mg/L		Monthly	Crab
	Measurement					12.0	mg/l.	-	Monthly	Grab
PARM Code 00620 A	Permit					(Max.)	mpr.		Within	Citato
Mon.Site No. EFA-01	Requirement			+		(Max.)		+		
	Sample									
	Measurement			-				-		
	Permit			ļ						
	Requirement			MGD			+	0	Monthly	Calculation
Flow, Total Plant	Sample	0.028		MICIC					l lettattiny	Carcarano
	Measurement	0.040		MGD				+	Monthly	Calculation
PARM Code 50050 Q	Permit	(3MADF)		MOO					l withining	Curvuidio
Mon.Site No. FLW-01	Requirement	(SMADE)		-	69%		%	()	Monthly	Calculation
Percent Capacity,	Sample				09%	ga-broad			, , , , , , , ,	
3MADF/Permitted Capacity) x	Measurement									
100	Di4			+	Report		%		Monthly	Calculation
PARM Code 00180 1	Permit				Корол	· ·			,	
Mon. Site No. FLW-01	Requirement Sample				258		mg/L	0	Annually	Grab
BOD, Carbonaceous 5 day, 20C		İ			230	1			(February)	
	Measurement			+	Report		mg/L	1	Annually	Grab
PARM Code 80082 G	Permit Requirement				report				(February)	
Mon, Site No. INF-01					156		nng/L	0	Annually	Grab
Solids, Total Suspended	Sample			and the second	130				(February)	
0.00400 1.00520 6	Measurement Permit				Report		mg/L	1	Annually	Grab
PARM Code 00530 G	Requirement				Report			1	(February)	

Permit Number: Monitoring Period FLA011994

From: 10/1/08

To: 10/31/08

Facility:

Peace River Heights WWTF

County: Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Aon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
	.039				8.0	3.3		
2	.016				7.9	4.5		
3	.026	2.3	1.41	<1.0	7.9	4.5	1.85	
4	.024				7.9	3.8		
5	.035							
()	.035				8.0	2.8		
7	.038				7.9	3.0		
8	.022				7.8	2.2		
9	.026				7.8	2.8		AND DESCRIPTION OF THE PARTY OF
10	.023				7.9	4.0		
11	.022				7.9	3.8		and the second s
12	.022							
13	.022				7.8	3.0		
14	.026				7.8	2.2		
15	.021				7.8	2.8		
16	.020				7.9	4.8		
17	.020				7.9	4.0		
18	.017				7.9	4.0		
19	.023							
20	.023				8.0	4.0		
21	.027				7.9	3.8		
22	.014				7.9	3.6		~~~
23	.025			100 m 100 m	7.9	3.8		
24	.015				7.9	4.5		
25	.023				7.9	4.0		
26	.023							
27	.023	The second secon			8.0	4.4		Principal State of the State of
28	.027				7.9	4.0		****
29	.016				7.9	4.2		
30	.025			THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	7.8	2.0+		
31	.024			-	7.7	2.0+		
Total						1		
do. Avg.							T I	

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10). Effective November 29, 1994

Class:

Class:

Night Shift Operator

Lead Operator

Certificate No:

C Certificate No:

1

8946

Name:

Robert Paver

Name:

174

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Ft. 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, FL 34240

LIMIT: CLASS SIZE: Pinal N/A

REPORT GROUP:

Monthly Domestic

FACILITY:

COUNTY:

Peace River Heights WWTF Chamberlain Boulevard

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

RIB (R-001), including Influent

LOCATION:

Wauchula, FL 33873

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/08

11/30/08 To

Parameter		Quantity o	or Loading	Units	Qualit	y or Concentration	011	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.020		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.6			mg/l.	0	Monthly	Calculation
PARM Code 80082 Y Mon,Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l.		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4		4.4	mg/t.	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L.		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.2			ng/L	()	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			of professional management of the professional management of t	20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.2		2.2	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Pennit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Paver, Lead Operator	Donal Hactie	941-650-3032	10/05/27

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 11/1/08

PERMIT NUMBER: FLA011994 11/30/08

Parameter		Quantity o	r Loading	Units	Quality or Co	oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
llc	Sample Measurement				7.5	7.9	SU	0	5 Days/Week	Grab
	Permit				6.0	8.5	SU		5 Days/Week	Grab
ARM Code 00406 A don.Site No. EFA-01	Requirement	1			(Min.)	(Max.)				
	Sample				20.0		5/100ml .	0	Monthly	Calculation
oliform, Fecal	Measurement				20.0					
ARM Code 74055 Y	Permit				200		#/100ml.		Monthly	Calculation
Aon. Site No. EFA-01	Requirement				(An.Avg.)					
'oliform, Fecal	Sample				<1.0	<1.0	#/100hnl,	0	Monthly	Grab
OHIOTHE FCC45	Measurement				1.0					
PARM Code 74055 A	Permit				Report	800	#/100ml.		Monthly	Grab
don Site No. EFA-01	Requirement				(Mo.Geo.Mean)	(Max.)				
otal Residual Chlorine (For	Sample				1.0		tng/l.	G	5 Days/Week	Grab
Disinfection)	Measurement									
ARM Code 50060 A	Permit		9		0.5		mg/l.		5 Days/Week	Grab
Aon Site No. EFA-01	Requirement				(Min.)		1	-		
Nitrogen, Nitrate, Total (as N)	Sample					1.21	mg/l.	(1	Monthly	Grab
	Measurement							-	N1.1	Contr
ARM Code 00620 A	Permit					12.0	mg/L		Monthly	Grab
Alter Chac backs	Requirement					(Max.)		+		-
	Sample									
	Measurement							+		
	Permit									
	Requirement			MCIN			+	6	Monthly	Calculation
Flow, Total Plant	Sample	0.023		MGD					l manning	Carcalation
	Measurement	0.040		MGD				1	Monthly	Calculation
PARM Code 50050 Q	Permit	0.040 (3MADF)		MOIZ						
Mon.Site No. Fl.W-01	Requirement	(SMIADE)		_	58.3%		1/6	0	Monthly	Calculation
Percent Capacity,	Sample Measurement				30.370					
3MADF/Permitted Capacity) x	Nicasurement									
100 PARM Code 00180 1	Permit				Report		%		Monthly	Calculation
Mon.Site No. FLW-01	Requirement			1						
BOD, Carbonaceous 5 day, 20C	Sample				284		mg/L	0	Annually	Grab
B(M), Cartentaceous 5 day, 200	Measurement				204				(February)	
PARM Code 80082 G	Permit				Report		urfs/F		Annually	Grab
Mon.Site No. INF-01	Requirement								(February)	-
Solids, Total Suspended	Sample				126		nig/1.	0	Annually	Grab
ACCUMANTA FACINAL ACCUMPANTAGEMENT	Measurement								(February)	
PARM Code 00530 G	Permit				Report		mg/l.		Annually	Grab
Mon.Site No. INF-01	Requirement								(February)	

Permit Number: Monitoring Period FLA011994

From: 11/1/08

To: 11/30/08

Facility:

Peace River Heights WWTF Hardee

County:

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	(For Disinfect.) (mg/L)	Nitrogen, Nitrate. Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
	.019		-		7.7	2.0		
2	.023							
3	0.23				7.9	2.2		and the state of t
4	.027			-	7.9	2.4		All the state of the second se
5	.014	4.4	2.21	<1.0	7.9	4.0	1.21	
6	.025				7.8	2.2		
7	.014	-			7.8	2.8		to jugitanteen de contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contr
8	.019				7.8	3.0		
9	.020							****
10	.020				7.9	1.0		
11	.027				7.5	2.0		
12	.017				7.6	2.2		
13	.024				7.6	2.2		
14	.022				7.6	2.5		
15	.017				7.5	1.5		Brigadin Albadrasandaarna var ee fi i fi var fi verstaarnaarn
16	.018							
17	.018				7.5	1.8		
18	.016				7.5	2.5		
19	.019				7.6	2.8		
20	.024				7.6	3.5		
21	.024		-	_	7.6	3.0		invalidad and a recognision and the same bispecial according to the same and the sa
22	.012				7.6	3.2		
23	.017	and the second s						
24	.017				7.6	3.5		
25	.020				7.6	3.2		
26	019				7.7	4.0		# 51 ⁵ 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
27	.022				7.7	4.1		
28	.022				7.7	3.8		
29	.017				7.7	3.0		
30	.028			·				
31								
Total								1 12 · 12 0 20 10 10 10 000
Mo. Avg.	-	+	+		-	T		

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	3	Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:	A STATE OF THE STA	Name:	All A did a Management and a state of the st
Lead Operator	Class:	C	Certificate No:	8946	Name:	Robert Paver

PA File No. FLA011994-005-DW3P DEP Form 62-620 910(10), Effective November 29, 1994

Sample Type

Frequency of

Analysis

Monthly

Ex.

mg/L

60.0

(Max.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

				Et 20200 2400	
un Complained mail this	s report to: Department of Environmental Protection, Wastewater	Compliance Evaluation Section, MS 35	551, 2600 Blair Stone Road, Tallah	assec, FL 32399-2400	
PERMITTEE NAME:	Agua Utilities of Florida, Inc.	PERMIT NUMBER	FLA011994		
MAILING ADDRESS:	6960 Professional Parkway Sarasota, FL 34240	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Peace River Heights WWTF Chamberlain Boulevard	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-001 RIB (R-001), including Influent		
IXA ATON	Wanchula, FL 33873		7		

NO DISCHARGE FROM SITE: COUNTY: Hardee MONITORING PERIOD From: 12/1/08 12/31/08 Units No. Quality or Concentration Units Quantity or Loading Parameter

	1			J. I				A common of	1 40000		
Flow, To RIB	Sample	0.024		MGD					U	Monthly	Calculation
10%, 10 %12	Measurement			MGD				+	+	Monthly	Calculation
ARM Code 50050 Y	Permit	0.040		MGD						www	
Mon.Site No. FLW-01	Requirement	(12MADF)		MGD					0	5 Days/Week	Elapsed Time
low	Sample	0.021		MOD						,ju	Meter
	Measurement			MGD					+	5 Days/Week	Elapsed Tim
ARM Code 50050 1	Permit	Report		MOD							Meter
Aon.Site No. FLW-01	Requirement	(Mo.Avg.)		+	4.4			mg/L	0	Monthly	Calculation
BOD, Carbonaccous 5 day, 20C	Sample				4.4						
, , , , , , , , , , , , , , , , , , , ,	Measurement				20.0			mg/L		Monthly	Calculation
ARM Code 80082 Y	Permit				(An.Avg.)					, , , , , , , , , , , , , , , , , , , ,	
Aon.Site No. EFA-01	Requirement		-	+	<2.0		<2.0	mg/L	0	Monthly	Grah
3OD, Carbonaccous 5 day, 20C	Sample				~2.0		12.0			-	
	Measurement		1	-	30.0		60.0	mg/l.		Monthly	Grab
PARM Code 80082 A	Permit				(Mo Avg.)		(Max.)				
Mon.Site No. EFA-01	Requirement				5.9		(11207)	mg/1.	0	Monthly	Calculation
Solids, Total Suspended	Sample				3.9	8				,	
	Measurement			-	20.0			mg/L		Monthly	Calculation
PARM Code 00530 Y	Permit				(An.Avg.)						
Mon.Site No. EFA-01	Requirement		-	+	2.4		2.4	mg/L	0	Monthly	Grab
Solids, Total Suspended	Sample				2.4		2.4				
TO THE STATE OF TH	Measurement				30.0	 	60.0	Ing/L	1	Monthly	Grab

Mon.Site No. EFA-01 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.

30.0

(Mo.Avg.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	Donal Hartier Don Hostetler/Lead Operator	941-377-9456	10/05/27
	DOI TRUSTEEL TARRES SPANNS		

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

Permit

Requirement

PARM Code 00530

FACILITY: Hardee County Peace River Heights WWTF

WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 12/1/08

/08

PERMIT NUMBER: FLA011994 12/31/08

Parameter		Quantity or	Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
314	Sample				7.6	8.0	St.	0	5 Days/Week	Grah
11	Measurement						SU	-	5 Days/Week	Grab
ARM Code 00406 A	Permit				6.0	8.5	317) Days, week	Citao
Ion. Site No. EFA-01	Requirement				(Min.)	(Max.)	#/100ml	0	Monthly	Calculation
oliform, Fecal	Sample				20.0		#-11Kmm1.	1 "	Monthly	Calcination
ontorm, recar	Measurement						4.100	-	h t all	Calculation
ARM Code 74055 Y	Permit				200		#/100ml		Monthly	C. alculation
ARM Code 74033 Aon Site No. EFA-01	Requirement				(An.Avg.)			()	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Grab
	Sample				<1.0	<1.0	#/100ml	1 "	Monthly	Ciran
oliform, Fecal	Measurement			1	1.0					0.1
	Permit				Report	800	#/100ml.		Monthly	Grab
ARM Code 74055 A	1				(Mo.Guo.Mean)	(Max.)		-		(2.1
Aon, Site No. EFA-01	Requirement		- Anthrope -		1.7		mg/l.	t)	5 Days/Week	Grab
otal Residual Chlorine (For	Sample				1.7					
Disinfection)	Measurement				0,5		mg/L		5 Days/Week	Grab
ARM Code 50060 A	Permit				(Min.)	ļ.				
Aon.Site No. EFA-01	Requirement				1	1.33	mg/L	0	Monthly	Grab
Sitrogen, Nitrate, Total (as N)	Sample			ì						
	Measurement					12.0	mp/L		Monthly	Grah
ARM Code 00620 A	Permit	1				(Max.)				
Aon.Site No. EFA-01	Requirement									
	Sample					1				
	Measurement									
	Permit							1		
	Requirement			1100				0	Monthly	Calculation
low, Total Plant	Sample	0.022		MGD						
	Measurement			1.700					Monthly	Calculation
PARM Code 50050 Q	Permit	0.040		MGD						
Mon.Site No. FLW-01	Requirement	(3MADF)					*/*	U	Monthly	Calculation
Percent Capacity,	Sample				55%				1	
3MADF/Permitted Capacity) x	Measurement							1		
100							0/6		Monthly	Calculation
PARM Code 00180	Permit				Report				,	
Mon Site No. FLW-01	Requirement						mg/L	0	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample				228				(February)	
	Measurement						ing/L	_	Annually	Grab
PARM Code 80082 G	Permit				Report	,	1		(February)	
Mon.Site No. INF-01	Requirement						mg/l.	0	Annually	Grab
Solids, Total Suspended	Sample				112		11021.		(February)	
Somus, Total Tospenses	Measurement						en - fi	-	Annually	Grab
PARM Code 00530 G	Permit				Report		mg/l.		(February)	U AU
Mon.Site No. INF-01	Requirement								(recordaty)	

Permit Number:

FLA011994

From: 12/1/08 Monitoring Period

To: 12/31/08

Facility: County:

Peace River Heights WWTF

Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Fotal (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EF.A-01	EFA-01	EFA-01	EF.A-01	
1	.018				7.7	2.8		MIM.
2	.013				7.9	2.2		
3	.017				7.8	3,0		
-4	.024				7.7	2.1		
5	.018	<2.0	2.4 1	<1.0	7.9	4.5	1.33	
6	.020				7.8	4.0		
7	.020							
8	.020				8.0	2.0		
9	.020				7.9	2.2		
10	.0179				7.9	3.0		
de de	.026	1			7.8	2.2		
12	.026				7.7	1.7		
13	.024				7.6	2.0		
14	.023							
15	.023				7.7	2.5		
16	.020				7.9	3.0		
17	.023				7.9	2.5		
18	.030				7.9	3.0		
19	.020	 			7.9	2.5		
20	.027				7.9	3.0		
21	.022				7.9	2.8		
22	.028				7.8	2.7		
23	.021				7.8	3.0		
24	.021				7.9	2.0		
25	.021		***************************************					
26	.021				7.8	2.6		
27	.024				7.8	3.0		
28	.018							
29	.018				7.8	2.5		
30	.024				7.8	3.0		
31	.018				7.8	2.8		
Total								
Mo. Avg.								

PLANT STAFFING: Day Shift Operator	Class:	_C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	C	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

1

when Completed mail this report to:	Department of Environmental Protection, Wa	astewater Compliance I	valuation Section, MS 1551	7600 Dhie Stood Dane C	Fellohaman 11 22200 2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway

LIMIT:

CLASS SIZE:

Final NIA

REPORT: GROUP:

Monthly

FACILITY: LOCATION: Peace River Heights WWTF

Chamberlain Boulevard

Sarasota, FL 34240

MONITORING GROUP NUMBER: R-001

Domestic

Wauchula, FL 33873

MONITORING GROUP DESC.

RIB (R-001), including Influent

COHNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1/1/09

1/31/09

Parameter		Quantity	or Loading	Units	Qui	ality or Concer	ntration	Units	No.	Frequency of	Sample Type
Flow, To RIB	Sample	0.024		MGD			T		Ex.	Analysis	// I
21212	Measurement									Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement	0.023		MGD	70.00				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01 BOD, Carbonaccous 5 day, 20C	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
	Sample Measurement				4.96			ng/L	0	Monthly	Calculation
Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			ng/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6		8.6	mg/l.	Ü	Monthly	Grab
ARM Code 80082 A Aon. Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60 0 (Max.)	mg/l.		Monthly	Grab
ARM Code 00530 Y	Sample Measurement		1,0,0	The second secon	6.15			nw/L	Ú	Monthly	Calculation
Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mu/l.		Monthly	Calculation
ARM C. I. 2000	Sample Measurement				6.0		6.0	mg/L	Ü	Monthly	Grah
ARM Code 00530 A fon.Site No. EFA-01	Permit Requirement				30.0 (Mo,Avg.)		60.0 (Max.)	nig/t.		Monthly	Grah

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)
Johnny Chamberlain, Lead Operator	N CV L	941-377-9456	10-05-19
	J Chro		13-19

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 1/1/09

To

PERMIT NUMBER: FLA011994 1/1/09

Parameter		Quantity or 1.	oading	Units	Quality or Co	oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	8.2	SU	9	5 Days/Week	Grah
PARM Code 00406 A Mon Site No. EFA-01	Pennit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grah
Coliform, Fecul	Sample Measurement				29.21	(1000)	#/100ml	Ð	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				46.9	220	#/100ml	ti	Monthly	Grah
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)	#/1(R)in1.		Monthly	Cirab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8		mg/L	1)	5 Days/Week	Grab
PARM Code 50060 A Mon,Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.21	ng/L	1)	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement									an dan makan sasah si da sasah da sasah sasah sasah sasah sasah sasah sasah sasah sasah sasah sasah sasah sasah
	Permit Requirement									
Flow, Total Plant	Sample Measurement	0.021		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0,040 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, 3MADE/Permitted Capacity) x 100	Sample Measurement				53%		#.·	0	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report		6.7		Monthly	Calculation
BOD, Carbonaceous 5 day, 200	Sample Measurement				242		nig/L	a	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report		mg-L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				156		nų:il.	0	Annually (February)	Grah
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report		mg/L		Annually (February)	Grab

Permit Number: Monitoring Period FLA011994

From: 1/1/09

To: 1/31/09

Facility: County:

Peace River Heights WWTF Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	FFA-01	EFA-01	EFA-01	EFA-01	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
1	.032	+			7.7	3.0		
2 .	.012				7.8	2.5		
3	026				7.8	2.8		PETERSON PLAN - SON BRIDGE STREET, STR
4	.024							Maria series de la companya de la co
5	.024				7.8	2.6		NAME AND ADDRESS OF THE OWNER, TH
6	.015				7.8	2.5		programme Annahum annahum annahum annahum annahum annahum annahum annahum annahum annahum annahum annahum annah
7	.022				7.8	3.0		
8	.020	8.6	6.0	220	8.2	2.0	0.21	-
9	.026				8.0	2.5		
10	.022				8.0	3.0		
11	.022							**************************************
12	022	-		10	8.0	1.8		
13	023				7.9	2.5		The same of the sa
14	.026				8.0	2.8		Person or accompany of the State of the Stat
1.5	.023				8.0	3.0		
16	.024				8.1	3.5		
17	.026				8.0	2.8		
18	.019							
19	.019				7.9	3.0		Halina and Aller State of the S
20	.021				7.9	3.0		
21	012				8.0	2.5		Mary Mary Mary Mary Mary Mary Mary Mary
22	.024				8.0	4.0		William Action and the Control of th
23	.021				8.0	3.8		
24	021				8.0	3.5		
2.5	.023							
26	.023				7.7	2.0		
27	.020				7.7	2.0÷		Autoria granda de la companya de la
28	.026				7.6	2.0-		Marie Balance and American Street Str
29	018				7.8	2.0-		***************************************
30	026		The State of the S		7.7	1.9		
3.1	030				7.7	2.5		
Total						İ		
Mo. Avg.								

PLANT STAFFING:						
Day Shift Operator	Class:	<u>C</u>	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	C	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class		Certificate No:		Name:	
lead Operator	Class:		Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP from 62-620.910(10), Effective November 29, 1994

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, F1, 34240

PERMIT NUMBER

FLA011994

LIMIT

CLASS SIZE:

Imal N/A

REPORT GROUP:

Monthly Domestic

FACILITY: LOCATION: Peace River Heights WWTF Chamberlain Bouleyard

Wauchula, FL 33873

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/09

To 2/28/09

Parameter		Quantity of	or Loading	Units	Qu	ality or Concer	ntration	Units	No.	Frequency of	Sample Type
Flow, To RIB	Sample	0.024		MGD		Ţ			Ex.	Analysis	
	Measurement	0.024		I WKIIZ					0	Monthly	Calculation
PARM Code 50050 Y	Permit	0.040		MGD							
Mon.Site No. FLW-01	Requirement	(12MADF)								Monthly	Calculation
Flow	Sample Measurement	0.022	No. 100 100 100 100 100 100 100 100 100 10	MGD	***************************************	· · · · · · · · · · · · · · · · · · ·		-	()	5.10	101
PARM Code 50050	Permit	Report		MGD						5 Days/Week	Elapsed Time Meter
Mon.Site No. FLW-01 BOD, Carbonaceous 5 day, 20C	Requirement Sample	(Mo.Avg.)								5 Days/Week	Elapsed Time
A77, Caronnaccous 5 day, 200	Measurement				5.0			mg/i.	1/	Monthly	Meter Calculation
PARM Code 80082 Y	Permit				20.2						(arctitation)
Mon.Site No. EFA-01	Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 200	Sample				2.4						
14 D M C . 1 . 00002	Measurement				2.7		2.4	mgd.	0	Monthly	Cirah
ARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0		60.0	mg/L		Monthly	Grab
olids, Total Suspended	Sample			1	(Mo.Avg.)		(Max.)				Grab
	Measurement				6.2			mg/L	n	Monthly	Calculation
ARM Code 00530 Y	Permit				20.0			-			
1on.Site No. EFA-01	Requirement				(An.Avg.)			mp/L		Monthly	Calculation
olids, Total Suspended	Sample Measurement				2.2		2.2	mg/L	0	Monthly	Grab
ARM Code 00530 A	Permit			+	2/1.0						Olati
Ion.Site No. EFA-())	Requirement				30,0 (Mo.Avg.)		60.0 (Max.)	mg/l.		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltics 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 OFFICE	misonment for knowing	violations.
Johnny Chamberlain, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	Dahe	941-377-9456	10/05/15
COMMENT AND EXPLANATION OF ANY VIOLATIONS OF A			101/03/11

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

FACILITY: Hardee County

Peace River Heights WWTF

MONIT

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 2/1/09

To

PERMIT NUMBER: FLA011994 2/28/09

Parameter		Quantity o	r Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7	7.8	81.	C/	5 Days/Week	Grab
PARM Code 00406 A Mon,Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		91 manufil di dio 2011 111		12.6	11414.7	#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement	The State of the S	***		200		4/100ml.		Monthly	Calculation
Coliform, Fecal	Sample Measurement				(An.Avg.) <1.0	<1.0	#: 100ml.	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	5/100mL		Monthly	Grah
Total Residual Chlorine (For Disinfection)	Sample Measurement		Programme and the second secon		2.0	(11111.7)	mgd.	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/l.		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		7 Parete de la		(4.4.6)	0.55	nwil.	O	Monthly	Grah
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/l.		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	0.022		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0,040 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, 3MADE/Permitted Capacity) x 00	Sample Measurement				55%		%	0	Monthly	Calculation
ARM Code 00180 1 Aon.Site No. FLW-01	Permit Requirement		V 27302-018884		Report		u.		Monthly	Calculation
OD, Carbonaceous 5 day, 20C	Sample Measurement				222		mg/L	t)	Annually (February)	Grab
ARM Code 80082 G fon.Site No. INF-01	Permit Requirement		10 to 10 to		Report		ຫຍຸ1.		Annually (February)	Grab
olids, Total Suspended	Sample Measurement				178		nig/L	0	Annually (February)	Grab
ARM Code 00530 G fon.Site No. INF-01	Permit Requirement				Report		mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B Facility:

Permit Number: Monitoring Period FLA011994

From: 2/1/09

To: 2/28/09

Peace River Heights WWTF Hardee

County:

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	59050	80082	00530	74055	00406	50060	20120	
Mon. Site	FLW-91	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	00620 EFA-01	4
3	.026		I			LI A-01	EFA-01	
2	.026				7.7	3.0		
	024				7.8	2.0		the same of the sa
4	.026				7.8	2.5		
5	.022				7.8	3.0		
6	.019	2.4	2.21	<1.0	7.8	2.8	0.55	
7	.024				7.8	3.5	0.55	
8	.031					7.7		
9	.031			1	7.8	2.5		
10	.019				7.8	3.0		
11	.026				7.8	2.2		
12	.015			i	7.7	3.2		
13	.020				7.8	3.4		
1.4	.020				7.8	3.0		
15	.019							
16	.019		and the state of t		7.8	2.8		
17	.022		**************************************		7.8	3.0		
18	.020				7.8	3.4		
19	018				7.8	3.0		
20	.030				7.8	2.5		
21	800.				7.7	2.4		
22	019							4-24-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
23	.019		The state of the s		7.8	3.0		
24	.015				7.8	3.2		
25	027				7.8	3.2		
26	019				7.7	2.0+		
27	026				7.7	3.5	The special section of the section o	
28	012				7.8	3.5		
29								
30		*						
31			4112		-			
Total			i		And And And And And And And And And And			***************************************
Mo. Avg.								

PLANT STAFFING Day Shift Operator	Class	C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	С	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class:		Certificate No:		Name:	
ead Operator	Class:	С	Certificate No:	9465	Name:	Johnny Chamberlain

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, FL 34240

PERMIT NUMBER

FLA011994

CLASS SIZE

HMIT

Final NIA

REPORT: GROUP

Monthly Damestic

FACILITY: LOCATION:

Peace River Heights WWTF

Chamberlain Boulevard Wauchula, FL 33873

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC

RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM STIEL

MONITORING PERIOD From: 3/1/09

3/31/09

Parameter		Quantity of	or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.024		MGD					Ex.	Monthly	Calculation
PARM Code 50050 Y	Pennit	0.040		MGD				+	-	Month	
Mon.Site No. FLW-01	Requirement	(12MADF)				į į				Monthly	Calculation
Flow	Sample Measurement	0.024		MGD					t)	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y	Sample Measurement				5.4			me/L	Ø	Monthly	Calculation
Mon.Site No. EFA-01	Permit Requirement				20.0 (An,Avg.)			mg/l.		Monthly	Calculation
3OD, Carbonaceous 5 day, 20C	Sample Measurement				7.7		7.7	ng/l.	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	nφ/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.0			mg/l.	0	Monthly	Calculation
ARM Code 00530 Y Mon.Site No. FFA-01	Permit Requirement	2000			20.0 (An.Avg.)			.Fgm		Monthly	Calculation
olids, Total Suspended	Sample Measurement				13.0		13.0	mg/L.	0	Monthly	Grab
ARM Code 00530 A 4on.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg'L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME: TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chumberlain, Lead Operator	2 Chele	941-377-9456	10/05/19

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From 3/1/09

10

PERMIT NUMBER: FLA011994 3/31/09

Parameter		Quantity or Loading		Units	Quality	or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.8		7.9	SU	Ü	5 Days/Week	Cirals
PARM Code 00406 A	Permit				6.0		8.5	SU		5 Days/Week	Grab
Mon Site No. EFA-01	Requirement				(Min.)		(Max.)			2 mys neck	(1147)
oliform, Fecal	Sample				12.6		(3*30%.)	#/) 00mst.	0	Monthly	Calculation
	Measurement				12.0						
ARM Code 74055 Y	Permit			1	200			#/[00in].		Monthly	Calculation
Mon,Site No. EFA-01	Requirement				(An.Avg.)						Carcara
'oliform, Fecal	Sample			1	<1.0		<1.0	#/100ml.	i ii	Monthly	Grab
	Measurement				<1.0		<1.0			Meaning	(1141)
PARM Code 74055 A	Permit				Report		800	#/100mL		Monthly	Grab
4on Site No. EFA-01	Requirement				(Mo.Geo.Mean)		(Max.)	-		Tr.Quitting	
otal Residual Chlorine (For	Sample				2.5		(ivid.t.)	mg/l.	0	5 Days/Weck	Grab
Disinfection)	Measurement				2.3					J Days Week	Citali
ARM Code 50060 A	Permit				0.5			mg/L	 	5 Days/Week	Grab
fon.Site No. EFA-01	Requirement				(Min.)			1		5 Onyst Week	Cirac
itrogen, Nitrate, Total (as N)	Sample			+	()vite.)	-	0.32	sng/L.	()	Monthly	Grab
,	Measurement						0.32	1		Montary	Chair
ARM Code 00620 A	Permit			1			12.0	mg/L		Monthly	Grab
fon.Site No. EFA-01	Requirement						(Max)	100		within	Cirab
	Sample						(IVIAX)	- 	1		
	Measurement										
	Permit			1							
	Requirement										
low, Total Plant	Sample	0.023		MGD				 	0	Monthly	Calculation
	Measurement	0.025								Monthly	a a constitution
ARM Code 50050 Q	Permit	0.040		MGD				1		Monthly	Calculation
fon.Site No. FLW-01	Requirement	(3MADE)				1				www.my	Calculation
reent Capacity,	Sample				57.5%			*/•	0	Monthly	Calculation
MADF/Permitted Capacity) x	Measurement				37.370					www.	- Carounaniiii
00											
ARM Code 00180 1	Permit				Report			10/4		Monthly	Calculation
on Site No. FLW-01	Requirement				Koport					month,	Carolina
OD, Carbonaceous 5 day, 20C	Sample				282			ng/L	0	Annually	Grab
	Measurement				202					(February)	
ARM Code 80082 G	Permit				Report			nig/L		Annually	Grab
Ion.Site No. INF-01	Requirement				Koport					(February)	l Sittle
olids, Total Suspended	Sample				266			mg/L	0	Annually	Grab
	Measurement				200					(February)	l Silair
ARM Code 00530 G	Permit			1	Report			mg/L	-	Annually	Grab
on.Site No. INF-01	Requirement	1		1	report	1		1112		(February)	STAG

Permit Number: Monitoring Period FLA011994

From: 3:1/09

To: 3/31/09

Facility:

Peace River Heights WWTF

County: Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#100mL)	pH (SU)	(For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.025							
2	.025			1	7.8	3.6		
3	.013				7.8	3.5		
4	.019	7.7	13.0	<1.0	7.8	3.0	0.32	
5	.022				17.8	2.8		
6	.019				7.8	3.0		
7	025				7.8	3.0		
8	.019							
9	.019				7.8	2.5		
10	.023				7.8	2.8		
11	013				7.8	3.0		
12	.025				7.8	3.2		
13	.019				7.8	3.0		
14	.028				7.8	2.8		
1.5	023				And the state of t		William Control of the Control of th	
16	.023		4		7.8	3.1		
17	.016				7.8	3.0		M. M. M. M. M. M. M. M. M. M. M. M. M. M
18	.025				7.8	2.5		
19	.036				7.8	2.8		
20	.017				7.8	3.2		***************************************
21	.034				7.9	3.0		
22	.029							
23	.029				7.8	3.5		
24	.023			1	7.8	3.0		
25	.031				7.8	3.1		
26	.023				7.8	3.5		
27	.031				7.8	3.0		
28	.019		The second secon		7.8	3.5		
29	.031							
30	031		And the second s		7.8	3.8		
31	.018		770000		7.8	2.5		
Total								
VID. Avg.								

PLANT STAFFING:						
Day Shift Operator	Class:	C	Certificate No	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	(,	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class:	-	Certificate No:		Name:	
ead Operator	Class:	(Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994



When Completed mail th	is report to: Department of Environmental Protection, Wastewater	TAL PROTECTION DISCH	ARGE MONITORING R	FPADT DADE 4	
PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities of Florida, Inc. 6960 Professional Parkway	Compliance Evaluation Section, MS : PERMIT NUMBER	3551, 2600 Blair Stone Road, Tall:	thassee, FL 32399-2400	
	Sarasota, FL 34240		FLA011994		
FACILITY: LOCATION:	Peace River Heights WWTF Chambertain Boulevard Wanchula, FL 33873 Hardee		Final N/A R-001 RIB (R-001), including Influent	REPORT; GROUP;	Monthly Domestic
Parameter		NO DISCHARGE FROM STEE MONITORING PERIOD From:	4/1/09 To	4/30/09	

Parameter		Quantity	or Loading	Units		From: 4/1/09	To	4/30/	()()		
low, To RIB	Sample			Cints	Qı	ality or Concent	ration	Units	No.	Frequency of	Sample Tyr
ARM Code 50050 Y	Measurement	0.024		MGD					Ex.	Analysis	1
Aon. Site No. FLW-01	Permit Requirement	0.040		MGD					0	Monthly	Calculation
low	Sample	(12MADF) 0.024	1	MGD					1	Monthly	Calculation
ARM Code 50050 1 Ion Site No. FLW-01	Measurement Permit	Report							10	5 Days/Week	Elapsed Tim
OD, Carbonaccous 5 day, 20C	Requirement Sample	(Mo.Avg.)		MGD						5 Days/Week	Meter
ARM Code 80082 Y	Measurement				5.1						Elapsed Tim Meter
on.Site No. EFA-01	Permit Requirement				20.0			ing/I	0	Monthly	Calculation
D, Carbonaccous 5 day, 20C	Sample Measurement				(An.Avg.)			mg1.		Monthly	Calculation
RM Code 80082 A on.Site No. EFA-01	Permit				6.0		6.0	mg/L	0	Monthly	(irab
ids, Total Suspended	Sample Sample				30.0 (Mo,Avg.)		60.0	mg/L	-	Monthly	C-1
V (1000 000000	Measurement Permit				6.8		(Max.)	ing/l.	-		Grab
	Requirement				20.0					Monthly	Calculation
7	Sample Measurement				(An.Avg.)			fugut,		Monthly	Calculation
Sile No. EE A.O.	Permit						17.0	mg/1.	U	Monthly	Grab
tify under penalty of law that this	Requirement				30.0 (Mo.Aye)		60.0 (Max.)	mg/l.	-	Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

NA	LE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OFFI SIGNATURE OFFI SIGNA	
	JOHNNY Chamberlain, Lead Operator JOHNNY Chamberlain, Lead Operator JOHNNY Chamberlain, Lead Operator JOHNNY Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Chamberlain Company Company Chamberlain Chamberlain Chambe	
	TELEPHONE NO DATE (YY/MM/DD)	٦
('()		1
	T AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):	
		J

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 4/1/09

1/09

To

PERMIT NUMBER: FLA01 1994 4/30/09

Parameter		Quantity o	r Loading	Units	Quality	or Concentration		Units	No.	Frequency of Analysis	Sample Type
pH	Sample				7.7		2.0	SU	Ex.		
	Measurement				1.7		7.9	St.	- "	5 Days/Week	Grah
PARM Code 00406 A	Permit		***************************************		6.0		8.5	SU	-	****	
Mon Site No. EFA-01	Requirement				(Min.)			SU		5 Days/Week	Grab
Coliform, Fecal	Sample				12.6		(Max.)	-	-		***************************************
	Measurement				12.0			#/IOOml.	0	Monthly	Calculation
PARM Code 74055 Y	Permit				200			2/16/2		and a first the state of the st	and the same of the same in the same of th
Mon.Site No. EFA-01	Requirement				(An.Avg.)			#/100ml		Monthly	Calculation
Coliform, Feeal	Sample				<1.0			-			
	Measurement				1.0		<1.0	#/100ml.	0	Monthly	Cirali
PARM Code 74055 A	Permit		11.4	1	Report		(14)(1)	-			
Mon.Site No. EFA-01	Requirement				(Mo.Geo.Mean)		800	#/100ml.		Monthly	Grab
Total Residual Chlorine (For	Sample			 			(Max.)	-			
Disinfection)	Measurement				2.2			mg/l.	0	5 Days/Week	Grab
PARM Code 50060 A	Permit			1	0.5						
Mon.Site No. EFA-01	Requirement			1				mg/l.		5 Days/Week	Cirab
Nitrogen, Nitrate, Total (as N)	Sample			1	(Min.)					140	
	Measurement						2.88	mg/L	0	Monthly	Grab
PARM Code 00620 A	Permit			 							
Mon.Site No. EFA-01	Requirement			1			12.0	mgA .		Monthly	Grab
	Sample						(Max)				
	Measurement										
	Permit			1							
	Requirement										
low, Total Plant	Sample	0.023		MGD							
	Measurement	0.023		l Kith		2			Ü	Monthly	Calculation
ARM Code 50050 Q	Permit	0.040		MGD							
Ion.Site No. FLW-01	Requirement	(3MADF)		MIGIZ						Monthly	Calculation
ercent Capacity,	Sample										
MADF/Permitted Capacity) x	Measurement	1			58%			%	0	Monthly	Calculation
00											
ARM Code 00180 1	Permit				Daniel						
fon Site No. FLW-01	Requirement				Report			%		Monthly	Calculation
OD, Carbonaccous 5 day, 200	Sample				224						
•	Measurement				224			mg/L	0	Annually	Grab
ARM Code 80082 G	Permit				D					(February)	
Ion.Site No. INF-01	Requirement				Report			mg/t.		Annually	Grab
olids, Total Suspended	Sample									(February)	
or to to the to the state of	Measurement	100			98			mg/L	0	Annually	Grab
ARM Code 00530 G	Permit									(February)	-
Ion.Site No. INF-01	Requirement				Report			mg/l.		Annually	Grab
	1-7-7-7-7-7					1				(February)	

Pennit Number: Monitoring Period FLA011994

From: 4/1/09

To: 4/30/09

Facility:

Peace River Heights WWTF

County: Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate. Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FI W-01	EFA-01	EFA-01	EFA-01	F.F.A-01	EFA-01	EFA-01	
1	.023				7.8	3.0		
2	.020				7.9	3.5	-	
3	.024				7.8	3.8		
4	.035				7.8	3.6		
5	.022							
6	.022				7.8	4.0		
7	.028				7.7	3.5		
8	039				7.8	3.0		
9	019	6.0	17.0	<1.0	7.8	2.5	2.88	
10	022				7.8	4.0		
11	033				7.8	3.8		
12	024							
13	.024		(Note that the same of the sam		7.8	3.0		-
14	.025				7.7	3.5		
15	017				7.8	4.0		
16	.026				7.8	3.8		
17	.027				7.8	2.8		
18	023				7.8	2.2		
19	018							
20	.018				7.8	3.4		
21	.020				7.8	3.5		
22	.019				7.8	3.8		
23	.021				7.8	3.5		
24	.023				7.8	3.8		
25	.031				7.8	3.2		
26	.019							
27	.019		***************************************		7.8	4.0		
28	.034		Maria de la composición del composición de la composición de la composición de la composición del la composición del composición del composición de la composición de la composición de la composición de la composición del composición del composición del composición del composición del composición del composición del composición del composición del compo		7.7	3.5		
29	.012		The state of the s		7.7	4.5		
30	.030				7.8	4.0		
31					THE REAL PROPERTY.			
Totai					10			
lo, Avg.								

PLANT STAFFING: Day Shift Operator	Class	C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	С	Certificate No:	8946	Name:	Robert Paver
Night Shirt Operator	Class:		Certificate No:		Name:	
cad Operator	Class.	C	Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP Form 62-620-910(10), Effective November 29, 1994

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway

PERMIT NUMBER

FLA011994

Sarasota, FL 34240

LIMIT CLASS SIZE:

Final NIA

REPORT: GROUP:

Monthly

FACILITY:

Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

Domestic

LOCATION:

Chamberlain Boulevard Wauchula, FL 33873

MONETORING GROUP DESC:

RIB (R-001), including Influent

COUNTY:

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: May 1, 2009

May 31, 2009

Parameter		Quantity of	or Loading	Units	Qua	Quality or Concentration		Units	No.	Frequency of	Const. T
Flow, To RIB	01	0.5.5						Onna	Ex.	Analysis	Sample Type
riow, to Kiis	- Sample Measurement	.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y	Permit	0.040		MGD						, , , , ,	, an olatini;
Mon.Site No. FLW-01	Requirement	(12MADF)		1						Monthly	Calculation
Flow	Sample	0.027		MGD						,	
	Measurement								0	5 Days/Week	Elapsed Time
PARM Code 50050	Permit	Report		MGD							Meter
Mon.Site No. FLW-01	Requirement	(Mo.Avg.)								5 Days/Week	Elapsed Time
BOD, Carbonaceous 5 day, 20C	Sample				5.3						Meter
	Measurement							ung/L	0	Monthly	Calculation
PARM Code 80082 Y	Permit				20.0						
Mon.Site No. EFA-01	Requirement				(An.Avg.)			mg/L		Monthly	Calculation
3OD, Carbonaceous 5 day, 20C	Sample				5.7		+	-			
	Measurement						5.7	mg/L	0	Monthly	Cirab
ARM Code 80082 A	Permit				30 0		100				
Mon.Site No. EFA-01	Requirement			-	(Mo.Avg.)		60.0	mg/L		Monthly	Grab
Solids, Total Suspended	Sample				6.7		(Max.)	-			
	Measurement							nge/L	()	Monthly	Calculation
PARM Code 00530 Y	Permit				20.0						
Mon.Site No. EFA-01	Requirement				(An Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample				6.2		1.3	-			
	Measurement		***************************************				6.2	mg/l.	0	Monthly	Grab
ARM Code 00530 A	Permit				30.0		600	-			
Mon.Site No. EFA-01	Requirement				(Mo.Avg.)		60.0 (Max.)	mg/l,		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TORRIONS,
Johnny Chamberlain, Lead Operator	THE CITYL OFFICEROR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	School	941-377-9456	10/05/15
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Pagarange all attacks)		1	110103/11

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May 1, 2009

PERMIT NUMBER: FLA011994 To May 1, 2009

Parameter		Quantity or	Loading	Units	Quality or C	oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Ш	Sample Measurement				7.5	7.8	SH	()	5 Days/Week	Grah
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
'aliform, Fecal	Sample Measurement				3.9		#:100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)	1	#/100mL		Monthly	Calculation
'oliform, Fecal	Sample Measurement				1.0	1.0	#/100ml	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ml.		Monthly	Grah
'otal Residual Chlorine (For Disinfection)	Sample Measurement		amumamumamumamamamamamamamamamamamamama		2.0		ng/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		0.5 (Min.)		nig/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.46	ny/1.	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement		•			12.0 (Max.)	ing/L		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
low, Total Plant	Sample Measurement	0.025		MGD				0	Monthly	Calculation
ARM Code 50050 Q Mon,Site No. FLW-01	Permit Requirement	0.040 (3MADF)		MGD					Monthly	Calculation
ercent Capacity, BMADF/Permitted Capacity) x 00	Sample Measurement			The second secon	62%		%	0	Monthly	Calculation
ARM Code 00180 1 fon.Site No. FLW-01	Permit Requirement				Report		9/6		Monthly	Calculation
OD, Carhonaceous 5 day, 20C	Sample Measurement				318		nig/L	0	Annually (February)	Grab
ARM Code 80082 G 4on.Site No. INF-01	Pennit Requirement	70 - 70 cm 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m			Report		mg/L		Annually (February)	Grah
olids, Total Suspended	Sample Measurement				102		mg/L	0	Annually (February)	Grab
ARM Code 00530 G fon.Site No. INF-01	Pennit Requirement	an and the state of the state o			Report		mg/L		Annually (February)	Grab

Permit Number:

FLA011994

Monitoring Period From: May 1, 2009

To: May 31, 2009

Facility: County: Peace River Heights WWTF

Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Feeal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L.)	Nitrogen, Nitrate, Total (as N) (mg/l.)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	Single Control of the program of the control of the
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
							4 - 1010	in a second to the second seco
2	0.015		-		7.8	3.5		Parameter of the Parame
3	0.023			1	 	1,0		
4	0.023				7.7	3.8		
5	0.023	5.7	6.2	<1.0	7.7	3.8	.46	
	0.023	13.7	19.2		7.5	4.5		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
7	0.016				7.6	3.8		Hart and All Control of the Control
	0.018	-			7.7	3.5		halo yang galakan da Andrika dan kananan yang Propertye yang basar ka
8	0.025				7.7	3.4		
9	0.013			-	7.8	2.8		
10	0.029							
11					7.8	3		Bearing the second seco
12	0 034				7.7	3		
1.3	0.023				7.7	2.8		
14	0.021				7.6	3.6		
15	0.015				7.6	2.8		
16	0.028				7.7	3		
17	0.012							
18	0.026				7.7	3.5		
19	0.026				7.6	3.2		man and a supplementarious some courts are a supplementarious and a
20	0.026				7.6	2.8		
21	0.023				7.6	2.5		
22	0.021				7.5	2		
23	0.069							
24	0.032				7.6	2.5		
25	0.032				7.7	2.4		
26	0.046				7.6	2.2		
27	0.025				7.7	2.5		
28	0.073				7.7	2.4		
29	0.044				7.7	2.6		
30	0.044				7.7	2.5		
31	0.019		+					
Total	10.019							ALC ALC
Mo. Avg.			1		1			

PLANT STAFFING: Day Shift Operator	Class:	<u>C</u>	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	_C	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class.	ny saman'i Pantonina di Manada Panjar Salahan anandra	Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

1

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE NAME. Agua Utilities of Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway

Sarasota, FL 34240

PERMIT NUMBER

FLA011994

LIMIT: CLASS SIZE:

Final NIA

REPORT GROUP

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Peace River Heights WWTF Chamberlain Boulevard

Wauchula, FL 33873

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

RIB (R-001), including Influent

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 06/01/09

06/30/09

Parameter		Quantity o	r Loading	Units	Quality	y or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.028		MGD			The second secon		0	Monthly	Calculation
PARM Code 50050 Y	Permit	0.040		MGD						Monthly	Calculation
Mon, Site No. FLW-01	Requirement	(12MADF)								,	CHIVE
Flow	Sample Measurement	0.032		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	77.6184	MGD						5 Days/Week	Elapsed Time Meter
HOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			u#1	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		2.9	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.8			mg/1.	()	Monthly	Calculation
ARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				5.2		5.2	ngi).	()	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60,0 (Max.)	ing/l.		Monthly	Grab

Legrify 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 helief, 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)
Johnny Chamberlain, Lead Operator	schle	941-377-9456	10/05/19

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

FACILITY: Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1, 2009

PERMIT NUMBER: FLA011994
To June 30, 2009

Parameter		Quantity	or Loading	Units	Quality or	Concentration	Units	No. Ex.	Irrequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.7	SU	()	5 Days/Week	Cirab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10.4		#:100ml.	()	Monthly	Calculation
PARM Code 74055 Y Mon,Site No. EFA-01	Permit Requirement	20 S GASSELLAND AND AND AND AND AND AND AND AND AND			200 (An.Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100ml.	()	Monthly	(irab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ml.		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.5		mg/l.	()	5 Days/Week	Grah
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.32	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/l,		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	.028		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.040 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement				69%		%	0	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Кероп		9/		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	77. 30.11			150		mg/L	0	Annually (February)	Cirab
PARM Code 80082 G Mon,Site No. INF-01	Permit Requirement				Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				54		nig/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report		mgl.		Annually (February)	(irah

Permit Number: Monitoring Period FLA011994

From:June 1, 2009

To: June 30, 2009

Facility: County:

Peace River Heights WWTF

Hardee

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	FFA-01	EFA-01	EFA-01	EFA-01	7
					7.7	2.5		
2	0.045				7.6	2.3		
3	0.056				7.6	3.8		
1	0.018				7.6	3.5		
5	0.049				7.7	3.6		
6	0.045 0.034				. 7.7	3.5		
7	0.034				. ,.,,	3.3		The second secon
8	0.049	And the second s			7.7	3		
9		2.9	5.2	<1.0	7.6	5	0.22	
10	0.034				7.6	4		
11	0.026				7.6	3.5		
12	0.030				7.7	4		Company and the state of the st
13	0.033				7.7	3.8		
14	0.026							
15	0.026				7.6	4.5		
16	0.025				7.6	3.8		
17	0.033				7.6	4		
18	0.037				7.6	-1		Million and the second
19	0.037				7.6	3.6		annessen mengeligheigh, ett seld <u>sentre senere</u> första kritisk at 1,0,0,0,000 m. ett segmente sen
20	0.039				7.7	3.8		
2.1	0.023							
22	0.023				7.7	3.5		
23	0.024				7.6	3.2		
24	0.029				7.5	4.5		
25	(),()4()				7.6	4		
26	0.010				7.6	3.8		
27	0.032				7.6	3.5		A. A
28	0.034	***************************************						
29	0.034				7.6	3.7		
30	0.029				7.6	3.8		and the second s
31								
Total	0.984							
Mo Avg.	0.032						Ì	

PLANT STAFFING. Day Shift Operator	(:lass:	C	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:	C	Certificate No:	8946	Name:	Robert Paver
Night Shift Operator	Class:		Certificate No:		Name:	
ead Operator	Class:	C	Certificate No:	9465	Name:	Johnny Chamberlain

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.

PERMIT NUMBER

FLA011994

MAILING ADDRESS: 6960 Professional Parkway Sarasota, FL 34240

LIMIT:

CLASS SIZE:

Final NIA

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION Peace River Heights WWTF Chamberlain Boulevard

MONITORING GROUP NUMBER: R-001

Wauchula, FL 33873

MONITORING GROUP DESC:

RIB (R-001), including Influent

COUNTY

Hardee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: July 1, 2009

July 31, 2009

Parameter		Quantity or	Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.026		MGD	7,20				O	Monthly	Calculation
PARM Code 50050 Y	Permit	0.040		MGD				-		Monthly	Calculation
Mon.Site No. FLW-01	Requirement	(12MADF)									
Flow	Sample Measurement	0.035		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Weck	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9			mgil.	()	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l.		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.8		6.8	my/1.	()	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	ung/L.		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.9			ng/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l.		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				14.0		14.0	ng1.	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	44-44	60.0 (Max.)	nri2,J		Monthly	Grab

Lecrtify 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 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.

RAMETITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	- Chly	941-377-9456	10/03/19

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

FACILITY Hardee County Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: July 1, 2009

PERMIT NUMBER: FLA011994 July 31, 2009

Parameter		Quantity or Loadi	ng Units		oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Н	Sample Measurement			7.5	7.7	SU		5 Days/Week	Cirab
ARM Code 00406 A	Permit			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Cirab
4on Site No. EFA-01 'oliform, Fecal	Requirement Sample			10.8	(14114.)	#:100mL	1)	Monthly	Calculation
ARM Code 74055 Y	Measurement Pennit			200		#*100ml.		Monthly	Calculation
fon Site No. EFA-01	Requirement			(An.Avg.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
oliform, Fecal	Sample Measurement			5.0	5.0	#2100mL	0	Monthly	Grab
ARM Code 74055 A 4on, Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement			1.5		mg/L		5 Days/Week	Grab
ARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
litrogen, Nitrate, Total (as N)	Sample Measurement				<).(>	mg/L	0	Monthly	Grab
ARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)	Ngm.		Monthly	Grab
adminite No. Li A V	Sample Measurement								
	Permit Requirement							\$ p. \$0. 14	
low, Total Plant	Sample Measurement	0.031	MGD			-		Monthly	Calculation
PARM Code 50050 Q Mon,Site No. FLW-01	Permit Requirement	0.040 (3MADF)	MGD					Monthly	Calculation
Percent Capacity, 3MADF/Permitted Capacity) x 00	Sample Measurement			78%		%.		Monthly	Calculation
PARM Code 00180 I	Permit Requirement			Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 200	Sample Measurement			160		nig/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L		Annually (February)	Grah
Solids, Total Suspended	Sample Measurement			76		mg/L	0	Annually (February)	Grah
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L		Annually (February)	Grab

Permit Number: Monitoring Period FLA011994

From: July 1, 2009

To: July 31, 2009

Facility:

Peace River Heights WWTF

County:

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml.)	pH (SU)	TRC (For Disinfect.) (mg/l.)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.031				7.6	3	2350883	
2	0.041				7.6	3		
3	0.037				7.6	2		
1	0.038				7.6	1.8		
5 5	0.029							
(5)	0.029				. 7.6	2		
7	0.037				7.6	4.1		
8	0.017	6.8	14.0	5.0	7.6	3.8	<1.0	
9	0.031				7.6	٤		
10	0.030				7.6	2.5		
11	0.058				7.7	3		
12	0.043							
13	0.043				7.6		2	
14	0.031				7.6	2.5	5	
15	0.041				7.0	2.1	3	
16	0.018				7.6	2.0	5	
, 17	0.032	The same of the sa			7.5	1.8	3	
18	0.034				7.0	2.4	1	
. 19	0.037					1		
20	0.050				7.0	2.8	3	
21	0.049	and the second s			7.6	,	3	
22	0.015				7.0		3	
	0.034				7.0	2.1	3	
. 24	0.050				7.0		3	
25	0.049				7.0	2.5	5	
26	0.015							
27	0.034				7.6	3.		
28	0.031				7.5	2.8	3	
	0.029		-	-	7.6			
30	0.029				7.6			-
	0.043				7.5	1.5	5	
Total	1.098		1			1		
Mo. Avg.	0.035							
PLANT STA Day Shift Op Evening Shi Night Shift (Class C	Certificate No:	13244	Name: Ed	ddie Christmas		
Evening Shi		Class: C	Certificate No:	8946		obert Paver		
Night Shift (Class:	Certificate No:		Name:			
		411700.00.00			-		A STATE OF THE PARTY OF THE PAR	

PLANT STAFFING: Day Shift Operator	Class.	C	Certificate No:	13244	Name:	Eddie Christmas	
Evening Shift Operator	Class	С.	Certificate No:	8946	Name:	Robert Paver	
Night Shift Operator	Class:	4000000	Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	9465	Name:	Johnny Chamberlain	

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PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10). Effective November 29, 1994

PERMITTLE NAME MAILING ADDRESS	e due ambres fra real et Beunnes and General et al and	PERMIT MUMBER C MIT CLASS SIZE MONITORING CROUP NUMBER R001 MONITORING GROUP LESS PER PORTUGUIS IN	REPORT Monthly RECUP Domestic
FACILITY	Peace River Heights	NG DISCHAROS SHOME SIL	
, (0C 41 fety	inacharā.i Naudhiski ing	MGNI153Feta 3 8 REG From 08/01/2009	08/31/2009
COUNTY	* and each		DMR Date 05/06

\$ arefre he		Duarit, in Loading		\$2.03°, -120	ngastrat yr	Annual Control of the	UK is	F. 1	Presidente di Propositi	10-10- NO.
Flav.	grade the common	0.63%	With						Cr. orang	2 (11- ¹ 8/
BARM NO 50050 P MO Son My Fe Width	Opposit and water	8 (4. 15,986.) ³	ttiso						th obsig	's Jans
Flex	rango Mearannas	7 34	MOS						i dayah Kanya Vance	Eagle To Maly
SARWAY SASA ME Sagara Cawara	SHEET SHELL SHE	WEST MANAGEMENT OF THE SECOND	4920						Carl	copper one their
BOD Carbonachous & Dis 200	ig signer steers in terms			2.0			7		4.00	ere Her
DARMIN, ESSEL 5 Mon She'll SAADI	tigarest forces and and			.38 6 Avg			1.49		$Q_{\rm totalo}_{\bf r}$	A a C
BOD, Carety andeds (1947-200)	Signification of the second			4.9		4 (19		stew .	र्वतः न
PARMING CODES A MIC Site No. 077.00	Demotores, 1970			in FC2) in Fig.		50 I 6734	94.		April 100	is ab
Solids Total Suspended	Sample facilities of Alle			2.4			77		Morro.	N.,100
PARMING 43531 MISS Site No. 57601	lewing to a premium			20 . (An A ₁₁)			1.51		\$20,000	Listen Artes
Genes fotal Suspensed	Subsection or at 1			9.5		y- ä	1801		M. stiny	1- 46
2030 37 NEAS	Day of Shark Collection			references (Mr. Ave.)		Val.	T N		J. r.b.y	

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Johnson chamberian / Lead Operator

COMMENS OF MAKE SHEAR ATTOM OF EACH of a CLUME With the compact of extraordina series

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K!	Selek May, and		7.5	5		7 6			San (San Ase)	
ARAMAL MOVES A ton Sale No. E.E.A.Th	Secret Sugar Server		:			in the second			and the	-47
s form Fecal	". 4 * "g. 19. 14. 14. 14. 14		t				£ "5		0.4.	
48M file 140ft - in Un fine No 1554 01	See at English Merca.		761 A1A3				# .O .		Voy no	d ji sak e
advir i fora	THE SECTION		90	0		90	\$ 110 posts.		Process of	
APM No. 14165 - 4 for the No. EFA-01	Syrie ka kana		2.54 2.55			HED May 1	a Weycul		100 A.S.	
Dat Ret doal Choater For Hartector	green Magazini		2.0	0			35		1 4.4 7 See	ı î
ARMINI F4060 A fin Site No EF 4-31	r and Bers re		, (1) H				-F-9-1		260 J. 4464 3-7-2	4.5
chagen fetrate Total as No	and Coare					0.7			ye es,	1
ARMAN NAZO A N - Sterro Erego	ence the way order to the					Mai	64		Marine I.	551.81
1074	"Andrew States" and	0.032	Maje.						Market.	Lt.tv
ARM No. 5000. O Mm rente Euwich	interest in the secretary	, Ç4iy Mp.Ayşı	Misc						18, 10,	Majori
Percent Capacity (3MADF/Permit Japacity (x10)	sangar Mosar san		52	£ S			- EAC. J. B. 1		Use r	of areas of the
PARMINE DOTED Mon See to Land	Agent servering og		K-12	634			PERCENT		Markets.	Charry
offic facconcerus Diday 200	gradition of the state of		7,11	*ič*			eşt.	i	i si ate	- 40
GRANTE 83082 IB For Site No INF-C1	beginne Hilly, comme		નેત્વ	t-of			rega		Amounty But is sery	145
ronds. Total Energed	Survey of the Astronomy of		Mrs	utte					Armasi, Spirasi.	- 15"
HARMINE 60095 G Worl Site No. INF. 61	organica, per en		ide	egest			735 1		Armoughy Fabruary	1.00

CONTRACTOR CONTRACTOR

Permit Number FLAG11994 Fa

Facility Peace River Heights WWTF

1		Period From			3/31/09	County Hai	Namaen	Notes
	Flow (MGD)	CBOD5 (mg/L)	155 (mg/L)	Feral Conform Bacteria (#/190ml)	рН (- U)	Ownled) (mg/L)	Nitrate Total (as N) (mg/L)	vines
Code	50050	80082	00530	74055	00406	50060	00520	
Aon Site	FLW-01	Erwot	EFA-01	EFA ()1	FFA.0:	EFA-01	EFA-01	
1	0.043				7 €	2.8		
2								
3	0.069				7.5	2.0		
4	0.035				7.6	2.4		
5	0.050				7.6	2.5		
6	0.018	4.9	9.8	90.0	7.6	2.0	0.720	
7	0.038				7 6	2.2		
8	0.036				7.6	2.4		
ų.								
10	0.056				7.6	3.3		
11	0.027				7.6	3.0		
12	0.026				7.5	3.5		
5,3	0.042				7.6	3.2		
14	0.021				7.6	3.5		
15	0.025				7.6	3.8		
16								
17	0.054				7.6	4.5		
18	0.034				7.6	4 ()		
19	0.014				7.5	4.5		
20	0.022				7.6	3.9		
21	0.037				7.6	4.0		
22	0.039				7.6	3.5		
23								
2-1	0.068				7.6	3 0		
25	0.041				7.6	3.3		
26	0.619				7.6	3.4		
27	0.029				15	2' ()		
28	0.029				7.6	2.8		
20	0.043				₹ 6 1	3.0		
30								
51	0.071				7.6	3.2		
Total	6 988	k 49	9	5 900	197	.2 81	7 9 7,20	
Mo Avg	0.03,	2 0 158	0 311	8 2 90	15	4 2	6 6 023	-

PLANT STAFFING	Class	Ç	Centicate No	13244	Name	Eddie Christmas
Day Shift Operator	Cores	man or various are in non-hollowing course, where the first	Certificate No	Name and Administration of the Control of the Contr	P# (Asset)	Printegeograph 1995 Wilheld Printegeon Francisco and Market Mills by Contract Mills
Everang Shift Operator	Class		Cathrate No	The second secon	hillme:	
Night Shift Operator	0,7235.4		epith ate big	and the second s	Name	
Lead Operator	8 - 1 - 1 ·	()	Continue in the	SARG	Magerie	Johnny Chamberlain

Different for the state of the state of parameters of the state of th

when Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2500 Bigin Stone Road, Tallahassee, FE 32399-2400

(12MADF)

0.036

PERMITTEE NAME:

Agua Utilities Florida, inc

PERMIT NUMBER:

FLA011994

MAILING ADDRESS: P.O. Box 490310 Leesburg, Fl. 34749

LIMIT: CLASS SIZE: Final

N/A

From

MONITORING GROUP NUMBER R001

MONITORING GROUP DESC:

RIB (R-001), including Influent

NO DISCHARGE FROM SITE:

FACILITY: LOCATION:

Peace River Heights Chamberlain Blvd. Wauchula, Fl. 33873

Sample Measurement

Sample Measurement

MONITORING PERIOD

09/01/2009

To:

0

mg/L

12.0

(Max.)

09/30/2009

Calculation

Elapsed Time Meter

Grab

Grab

DMR Date: 09/09

Monthly

Daily 5

Days-Week

Monthly

Monthly

REPORT: Monthly

GROUP: Domestic

COUNTY:

Flow

Hardee

Parameter Quantity or Loading Units Quality or Concentration No Frequency Ex Analysis Flow Sample Measurement 0.025 MGD 0 Monthly Calculation PARM No. 50050 Mon. 0.040 Site No. FLW-01 Permit Requirement MGD

PARM No. 50050 Mon. Report Site No. FLW-01 Permit Requirement Daily 5 MGD (Mo. Avg.) Elapsed Time Meter Days/Week BOD, Carbonaceous 5 day, 20C Sample Measurement mg/L 0 Monthly Calculation 7.2 PARM No. 80082 20.0 Permit Requirement Mon. Site No. EFA-01 mg/L Monthly Calculation (An Avg) BOD, Carbonaceous 5 day, 20C

MGD

PARM No. 80082 Mon. REPORT Site No. EFA-01 Permit Requirement 60.0 mg/L Monthly (Mo. Avg.) Grab (Max) Solids, Total Suspended Sample Measurement mg/L 0 Monthly Calculation 11.0 PARM No. 00530 Mon 200 Site No. EFA-01 Permit Requirement

12.0

Monthly mg/L Calculation (An Avg.) Solids, Total Suspended Sample Measurement ma/L 0 Monthly Grab 24.0 24.0 PARM No. 00530 REPORT 60.0 Mon Site No. EFA-01 Permit Requirement

(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 their there are significant penalties for submitting false information, including the possibility of fine and impresonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Johnny chamberlain / Lead Operator

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

09/10/13

IIa011034-004-DW3P

Parameter		Quantity of	or Loading	Units	Quality or C	oncentration	Units	No. Ex	Frequency	Sample Typ-
На									Analysis	
	Sample Measurement				7.5	7.8	S.U.	0	Daily 5 Days/Woek	Grab
PARM No. 00406 A Mon. Site No. EFA-01	Permit Requirement				6.0	8.5			Daily 5	
Coliform, Fecal					(Min.)	(Max.)	S U.		Days/Week	Grab
CONOTT, FECAL	Sample Measurement			E	1		#/100mt	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No EFA-01	Permit Requirement				200 (AnAvg)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement		į		(600.00)					
PARM No. 74055 A	Sample Measurement				17	300	#/100mL	0	Monthly	Grab
Mon. Site No. EFA-01	Permit Requirement		a very		Report (Mo Geo Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1		mg4.	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement		Programme and the state of		0.5 (Min.)		mg/L		Daily 5 Duys/Weck	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		American (ALC)							
PARM No. 00620 A			2-			0.9	rng/L	0	Monthly	Grab
Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.035	0.036	MGD			A	0	Monthly	Meter
PARM No. 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.040 3 Mo.Avg.)		MGĐ					Manthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement				87		PERCENT	0	Monthly	Calculation
PARM No. 00180 Mon. Site No. flw-01	Permit Requirement		1		Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L	0	Annually	Grab
PARM No. 80082 G Mon. Site No.INF-01	Permit Requirement				75.0 Report			v	(February) Annually	
Solids, Total Suspended							mg/L		(February)	Grab
PARM No. 00530 G Mon.	Sample Measurement				15.0		mgA	0	Annually (February)	Grab
Site No. INF-01	Pormit Requirement	1			Report		ing/L		Annually (February)	Grab

Permit Number FLA011994

Facility: Peace River Heights WWTF

	Flow (MGD)	Period From : CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S U.)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.038				7.6	2.8	7077000	and the second second second
2	0.059				7.5	3.2	A.	
3	0.038	12.0	24	300.0	7.5	1.1	1	15.0
4	0.070				7.5	3.0	1000 DODGE DECEMBER 1 100	
5	0.048				7.5	3.3	MARKET TO SHEET THE THE TON	
6								
7	0.115				7.6	3.5		
8	0.042			1.0	7.7	4.6		
9	0.033			Que non	7.7	4.5	· · · · · · · · · · · · · · · · · · ·	Manager 2000 - 100
10	0.035				7.7	2.8	Service de la constante de la	
11	0.044				7.7	3.0		
12	0.045				7.7	3.5	terna i con con comenza i con con sua differentamente, se per a construir della construira	
13	A LE GRANDON MARIE CANCELLA PROPERTY () A							
14	0.069				7.5	2.0		
15	0.049				7.6	3.0	(a. Modernaniana commit	
16	0.052				7.6	3.2		
17	0.037				7.6	3.5	A STATE OF THE STA	
18	0.034				7.6	3.3		
19	0.007				7.6	3.5		
20								
21	0.019			A	7.5	2.8		
22	0.046			CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	7.6	4.5		
23	0.022	TO THE RESIDENCE OF THE PARTY.	1	Control of the Contro	7.6	4.0		
24	0.026				7.6	3.8		
25	0.017	**************************************			7.6	3.5		
26	0.029	meaning May Att a service and Att a			7.6	4.0		
27								
28	0.050				7.8	4.2		
29	0.025			and the second s	7.7	4.0	ACCURATION AND ADDRESS OF THE PARTY OF THE P	
30	0.022				7.7	4.2		
Total	1.071	12.000	24.000	301.000	197.9	88.80	0.930	
Mo. Avg.	0.036	0.4	0.8	10.03	6.60	2.96	0.031	

PLANT STAFFING	Class	C	Certificate No.	13244	Name.	Eddie Christmas
Day Shift Operator	Class:	4	Certificate No:		Name:	
Evening Shift Operator	Class		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No.		Name:	
Lead Operator	Class	С	Certificate No:	9465	Name.	Johnny Chambertain

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

When Completed mail this report to: Department of Environmental Protection, Mail Station 3001, 2500 Blair Stone Road, Fallanassee, FL 3/2399-2400

PERMITTEE NAME:

Aqua Utilities Florida, inc

PERMIT NUMBER:

FLA011994

MAILING ADDRESS:

PO Box 490310 Leesburg, FI 34749 LIMIT:

Final

CLASS SIZE:

NIA

REPORT: Monthly GROUP: Domestic

MONITORING GROUP NUMBER R001

MONITORING GROUP DESC: RIB (R-001), including Influent

From

FACILITY: LOCATION: Peace River Heights

Wauchula, Fl. 33873

Chamberlain Blvd.

MONITORING PERIOD

NO DISCHARGE FROM SITE:

10/01/2009

To:

10/31/2009

COUNTY:

Hardee

Parameter		Quantity or Loading	Units	Quality of Cont				DMR Date	: 10/09
_		douting of Loading	Onits	Quality or Concentrat	ion	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.026	MGD				0	Monthly	Colculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)	MGD					Monthly	Calculation
Flow	Sample Measurement	0.021	MGD			- 1000		Daily 5	Sensoration
PARM No. 50050 I Mon.	2 * *	Report					0	Days/Week	Elapsed Time Mete
Site No. FLW-01	Permit Requirement	(Mo. Avg.)	MGD					Daily 5 Days/Week	Elapsed Time Mete
BOD, Carbonaceous 5 day, 20C	Sample Measurement	A. B. Carrena	W 100 1	5.1		mg/L	0	Monthly	Calculation
PARM No. 80082 Y Mon. Site No. EFA-01	Permit Requirement	. A stable de la companya de la comp	4	20.0					volume (v)
BOD, Carbonaceous 5 day, 20C		The state of the s		(An Avg.)		mg/L		Monthly	Calculation
PARM No. 80082 A Mon	Sample Measurement			2.6	2.6	mg/L	0	Monthly	Grab
Site No. EFA-01	Permit Requirement	1		REPORT (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				00 00				
PARM No. 00530 Y Mon	2			7.8		mg/L	0	Monthly	Calculation
Site No. EFA-01	Permit Requirement	er en en en en en en en en en en en en en		(An Avg.)		mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement	e e e e e e e e e e e e e e e e e e e		3.8	2.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement			REPORT	3.8 60.0			,	- SP (A)
STORY, EL PROT			Ì	(Mo. Avg.)	(Max)	mg/L		Monthly	Grab

nis document and all attachments were propried 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 theil there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Don Hostetler/ Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

941-650-3032

		Y						Ex	Analysis	
рН	Sample Measurement	en c'un medici mann seccenti		7.6		7.8	S U.	0	Daily 5 DaysAVeek	Graz
PARM No. 00406 A Mon. Site No. EFA-01	Pormit Requirement			6.0 (Min.)		8.5 (Max.)	su		Dady 5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					(1000)	#/160ml,	0		5
PARM No. 74055 Y	2 30 1 1			30			## TOOTHL	U	Monthly	Calculation
Mon. Site No. EFA-01	Permit Requirement			200 (AnAvg)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement						#/100mL	0	Menthly	Grab
PARM No. 74055 A				1		. 1				
Mon. Site Na. EFA-01	Permit Requirement			(Mo Geo Mean)		900 (xeM)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1,9			mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement			Q 5 (Min.)			mg/L		Dady 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		į					100 mm 10			
PARM No. 00620 A	Sample Measurement				About a colony of	3.5	mg/L	0	Monthly	Grab
Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.030 0.021	MGD					0	Monthly	Meter
PARM No. 50050 Q Mon. Site No. FLW-01	Permit Requirement	0 040 (3 Mo.Avg.)	MGD						Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement			75			PERCENT	0	Monthly	Calculation
PARM No. 00180 I Mon. Site No. flw-01	Permit Requirement			Repart			PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			238.0			mg/L	0	Annually (February)	Grab
PARM No. 80082 G Mon. Site No.INF-01	Permit Requirement			Report			ing/L		Annually	Grab
Solids, Total Suspended	Sample Measurement						mg/L	0	(February) Annually	Grab
Depute access				97.0					(February)	

Report

Quality or Concentration

Units

Ex

Annually

(February)

Grab

Sample Type

208

Quantity or Loading | Units

Mon.

Permit Requirement

Parameter

PARM No. 00530

Site No INF-01

Permit Number FLA011994

Facility: Peace River Heights WWTF

1	Monitoring P	eriod From :	10/1/09	To: 1	0/31/09	County: Ha		
E PO		CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S U.)	TRC (For Disinfect.) (rng/L)	Nitrogen. Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.020	The second secon	the control of the same of the same of the same of the same of the same of the same of the same of the same of		7.7	4.5	a 100000000 14 13 1000 15 121	
2	0.023	- 1000 Vice 1000 Vice V			7.7	4.0	**************************************	
3	0.028				7.6	4.2	a particular and the second se	
4								
5	0.047				7.6	4.0	A CAMPAGNA TO S	
6	0.022				7.8	4.5	MARKET BY SERVICES WE WE STOR	AME 10011 10 1000
7	0.017				7.7	4.2		
8	0.026				7.7	4.0	CALL IN CONTROL OF THE CONTROL OF TH	
9	0.018	2.6	4	1.0	7.8	4.5	3.5	
10	0.017				7.8	4.0		
11	#0.000.000.00 07							
12	0.044				7.7	3.8		
13	0.029				7.7	3.6		
14	0.029				7.7	4.0		
15	0.008			9	7.6	3.0		
16	0.025		and the second second		7.6	1.9	15.76	
17	0.008		CONTRACTOR OF THE STATE OF THE		7.6	2.5		
18								
19	0.056				7.6	2.0		and appropriate or games and trans
20	0.024				7.6	2.5		
21	0.017				7.6	2.8		
22	0.022	Committee of the Commit		10	7.7	3.8		
23	0.013		* * **********************************	Management Management of the Colonia State C	7.7	3.8		
24	0.007		***************************************		7.7	3.5	9 9 suggestive can	
25		ALAKANIN ALD (SE)		8 100 5				
26	0.044			s t s	7.7	3.0		
27	0.020			2	7.7	3.2		
28	0.022	Francis of Management of		A.A	7.7	2.8		MAN CONTRACTOR STATE OF THE STATE OF
29	0.024				7.7	2.6		
30	0.022			and the second	7.7	2.5		
31	0.011	V 2000000 V			7.7	2.6		
Total	0.64	3 2.60	3.8	1.00	20	7 91.	8 3.46	
Mo. Avg.	0.02	1 0.084	0.12	0.032	6.6	9 2.9	6 0.112	

PLANT STAFFING	Class.	C	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator	Class.		Certificate No:	4.	Name:	On some spiritual contract about the contract to the contract of the contract
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	8035	Name:	Don Hostetler

PA File No. FLA011994-005-DW3P

DEP Form 62-820 910(10), Effective November 29, 1994

When Completed mail this report to. Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida, inc.

PERMIT NUMBER:

FLA011994

MAILING ADDRESS:

P.O. Box 490310

LIMIT:

Final

CLASS SIZE:

NIA

REPORT: Monthly
GROUP: Domestic

Leesburg, Fl. 34749

MONITORING GROUP DESC:

MONITORING GROUP NUMBER R001

RIB (R-001), including Influent

FACILITY:

Peace River Heights

NO DISCHARGE FROM SITE:

LOCATION:

Chamberlain Blvd

Wauchula, Fl. 33873

MONITORING PERIOD

11/01/2009

To:

11/30/2009

DMR Date: 11/09

COUNTY:

Hardee

										DIMIT DOTE	
Parameter	117 Table 117 Ta	Quantity or Loading	Units	Qua	ality or Concen	tration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.025	MGD						0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)	MGO							Monthly	Calculation
Flow	Sample Measurement	0.017	MGD						0	Daily 5 Days/Week	Elapsed Time Me
PARM No. 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD							Daily 5 Days/Week	Elapsed Time Me
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.5				mg/L	0	Monthly	Calculation
PARM No. 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)				mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.1			7.1	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement			REPORT (Mo. Avg.)			60.0 {Max.}	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			9.0				mg/L	0	Monthly	Calculation
PARM No. 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)				mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			16.0			16.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement			REPORT (Mo. Avg.)			60.0 (Max.)	mg/L		Monthly	Grab

Licertify 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 property 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. Lam aware thet there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

11000

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Dpn Hostetler / Lead Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DEP FILE NO 90011034 304 DW3P

4 4 5

941-650-3032

09/12/11

Parameter		Quantity or Loading	Units	Qua	lity or Concentration	and the second second	Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.8		7.9	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily \$ Days/Week	Grab
Coliform, Fecal	Sample Measurement			30			s/100mL	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (AnAvg)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1		1	#100mL	0	Monthly	Grab
PARM No. 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	Daity 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)			mg/L		Daily 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measuremen					0.9	mg/L	0	Monthly	Grab
PARM No. 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measuremen	0.024	MGD					0	Monthly	Motor
PARM No. 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.040 (3 Mo.Avg.)	MGD	40					Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measuremen	t		6C			PERCENT	0	Monthly	Calculation
PARM No. 00180 I Mon. Site No. flw-01	Permit Requirement			Report			PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measuremen			285.0			mg/L	0	Annually (February)	Grab
PARM No. 80082 G Mon. Site No.INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measuremen	ıt		130.0			mg/L	0	(February)	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement			Report		×	mg/L		Annually (February)	Grab

Permit Number FLA011994

Facility: Peace River Heights WWTF

Мо	nitoring Pe	eriod From :	11/1/09	To:	11/30/09	County: Ha	ardee	
	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S ∪.)	TRC (For Disinfect.) (mg/L)	Nitragen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
non.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	And the second s
1		Control of the Contro						
2	0.039				7.8	2.2		
3	0.015				7.8	3.0		
4	0.023				7.8	4.0		
5	0.008				7.8	3.8		
6	0.024				7.8	3.5		
7	0.014				7.8	3.5		
8								
9	0.033				7.9	2.5		
10	0.017	7.1	16	1.0	7.9	2.3	1	
11	0.020				7.9	2.5		
12	0.021				7.8	2.8		
13	0.015				7.8	3.0		
14	0.010				7.8	3.2		
15								
16	0.039				7.8	4.5		
17	0.021				7.8	4.2		
18	0.019				7.8	4.0		
19	0.013				7.8	3.8		
20	0.013				7.8	3.6		
21	0.018				7.8	3.8		
22								
23	0.032				7.9	2.5		
24	0.013				7.9	2.8		
25	0.026				7.9	3.0		
26	0.018				7.9	3.2		
27	0.023				7.9	4.0		
28	0.017				7.9	3.6		
29								
30	0.031				7.9	3,4		- 19 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Total	0.5	23 7.1	0 16.	0 1.0	0 196	5.0 8	2.7 0.88	3
Mo. Avg	0.01	74 0.23	7 0.53	3 0.03	3 6.	53 2	.76 0.029)

PLANT STAFFING	Class:	C	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:		Certificate No:		Name:	
Evening Shift Operator	Class:	1	Certificate No:		Name:	Commission and an incident part of the second of the secon
Night Shift Operator	Class:		Certificate No:		Name:	The state of the s
Lead Operator	Class:	8	Certificate No:	8035	Name:	Don Hostetler

PA File No. FLA011994-005-DW3P DEP Form 62-820.910(10). Effective Novomber 29, 1994

When Completed mail this report to: Department of Environmental Pfolection, Mail Station 3551, 2500 Black Stone Road, Taliphassed, Ft. 32309-2400

PERMITTEE NAME:

Aqua Utilities Flonda, inc.

PERMIT NUMBER:

FLA011994

MAILING ADDRESS:

P.O. Box 490310 Leesburg, FI 34749 LIMIT: CLASS SIZE: Final N/A

MONITORING GROUP NUMBER: R001

MONITORING GROUP DESC:

RIB (R-001), including Influent

FACILITY:

Peace River Heights

NO DISCHARGE FROM SITE:

re. r-

From:

LOCATION:

Chamberlain Blvd.

Wauchula, Fl. 33873

MONITORING PERIOD

12/01/2009

To:

12/31/2009

213

REPORT: Monthly

GROUP: Domestic

COUNTY:

Hardee

D			11-1-						DMR Date	: 12/09
Parameter		Quantity or Loading	Units		Quality or Concentration	n	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.026	MGD					0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)	MGD						Monthly	Calculation
Flow	Sample Measurement	0.029	MGD					0	Daily 5 Days/Week	Elapsed Time Meter
PARM No. 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo, Avg.)	MGD						Daily 5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.5	n #		mg/L	0	Monthly	Calculation
PARM No. 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	¥ :		mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Semple Measurement			4.3		4.3	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement			REPORT (Mo. Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			9.8	de e e		mg/L	0	Monthly	Calculation
PARM No. 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			12.0		12.0	rmg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement	8		REPORT (Mo. Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware thef there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

Don Hostetler / Lead Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): DEP FILE NO (8011034-004-004-0 W3P

DEP Form 62-620.910/(10) Effective November 29, 1994

SICHATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

941-650-3032

10/01/17

Parameter		Quantity or Loading	Units	Quality or Concent	tration	Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.6	7.9	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		Daily 5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			30		#/100mL	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (AnAvg)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1	1	#/100mL	0	Monthly	Grab
PARM No. 74055 A Mon. Site No. EFA-01	Permit Requirement			Report Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		,	1.2		mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L		Daity 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			,	1.9	mg/L	0	Monthly	Grab
PARM No. 00620 A Mon. Site No. EFA-01	Permit Requirement				12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.022 MGD					0	Monthly	Meler
PARM No. 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.040 MGD (3 Mo.Avg.)						Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement	(a 1102 119.)		55		PERCENT	0	Monthly	Calculation
PARM No. 00180 Mon. Site No. flw-01	Permit Requirement			Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			56.0		mg/L	0	Annually (February)	Grab
PARM No. 80082 G Mon. Site No.INF-01	Permit Requirement			Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement					mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement			51.0 Report		mg/L		Annually (February)	Grab

Permit Number FLA011994

Facility: Peace River Heights WWTF

1		Period From :		To:	12/31/09	County: Hai	rdee	
	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S U.)	TRC (For Oisinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.018				7.90	3.2		
2	0.016				7.80	4.0		
3	0.015				7.80	3.8		
4	0.021				7.80	4.0		
5	0.029				7.80	3.5		
6								
7	0.089				7.80	3.5		
8	0.101				7.80	3.0		
9	0.055	4.3	12	1.0	7.90	3.8	2	
10	0.040				7.90	3.2		
11	0.031				7.90	3.5		
12	0.032				7.90	3.0		
. 13								
14	0.050				7.90	4.2		
15	0.024				7.90	3.7		
16	0.028				7.80	3.2		
17	0.024				7.80	1.8		
18	0.019				7.80	2.5		
19	0.027				7.80	3.0		
20								
21	0.051				7.80	2.8		
22	0.036				7.60	4.7		
23	0.025				7.60	3.0		
24	0.021				7.70	2.7		
25								
26	0.040				7.80	1.2		
27	0.023				7.80	1,7		
28	0.027				7.80	1.8		
29	0.013				7.80	2.2		
30	0.024				7.80	2.1		
31	0.020		. 1858		7.70	2.1		
Total	0.900	0 4.30	12.(1.000	210	.7 81.2	0 1.9	
Mo. Avg.	0.029	0 4.30	12.0	1.000	6.8	30 2.6	2 1.9	

PLANT STAFFING	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator	Class		Certificate No.	to programme to proper statement of the	Name.	
Evening Shift Operator	Class		Certificate No.		Name.	All the control of th
Night Shift Operator	Class		Certificate No.		Name	
Lead Operator	Class	8	Certificate No:	8035	Name:	Don Hosteller

PA File No FLA011994-005-DW3P DEP Form 52-820.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2500	U Blair Stone Road,	I alianassee, FL	32399-2400
---	---------------------	------------------	------------

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, inc.

P.O. Box 490310

Leesburg, Fl. 34749

PERMIT NUMBER:

FLA011994

LIMIT: CLASS SIZE: Final N/A

REPORT: Monthly GROUP: Domestic

MONITORING GROUP NUMBER: R001

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

RIB (R-001), including Influent

FACILITY: LOCATION:

COUNTY:

Peace River Heights Chamberlain Blyd

Wauchula, Fl. 33873

Hardee

MONITORING PERIOD

01/01/2010

To:

01/31/2010

Parameter		Quantity or	Loading	Units	Quali	ty or Concentration				DMR Date	
Flow	Market market	Quality of	Loading	Units	Quali	ty or Concentration	1	Units	No. Ex	Frequency of Analysis	Sample Type
riow	Sample Measurement	0.021		MGD			100		0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD	#	-				Monthly	Calculation
Flow	Sample Measurement	0.027		MGD		22 22					Саксивиоп
PARM No. 50050 Mon.	Correct Medicinent		1	MGD					0	Daily 5 Days/Week	Elapsed Time Meter
Site No. FLW-01	Permit Requirement	(Mo. Avg.)		MGD					and and the second second	Daily 5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	,		147	2.0	Otherwise	İ	mg/L	0	Monthly	Calculation
PARM No. 80082 Y Won. Sile No. EFA-01	Permit Requirement			A CONTRACTOR OF THE CONTRACTOR	20.0 (An. Avg.)		DER (Service)	mg/L		Monthly	Calculation
3OD, Carbonaceous 5 day, 20C	Sample Measurement							mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. lite No. EFA-01	Permit Requirement				2.3 REPORT		2.3				
Solids, Total Suspended	Sample Measurement	2270 2 22 2		Sandhall d	(Mo. Avg.)		(Max.)	rng/L	A	Monthly	Grab
ARM No. 00530 Y Mon.	Sample measurement			-	2.4			mg/L	0	Monthly	Calculation
ite No. EFA-01	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Calculation
folids, Total Suspended	Sample Measurement		and the same of th	and the second	2.6		2.6	mg/L	0	Monthly	Grab
ARM No. 00530 A Non. Site No. EFA-01	Permit Requirement		100	TOP TRANSPORTED TO A PER 1 AND THE TRANSPORTED TO A PER 1 AND	REPORT (Ma. Avg.)		60.0 (Max.)	mg/L	0	Monthly	Grab

I certify under penalty of law that this document and all attachments were prpared 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 AUTHORIZED AGENT

Robert Paver / Lead Operator

Daniel Hartle of Don Hosteller/Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

941-650-3032

10/02/15

20.910i(10) Effective November 29, 1994

Parameter	Quantity or Loading	Units Quality	or Concentration	Units	No.	Frequency	Sample Type
рН				111110	Ex	of Analysis	
Sample M	Basurement	7.6	7.8	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A Mon. Site No. EFA-01 Permit Ri	equirement	€ 0 (Min.)	8.5 (Max.)	S.U		Daily 5 Days/Week	Grab
Coliform, Fecal Sample M	easurement			#/100mL	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No. EFA-01 Permit Re	quirement	200		#/100mL			
Coliform, Fecal		(AnAvg)	0.00-00.00	#710UML		Monthly	Calculation
PARM No. 74055 A	easurement	1	1	#/100mL	0	Monthly	Grab
Mon, Site No. EFA-01 Permit Re	quirement	Report (Mo Geo Mean)	900 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) Sample Mi	asurement	0.6		mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01 Permit Re	quirement	0.5 (Min.)		mg/L		Daity 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) Sample Me	asurement			mg/L	0	Monthly	Cont
PARM No. 00620 A			12 G	,,,g.c	Ü	Mortiny	Grab
Mon. Site No. EFA-01 Permit Re	quirement		(Max.)	mg/L		Monthly	Grab
Sample Me	asurement 0.024	MGD			0	Monthly	Meler
PARM No. 50050 Q Mon. Site No. FLW-01 Permit Re	Quirement 0.040 (3 Mo.Avg.)	MGD	7			Monthly	Meter
Percent Capacity, (3MADF/Permit Sample Me	asurement .	61%		PERCENT	0	Monthly	Calculation
PARM No. 00180 I Mon. Site No. flw-01 Parmit Re	uirement	Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	26.14000001					Annually	CACUIAINON
PARM No. 80082 G		135.0	SERVIC IN ALL SHOWNESSES	mg/L	0	(February)	Grab
Mon. Site No.INF-01 Permit Recorded Permit Recorded	jurement	Report	: : k	mg/L		Annually (February)	Grab
Sample Me	asurenient	87.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon. Site No. INF-01 Permit Rec	juirement	Report		mg/L		Annually (February)	Grab

Permit Number FLA011994

Facility: Peace River Heights WWTF

	Flow (MGD)	Period From : CBOD5 (mg/L)	T\$\$ (ma/l)	Fecal Coliform	/31/10	County: Hardee TRC (For Nitrogen.)			
			No distance di secondo di secondo di secondo di secondo di secondo di secondo di secondo di secondo di secondo	Bacteria (#/100ml)	pH (S U.)	TRC (For Disinfect.) (mg/L)	Nitrogen. Nitrate, Total (as N) (mg/L)	Notes	
Code	50050	80082	00530	74055	00406	50060	00620		
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	0.020	S. Commencer and	manager (A)		7.8	2.3			
3	0.027	10 30-00-00-00-0	Construction of the Constr	- Management	7.8	2.4	***		
4	0.056	errorentence K. Januar	(1988) MAT (4)	ed (Period	7.8	2.0	The same of the sa	7.0.00001	
5	0.027	2.3	3	1.0	7.8	4.0	3	87.0	
6	0.025			1.0	7.7	3.8	3	07.0	
7	0.040				7.7	3.8			
8	0.021	x 0.0000	10 20	The state of the s	7.7	3.5			
9	0.028	# . Wester	5 - 1000	2. 1	7.8	3.2	- Marin - A N. C. Speller Ser		
10		1321 IX W 07466		N. G. Carrier	7.0	0.2	7 60		
11	0.062				7.8	3.2			
12	0.032	Photograph Advice (Management	Commission of the Commission o		7.8	3.7	Charles and Charle		
13	0.020			Topic Access Access to the Contract of the Con	7.8	3.5			
14	0.034	The substituted repugging discovery	and gradient more graphs .		7.8	0.7			
15	0.026				7.8	0.7	and a state of the		
16	0.026	Name of the Control o			7.8	0.6	dampen, day day out to de la company of the company		
17		No 20100 2000000000000000	Mark Assessment of the Control of th	**************************************				New Community	
18	0.050	The should be a set of the second sec			7.8	0.7			
19	0.026	k .	THE PROPERTY OF THE PARTY OF TH	The state of the s	7.8	2.0			
20	0.025				7.8	3.5			
21	0.032		A STATE OF THE PARTY OF THE PAR		7.8	3.0			
22	0.019				7.8	2.6		Secretary and Secretary of	
23	0.040		A COLOR DE LA TORI DEL PRESENTA COLOR DE L	-	7.8	2.6			
24						And and the second of the seco			
25	0.058		***		7.8	3.3			
26	0.035	NATION OF THE COMMISSION AND A			7.8	3.1			
27	0.036	Total agentyments, p The description	Autoritis NAMED by		7.8	3.2			
28	0.021				7.6	3.1			
29	0.032	To transference Motor Art V			7.7	2.8	(d)	NW TORRISOTS	
30	0.025				7.8	2.4			
31						, and the second			
Total	0.842	2.300	2.600	1.000	202.2	69.7	2.880		
Mo. Avg.	0.0272	0.0742	0.084	0.032	6.52	2.25	0.093		

PLANT STAFFING	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:		Certificate No:		Name:	
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	С	Certificate No:	14235	Name:	Nate Masteroni

PA File No. FLA011994-005-DW3P
DEP Form 52-520,910(10), Effective November 29, 1994

0 21

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Without Completion mail this report to Department of Endionnellal Protection, Mail Statistics (1997), 2000, 1994, 1995, (1997), 2000, 1997, 2000, 1997, 2000, 1997, 2000, 1997, 2000, 1997, 2000 PERMIT NUMBER FLA011994 PERMITTEE NAME Aqua Utilities Florida, inc. REPORT Monthly LIMIT Final MAILING ADDRESS P O Box 490310 GROUP Domestic Leesburg FI 34749 CLASS SIZE N/A MONITORING GROUP NUMBER ROOT MONITORING GROUP DESC RIB (R-001), including influent NO DISCHARGE FROM SITE FACILITY Peace River Heights LOCATION Chamberlain Blvd 02/28/2010 Wauchula FI 33873 MONITORING PERIOD From 02/01/2010 COUNTY Hardee DMR Date 02/10

									DMR Date	
Parameter		Quantity or Loading	Units	Qu	ality or Concentration		Units	No E×	Frequency of Analysis	Sample Type
Flaw	Sample Moasurement	0.027	MGD					0	Monthly	Catrulation
PARM No. 50050 Y Mon Site No. FLW-01	Permit Requirement	0 040 (12MADE)	MGD						Monthly	Caliculation
Flow	Sample Measurement	0.029	MGO					0	Daily 5 DayaWieek	Elapsed Time Me
PARM No 50050 I Mon. Site No. FLW-01	Penni Requirement	Report (Mo. Avg.)	MGD						Daty 5 Days/Week	Elapsed Tune Me
BOD Carbonaceous 5 day, 20C	Sample Measurement			5.7			mg/L	٥	Monthly	Calculation
PARM No 80082 Y Mon Site No EFA-01	Pernit Requirement			20.0 (An. Avg.)			more.		Monthly	Calculation
BOD Carbonaceous 5 day, 20C	Sample Measurement			9.9		9.9	m-grL	0	Monthly	Grade
PARM No. 80082 A Mon Site No. EFA-01	Permit Requirement			REPORT (Mo. Avg.)		80 0 (Max)	mgA.		Monthly	Grab
Solids, Total Suspended	Sample Measurement			10.7			mg/L	0	Monthly	Calculations
PARM No 00530 Y Mon. Side No EFA-01	Permit Requirement			20.0 (An Avg)			enget.		Monthly	Celastation
Solids, Total Suspended	Sample Measurement			17.0		17,D	m3-1	D	Month,	Sirab
PARM No. 00530 A Mon. Site No. EFA-C1	Permit Requirement			REPORT (Mo Avg.)		60.0 (Max.)	mg/L	i	Monthly	Grab

I centify under censally of law that this document and all attackments were pleated under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Sussed on my inquiry of the person of persons who manage the system, or those persons discolly responsible for gathering this information. This information submitted is, to the Dest of my is nowedge and bestell true, accurate, and complete. I am aware that there are agriculture, behalfes for submitting tasse information including the possebility of finite and impresonment for subwing wolknown.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

Don Hostetler Facility Operator 3

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DEP FILE NO BROWNERS AND ACCOUNTS.

DEP Form 62-620 910//10) Effective November 25, 1994

TELEPHONE NO

DATE (YY/MM/DD) 03/02/11

941-650-3032

Parameter		Guantity or L	oading	Units	Quality or Co	oncentration	Units	No. Ex	Frequency	Sample To
pH	Sample Measurement								Anatysis Dady 5	
PARM No 00406 A					7.6	7.9	SU	6	Days/Views	Grad
Mon Site No. EFA-Q1	Pormit Requirement				6-0 (Alim)	8.5 (Max	\$.U		Darty 5 Darys/Week	Grab
Coliform, Fecal	Sample Measurement						\$-100mL	0	Monthly	*****
PARM No. 74055 Y					21			v	##OUTUN	Celiculario
Mon. Site No. EFA-01 Coliform, Fecal	Permit Requirement				(AnAvg)		#/100mL		Monthly	Calculatio
Comorni, Fecal	Sample Measurement				1	1	#/100ms	0	Monthly	Grad
PARM No. 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo Goo, Mean)	800 (Max	#/100msL		Midrathly	Grati
Total Residual Chlorine (For Disinfection)	Sample Measurement					(Max	mg/l	0	Dary 5	5:35
PARM No. 50060 A Mon. Site No. EFA-01	Perma Requirement				0.5		mgA.		Days/Week Daily 5	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(Mia)				Days/Week	Grab
PARM No 00620 A						0.6	mg/L	0	hacottsty	Grab
Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.022	0.029	MGD				0	Monthly	Mejsi
PARM No. 50050 Q Mon Site No. FLW-01	Permit Requirement	0.040 (3 Mo.Avg.)		MGD					Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement	,			0.066		PERCENT	0	Montrely	Calculation
PARM No 00180 1 Mon Site No. flw-01	Регла Requirement				Report		PERCENT		Monthly	Caksabon
BOD. Carbonaceous 5 day, 20C	Surrem Measurement								Annually	
PARM No. 80082 G					138.0		mg/L	0	(řebruary)	ticas:
Mon Site No INF-01	Регли Вединелния				Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				95.0		nigit	0	Annually (February)	·3va5
PARM No. 00530 G Mon Site No. INF-Q1	Parmit Requirement				Report		mg/L		Annually (February)	Grab

P	ermit Numbe	er FLA01199	4		Facility	Peace Rive	r Heights WW	TF
		eriod From		To: 3	3/2/10	County Har	dee	
	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Colifern Bectern (W100ml)	øH (SU)	TRC (For Drunfect) (mg/L)	Nitrogen Nitrate Total (as N) img/Li	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon Site	FLW-01	EFA-01	EFA 01	EFA-(IT	EFA-U1	EFA-01	EFA-01	7-2
1	0.058				7.8	3.2		
2	0.024				7.8	40		
3	0.038				78	38		
4	0.020	9.9	17	1.0	7.8	4.0	1	
5	0.069				7.8	3 5		
6	0.032				78	3.2		
7								
8	0.066				7.9	3.1		
9	0.032				7 9	28		
10	0 026				7.9	3.0		
11	0.036				7.9	2.7		
12	0.020				78	2 8		
13	0.039				7.8	2 1		
14								
15	0.063				79	2.5		
16	0.047				7 8	2.7		
17	0.031				7.6	2.3		
18	0.028				7.7	2.5		
19	0 027				7.8	2 7		
20	0 021				76	2.5		
21					0.020			
22	0.051				7.7	2.7		
23	0 025				7.8	3.1		
24	0.024				7.8	3 0		
25	0.032				77	3.2		
26	0.021				7.8	3.4		
27	0.025				7.9	3.1		
28	4. VA 64. V				* 14	W 1		
29								
30								
Total	0.857	9.900	17.000	: 000	187 1	719	0 550	
Mo Avg	0.031		0 56666667		6 68	2 57	0.01833333	

PLANT STAFFING	Class	C	Certificate No	13244	Name	Eddie Christmas
Day Shift Operator	Class		Certificate No		Name	
Evening Shift Operator	1885		Certificate No		Name	
Night Shift Operator	Class		Certificate No.		Name	The state of the s
Lead Operator	Class	c	Certificate No	14235	Name	Nathaniel Mastroeni

PAITAE No. FLAUT1994-005 OV/3P

DER Form 62 620 930(10). Effective November 29, 1984.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to:	Department of Environmental Protection,	Mad Station 3551.	2600 Blair Stone Road.	I aliahaasee, F	L 32389-2400

PERMITTEE NAME:

Aqua Utilities Florida, inc.

PERMIT NUMBER:

FLA011994

MAILING ADDRESS:

P.O. Box 490310

LIMIT:

Final

REPORT: Monthly

Leesburg, Fl. 34749

CLASS SIZE:

N/A

GROUP: Domestic

MONITORING GROUP NUMBER: R001

MONITORING GROUP DESC:

MONITORING PERIOD

RIB (R-001), including Influent

03/01/2010

FACILITY:

Peace River Heights

NO DISCHARGE FROM SITE:

03/31/2010

LOCATION:

COUNTY:

Chamberlain Blvd.

Wauchula, Fl. 33873

Hardee

From:

DMR Date: 03/10

				_				Units		DIVITADATE	
Parameter	Quantity or Loading				Ouality or Concentration				No. Ex	of Analysis	Sample Type
Flow	Sample Measurement	0.027		MGD				** *** * * ***************************	0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.049 (12MADF)		MGD				A Company of the Comp		Monthly	Calculation
Flow	Sample Measurement	0.027		MGD		ter a train or live and the control of the control		e Program de Caracteria de Car	0	Daily 5 Days/Week	Elapsed Time Met
PARM No. 50050 I Mon. Site No. FLW-01	Permit Requirement	Report. (Mio. Avg.)		MGD						Daily 5 Days/Week	Elapsed Time Moi
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.2			mg/L	0	Monthly	Calculation
PARM No. 80082 Y Mon. Site:No. EFA-01	Permit Requirement				20.0 (An Avg.)			mg/L	And the second s	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	and a second			4.5	1111	4.5	mg/L	0	Monthly	Grado
PARMANO, 80082 A Mon. Site: No. EFA-01	Permit Requirement				REPORT (Mo. Avg.)		60.0 (Max.)	mo/t		Monthly	Grab
Solids, Total Suspended	Sample Meesurement				10.7		P. S. S. S. S. Sandard of Street, St.	mg/L	0	Monthly	Calculation
PARM No. 00530 Y Men. Site: Tio: EFA-01	Perinit Requirement				20.0 (An. Avg.)			-mg/L		Monthly	Calcolation
Solids, Total Suspended	Sample Measurement	and to some or			18.0	2000	16.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Recultrement				REPORT - (Mo. Avg.)		60.0 (Mmx.)	Nort.		Monthly	Grab

Loertify under pensity of law that this document and all attachments were prpared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gether 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 thet there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT TELEPHONE NO. DATE (YY/MM/DD) Don Hostetler Facility Operator III 941-650-3032 10/04/20 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): DEP FILE NO.1:201-1034-004-DW3P

DEP Form 62-820.910/(10) Effective November 29, 1994

Parameter		Quantity or Loading	Units	Q	uality or Concentrat	ion	Units	No. Ex	Frequency of Analysis	Sample Type
pН	Sample Measurement			7.6		7.8	S.U.	0	Daily 5 Days/Week	Græb
PARM No. 00406 A Mon: Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Merc)		Above.	Daily 5. —	G ≥
Coliform, Fecal	Sample Measurement			21			#/100mL	0	Monthly	Calculation
PARM No. 74055. Y Mon. Site No. EFA-01.	Permit Requirement			200 (An(Avg)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement		1	1		1	#/100mL	0	Monthly	Grafb
PARM No. 74065 A: Mon: Site No: EFA-01	Permit Requirement			Report (Mo. Geo. Meam)		800 ==	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1	2.0	Live in the	7	mg/L	0	Daily 5 Deys/Week	Grab
PARM No. 50060 A Mon: Site No. EFA-01	Permit Requirement			0,5 (Min;)			mg/l.		Delty 6 Deys/Week	(Graib)
Nitrogen, Nitrate, Total (as N)	Sample Measurement			and the second s		5.0	mg/L	0	Monthly	Grab
PARM No. 00620 A Mon. Site No. EFA-01	Permit Requirement					12.Q (Max.)	mg/L		Monthly	Græb
Flow	Sample Measurement	0.028						0	Monthly	Meter
PARM No. 50050 Q Mon. Ste No. FLW-61	Permit Requirement	0.040 (3 Mo Avg.)		, A., 1				† i	Monthly	. Noter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement	B - man in Stage		70%			PERCENT	0	Monthly	Calculation
PARM No. 00180 I Mon. Site Bib. flw-01	Permit Requirement			Report			PERCENT		Monthly	Calculation
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PARM No. 00530 S Mon Site No. INF-01	Permit Requirement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Report			ing/L		Annually (February)	Great .

Permit Number FLA011994

Facility: Peace River Heights WWTF

N	Monitoring P	eriod From :	3/1/10	AND ADDRESS OF THE PARTY OF THE	3/31/10	County: Har	The state of the s	
	Flow (MGD)	CBODS (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S U.)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	. EFA-01	EFA-01	
1	0.048				7.8	3.2		
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6	0.019				7.8	3.1		
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8	0.046				7.8	3.1		
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31	0.021	i		-	7.8	2.0		
Total	0.841	4.50	16.00	0 1.00	217		9 4.95	
Mo. Avg.	0.0271		0.51		7.0		8 0.160	

PLANT STAFFING	Class:	С	Certificate No: 13244	Name:	Eddie Christmas
Day Shift Operator	Class:	wilder and the second second second	Certificate No:	Name:	
Evening Shift Operator	Class:		Certificate No:	Name:	
Night Shift Operator	Class:		Certificate No:	Name:	
Lead Operator	Class:	C	Certificate No: 14235	Name:	Nathaniel Mastroeni

PA File No. FLA011994-005-DW3P DEP Form 62-620.910(10), Effective November 29, 1894

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

when Completed mast this report to; Department of Environmental Protection, Mail Statio	on 3551, 2600 Blair Stone Hoad,	Tallahassee, FL 32399-2400
---	---------------------------------	----------------------------

PERMITTEE NAME:

Aqua Utilities Florida, inc.

PERMIT NUMBER:

FLA011994

MAILING ADDRESS:

P.O. Box 490310

LIMIT:

Final N/A

REPORT: Monthly

Leesburg, Fl. 34749

CLASS SIZE:

MONITORING GROUP NUMBER ROO1

GROUP: Domestic

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

FACILITY: LOCATION: Peace River Heights

Chamberlain Blvd. Wauchula, Fl. 33873

MONITORING PERIOD

04/01/2010

RIB (R-001), including Influent

COUNTY:

Hardee

To:

								DMR Date	
Parameter		Quantity or	Loading Units	Quality or (Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.027	MGD				0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040	MGD					Monthly	Calculation
Flow		(12MADF)	mgu			Ì.			
	Sample Measurement	0.025	MGD		v V		0	Daily 5 Days/Week	Elapsed Time Meter
PARM No. 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Ma. Avg.)	MGD					Daily 5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0		rng/L	0	Monthly	Calculation
PARM No. 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L	EDECK HE MACK	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	e contract 4		12.0	12.0	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement			REPORT (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			11.6		mg/L	0	Monthly	Calculation
PARM No. 00530 Y Mon. Site No. EFA-01	Permit Requirement		200	20 0 (An. Avg.)		.ng∕t		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			13.0	13.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement		The state of the s	REPORT (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were pripared 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 betief, true, accurate, and complete. Lam aware thet there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Don Hostetler Facility Operator 3

Donal Horitica

941-650-3032

10/05/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): 1a011034-004-DW3P

10.910/(10) Effective November 29, 1994

Parameter		Quantity or Loadi	ng Units	Qı	uality or Concentra	ation	Units	No. Ex	Frequency of Analysis	Sample Typ
pH	Sample Measurement			7.8		7.9	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A Mon. Site No. EFA-01	Permit Requirement		ay Gallery area and Assartion	6 0 (Min.)		8.5 (Max.)	SU		Daily 5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			21			#/100mL	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No. EFA-01	Permit Requirement		Contact distance (Contact or contribution)	200 (AnAvg)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1	Noon		#/100mL	0	Manthly	Grab
PARM No. 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo Geo Mean)		800	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.5		(Max)	mg/L	0	Daily 5	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement		§ 2 0000	0.5 (Min.)			nig/L		Days/Week Daily 5	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						nig/L	0	Days/Week Monthly	Grab
PARM No. 00620 A Mon. Site No. EFA-01	Permit Requirement	3.5	t more	all sections and the section of the		12.0	mg/L		Monthly	Grab
Flow	Sample Measurement	0.026 0.02	5 MGD	7		(Max.)		0	Monthly	
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PARM No. 00180 I Mon. Site No. ftw-01	Permit Requirement	16. 50 (200.000)		Report	7		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1 10000	215.0	177 6		mg/L	0	Annually	Grab
PARM No. 80082 G Mon. Site No.INF-01	Permit Requirement			Report	×		mg/L	-	(February) Annually	Grab
Solids, Total Suspended	Sample Measurement	,	. 1	84.0	ω	THE STREET	mg/L	0	(February) Annually	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement			Report			mg/L		(February) Annuelly (February)	Grab

Permit Number FLA011994

Facility: Peace River Heights WWTF

F	Flow (MGD)	Period From : (CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform	J/30/10 pH	County: Ha	Nitrogen,	Notes	
				Bacteria (#/100ml)	(S U.)	Oisinfect.) (mg/L)	Nitrate, Total (as N) (mg/L)	and the second s	
Code	50050	80082	00530	74055	00406	50060	00620	Marian Ma	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
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3			manual in the state of the stat	Market and controls.	1 generalis				
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13	0.017	12.0	13	1.0	7.8	2.5	2	84.0	
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Mo. Avg.	0.025		13.0		7.8		0 2.18		

PLANT STAFFING	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator	Class		Certificate No:		Name	Figure 100 halfs & comment or one of the American Special Company of the Company
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name	
Lead Operator	Class:	С	Certificate No:	14235	Name	Nathaniel Mastroeni

PA File No. FLA011994-005-DW3P DEP Form 52-620.910(10), Effective November 29, 1994



Florida Department of Environmental Protection

Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

September 22, 2009

Mr. John Lihvarcik, President/COO Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 jmlihvarcik@aquaamerica.com

Re:

Reconnaissance Inspection

Peace River Heights Subdivision WWTF

Facility ID No. FLA011994

Hardee County

Dear Mr. Lihvarcik:

The above-referenced wastewater treatment facility was inspected on September 9, 2009. The type of inspection conducted was a Reconnaissance Inspection. A copy of the inspection report is attached. Please note that a Reconnaissance Inspection is a brief visual inspection of a facility's treatment works, effluent, or effluent disposal site.

The Department requests a written response addressing those items marked by an asterisk within 20 days of receipt of this letter. The response should include an explanation of any corrective actions that have either been taken or that Aqua Utilities Florida, Inc. plans to take. Please note that this letter, as part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct any questions to the undersigned at (813) 632-7600, extension 335, or e-mail: michele.duggan@dep.state.fl.us.

Sincerely,

Michele Duggan

Environmental Specialist

Domestic Wastewater Section

MD/mdd

Attachment

cc:

Pete Burghardt, SWD, pete.burghardt@dep.state.fl.us

Johnny Chamberlain, AUFI, jachamberlain@aquaamerica.com

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

FAC	CILITY AND INSPECT	TION INFORMATION	@ = Optional
Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Peace River Heights Subdivision WWTF	FLA011994	Hardee	09-09-09 1110 hours
Chamberlain Boulevard		Phone	@ Exit Date/Time
Wauchula, FL 33873			
Names of Field Representatives	Title		Phone
Johnny Chamberlain	Operator		
Name and Address of Permittee or Desi	gnated Representative Ti	itle Phone	@ Operator Certification #
John Lihvarcik	Pr	resident/COO	
Aqua Utilities Florida, Inc.			
1100 Thomas Avenue			
Leesburg, FL34748			
Inspection Type R I	Samples Taken(Y/N): No	@ Sample ID#:	Samples Split (Y/N):
Domestic Ind	lustrial Were Photos Taken(Y/	N): Yes @ Log book Volum	e: @ Page
FIELDER F			
PERMITS/ORDERS	SELF MONITORING PROGRAM	FACILITY OPERATIONS	EFFLUENT/DISPOSAL
PERMITS/ORDERS IC 1. • Permit		FACILITY OPERATIONS NC 6. Facility Site Review	EFFLUENT/DISPOSAL IC 9. ♦ Effluent Quality
	PROGRAM NE 3. Laboratory NE 4. Sampling	NC 6. Facility Site Review IC 7. Flow Measurement	IC 9. ◆Effluent Quality NC 10.◆Effluent Disposal
IC 1.♦Permit	PROGRAM NE 3. Laboratory	NC 6. Facility Site Review	IC 9. ♦ Effluent Quality NC 10. ♦ Effluent Disposal NC 11. Residuals/Sludge
IC 1.♦Permit	PROGRAM NE 3. Laboratory NE 4. Sampling	NC 6. Facility Site Review IC 7. Flow Measurement	IC 9. ◆Effluent Quality NC 10.◆Effluent Disposal
IC 1.♦Permit	PROGRAM NE 3. Laboratory NE 4. Sampling NE 5. ♦ Records & Reports	NC 6. Facility Site Review IC 7. Flow Measurement IC 8. ◆ Operation & Maintenance	IC 9. ♦ Effluent Quality NC 10. ♦ Effluent Disposal NC 11. Residuals/Sludge
IC 1.♦Permit NA 2.♦Compliance Schedules	PROGRAM NE 3. Laboratory NE 4. Sampling NE 5. ♦ Records & Reports	NC 6. Facility Site Review IC 7. Flow Measurement IC 8. ◆ Operation & Maintenance	IC 9. ♦ Effluent Quality NC 10. ♦ Effluent Disposal NC 11. Residuals/Sludge NA 12. Groundwater
IC 1. ♦ Permit NA 2. ♦ Compliance Schedules Facility and/or Order Compliance Status Recommended Actions: Letter	PROGRAM NE 3. Laboratory NE 4. Sampling NE 5. ◆ Records & Reports s: ☐ In-Compliance ☐ Out	NC 6. Facility Site Review IC 7. Flow Measurement IC 8. ◆ Operation & Maintenance	IC 9. ♦ Effluent Quality NC 10. ♦ Effluent Disposal NC 11. Residuals/Sludge NA 12. Groundwater Out-Of-Compliance
IC 1. ♦ Permit NA 2. ♦ Compliance Schedules Facility and/or Order Compliance Status Recommended Actions: Letter	PROGRAM NE 3. Laboratory NE 4. Sampling NE 5. ♦ Records & Reports	NC 6. Facility Site Review IC 7. Flow Measurement IC 8. Operation & Maintenance Of-Compliance Significant-	IC 9. ◆Effluent Quality NC 10. ◆Effluent Disposal NC 11. Residuals/Sludge NA 12. Groundwater Out-Of-Compliance Plant Date 9, ext. 335 09-22-09

INSPECTION SUMMARY

Facility Name:

Peace River Heights Subdivision WWTF

Facility ID No.:

FLA011994

Inspection Type:

Reconnaissance Inspection

Inspection Date:

September 9, 2009, 1110 hours

PERMIT

Wastewater Permit No. FLA011994 was issued August 2, 2006, revised September 12 and November 21, 2006, and will expire August 1, 2011.

COMPLIANCE SCHEDULES

There are no required compliance schedule items for this facility.

LABORATORY

A contract laboratory performs analyses. The laboratory was not evaluated.

SAMPLING

Sampling procedures were not evaluated.

RECORDS AND REPORTS

On-site records were not accessed, and therefore, not reviewed.

FACILITY SITE REVIEW

- 1. *There was well-established vegetation between the treatment tanks. The facility grounds should be cleared of vegetation more frequently.
- 2. *There were rags on top of the facility tanks. A covered trash can should be provided to dispose of rags.
- 3. *The steel in the surge tank and digester was extremely corroded. In the Capacity Analysis Report and Operation, Maintenance and Performance Report, both dated August 23, 2005, the engineer or record recommended replacing these tanks. Please indicate when the replacements are scheduled.

FLOW MEASUREMENT

*Elapsed time meters on the effluent pumps measure flow. Please forward a copy of the most recent flow measurement calibration report.

OPERATION AND MAINTENANCE

*There was vegetation emerging from the chlorine contact chamber, which should be removed.

EFFLUENT QUALITY

A review of the DMRs from August 2008 through July 2009 did not indicate any permit limit exceedances.

Peace River Heights Subdivision WWTF Facility ID No. FLA011994 – Hardee County Page 2 of 2

EFFLUENT DISPOSAL

- 1. *Effluent disposal is by two remote percolation/evaporation ponds. Both remote ponds were completely overgrown with established cattails and woody vegetation. The ponds should be cleared from the interior to the exterior berm toes.
- 2. There were two on-site ponds, which are not discussed in the current permit. These ponds were the historical disposal method for this facility and are maintained as "emergency back-up". Please indicate how and when these ponds would be placed into service. How would flow to the on-site ponds be measured?

RESIDUALS/SLUDGE

*Aqua Utilities Florida, Inc. is authorized to land apply residuals, or transport residuals to a residuals management facility or a landfill. The most recent Residuals Annual Summary on file is for 2007. Please confirm whether or not any residuals were land-applied in 2008 and 2009. If there were, annual summaries are required.

GROUNDWATER MONITORING

There is no groundwater monitoring requirement for this facility.



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

October 16, 2009

Michele Duggan Environmental Specialist FDEP Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 336370-0926

RE: Reply to Compliance Evaluation Inspection Peace River Heights WWTF Facility ID No. FLA011994 Hardee County

Dear Ms. Duggan:

This letter is in response to your inspection of the facility referenced above on September 9, 2009.

Facility Site Review

- 1. The vegetation will be cleared more frequently.
- 2. The rags are placed on top of the plant to dry. Once dry, the rags are placed in the disposal bucket located onsite.
- 3. The steel tanks are budgeted to be replaced in 2010.

Flow Measurement

The current flow measurement calibration report is enclosed.

Effluent Disposal

- 1. Aqua is taking bids to have this work completed. We will schedule to have the ponds maintained more frequently.
- 2. The complete history of the ponds is not known to the staff. As it is currently designed, the two ponds located on-site are not needed for normal operation of this facility. All malfunctions or emergency situations will be reported to the Department as required in the permit.

Residuals/Sludge

All residuals were transported to Blue Environmental RMF FLA016189 during 2008 and 2009.

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

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Enclosure:

Flow Measurement Calibration

cc:

Johnny Chamberlain, via e-mail Harry Householder, via e-mail

Michael Pickel, via e-mail

Facility Name	PEACE RI	PEACE RIVER HEIGHTS				on #	EFFLUENT TRANSFER PUMPS RECTANGLE				
Facility I.D. #						Lift Station Type I					
Formula #1:	.785 x D x D x 7.48 x 1 ft=gals. per foot				Formula	a#2: j	LxWx 74	18 x 1 ft = g	als, per fo	ot	
							7.08 X 4.83	X 7.48 X 1	= 255.8	·	
	Elapsed T	ime Meter	erendestandaren eta e								
Pump #1		Pump t	2								
Type	Goulds / Submersible				Type hP	Goulds / St	<u>bmersible</u>				
hP						.5			w.		
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Start	20.0"	22.5°	25.0"		Start		27.5"	30.0"	32.5"		
Stop	22.5	25.0"	27.5"		Stop		30.0"	32.5"	35.0"		
	2.5	2.5	2.5				2.5	2.5	2.5		
<u>GPM</u>	53.25	****	at		GPM		53.25	# * **********************************			
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Gals. per foot	255.8		~~~		Gals. p	er foot	255.8				
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Tested and C	ertified by	Daniel M. Ho	olmes	· -	DATE	-				05/27/0	
Facility's Auth	onzed Agen	mater	melle	Noth.	war-					w * -	
Pugh Utilities	Service, Inc	760 Henscr	atch Road	d, Lake P	acid, FL	33852 8	63 4656911			-	
**note	M.E.T. =	Meter Elasp	ed Time		+					,	
		After Elasper			_			r-4 (mp.	·············		

ATT: Potrick Farris