

# **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.**

DOCUMENT NUMBER-DATE

07281 SEP-19

FPSC-COMMISSION CLERK



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

A. Water System Information		PWS Identification Number: 6251954	
PWS Name: PEACE RIVER HEIGHTS			
PWS Type: XX Community	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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
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 Telephone Number: 1-877-987-2782	
Plant Name: PEACE RIVER HEIGHTS		City: WAUCHULA	State: FL
Plant Address: CHAMBERLAIN BLVD		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 (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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:	OTTO KRUCKER	C	7790
	DANIEL M. HOLMES	C	4335
	* As Needed		

## 11. Certification by Lead/Chief Operator

II. Certification by Lead/Chief Operator  
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

6/5/08

Page 1

MAR-18-2010 10:09

From: 8634655159

Page: 10/19



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: MAY 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, mW-sec/cm2	Min. UV dose req. mW-sec/cm2		
1	X	24	30000		2.7								1.8	
2	X	24	40100		2.5								1.5	
3		24	38100		2.7								2.0	
4		24	50000											
5	X	24	39500		3.2								1.9	
6	X	24	38400		2.7								1.8	
7	X	24	53000		3.3								2.3	
8	X	24	38900		2.8								1.8	
9	X	24	45400		3.0								1.9	
10		24	51000		2.4								1.1	
11		24	55000											
12	X	24	55000		2.6								2.0	
13	X	24	43000		2.8								2.0	
14	X	24	59000		3.1								2.2	
15	X	24	42700		2.7								1.8	
16	X	24	47200		2.3								1.7	
17		24	3200		2.4								1.1	
18		24	50000											
19	X	24	44400		2.5								1.5	
20	X	24	28900		2.4								1.5	
21	X	24	34300		2.5								1.0	
22	X	24	32700		2.7								1.7	
23	X	24	40200		2.4								1.2	
24		24	25000		2.2								1.0	
25	X	24	40000											
26		24	48800		1.7								1.1	
27	X	24	71500		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		24	45000											
Total			1345000											
Average			43387											
Maximum			59000											



I. General Information for the Month/Year of: **JUN 08**

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community	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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
Contact Person's Mailing Address: 6960 PROFESIONAL 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:			

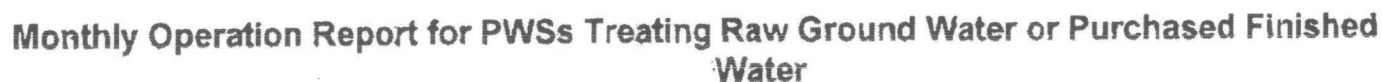
Plant Name: PEACE RIVER HEIGHTS		Plant Telephone Number: 1-877-987-2782		
Plant Address: CHAMBERLAIN BLVD		City: WAUCHULA		
Type of Water Treated by Plant:	XX Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000				
Plant Category (per 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	nn
	DANIEL M. HOLMES	C	4335	nn
* As Needed				

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

C-13107  
License Number

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

<b>PWS Identification Number: 6251954</b>				<b>Plant Name: PEACE RIVER</b>											
<b>III. Daily Data for Month/Year of: JUNE 2008</b>															
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1		24	45000												
2	X	24	42500		2.5									1.4	
3	X	24	29100		2.7									1.7	
4	X	24	25200		2.8									1.6	
5	X	24	33200		2.2									1.5	
6	X	24	46600		2.1									1.0	
7		24	36700		2.1									1.0	
8		24	49600												
9	X	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	38800		2.8									2.0	
14		24	35000												
15		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									1.6	
20	X	24	40500		2.3									1.3	
21		24	35000		2.2									1.0	
22	X	24	40000												
23	X	24	36700		2.0									1.4	
24	X	24	39700		2.0									1.0	
25	X	24	38300		2.1									1.6	
26	X	24	33000		2.2									1.4	
27	X	24	45000		2.3									1.7	
28		24	50000												
29		24	50000												
30	X	24	44100		1.9									1.3	
31															
<b>Total</b>			1176700												
<b>Average</b>			39190												
<b>Maximum</b>			50000												



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

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community	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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
Contact Person's Mailing Address: 6960 PROFESIONAL 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 Telephone Number: 1-877-987-2782	
Plant Name: PEACE RIVER HEIGHTS		City: WAUCHULA	State: FL Zip Code: 33873
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 (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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:			
	OTTO KRUCKER	C	7790
	DANIEL M. HOLMES	C	4335
* As Needed			
II. Certification by Lead/Chief Operator			

## II. Certification by Lead/Chief Operator

II. Certification by Lead/Chief Operator  
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555 321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

DEP Form 62-555 B00(3)  
Effective August 29, 2004

Page 1

C-13107  
License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

iii. Daily Data for Month/Year of: JULY 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System.															
Day of Mo.	Days Plant started/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water If appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1	X	24	25900		2.0								1.1		
2	X	24	41000		1.2								1.0		
3	X	24	37000		1.8								1.2		
4		24	37900												
5	X	24	30000		2.0								1.0		
6		24	40000												
7		24	38100		1.8								1.1		
8	X	24	53000		1.9								1.4		
9	X	24	62000		2.3								1.0		
10	X	24	30600		2.5								1.8		
11	X	24	33000		2.3								1.5		
12		24	32200												
13		24	30000												
14	X	24	30000		2.3								1.8		
15	X	24	39200		2.4								1.7		
16	X	24	31100		2.2								1.5		
17	X	24	53200		2.0								1.4		
18	X	24	87000		1.1								.7		
19		24	76700		2.4								1.0		
20		24	44300												
21	X	24	40000		2.9								1.9		
22	X	24	36000		2.7								1.5		
23	X	24	29500		2.6								2.0		
24	X	24	42600		2.8								1.7		
25	X	24	31600		2.6								1.4		
26		24	18700		2.6								1.0		
27		24	34500												
28	X	24	33400		2.4								1.3		
29	X	24	26500		2.3								1.2		
30	X	24	25900		2.4								1.3		
31	X	24	244200		2.3								1.2		
Total			1183500												
Average			38177												
Maximum			87000												



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

See page 4 for instructions.

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

## A. Water System Information

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: <u>XX</u> Community <u>Non-Transient Non-Community</u> <u>Transient Non-Community</u> <u>Consecutive</u>			
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 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: <u>XX</u> Raw Ground Water <u>Purchased Finished Water</u>				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000				
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	C	4335	**
* As Needed				

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

DEP Form 62-555.903(3)  
Effective August 28, 2004

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107  
License Number

MAR-18-2010 10:11

From: 8634655159

7

Page: 16/19

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: AUGUST 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide															
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1		24	20100		2.3								1.0		
2		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	X	24	37000		2.6								1.6		
8	X	24	30000		2.4								1.8		
9		24	50200		2.2								1.5		
10		24	35800												
11	X	24	35000		2.3								1.6		
12	X	24	62300		1.7								1.0		
13	X	24	45700		2.4								1.6		
14	X	24	41500		2.3								1.7		
15	X	24	26200		2.4								1.6		
16		24	16200		2.3								1.0		
17		24	37000												
18	X	24	30000		2.1								1.6		
19		24	25900												
20	X	24	20300		2.6								1.6		
21	X	24	24500		2.4								1.5		
22	X	24	30000		2.4								1.4		
23		24	20200		2.3								1.2		
24		24	33800												
25	X	24	30000		2.0								1.2		
26	X	24	30700		2.0								1.0		
27	X	24	30900		2.1								.8		
28	X	24	32000		2.3								.9		
29	X	24	32700		2.2								1.1		
30		24	21200		1.8								2.0		
31		24	30000												
Total			977200												
Average			31523												
Maximum			62300												



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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> <u>September 2008</u>				
<b>A. Water System Information</b> <u>9108</u>				
PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954		
PWS Type: <u>XX</u> Community		Non-Transient Non-Community <u>          </u> Transient Non-Community <u>          </u> Consecutive <u>          </u>		
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: <u>          </u>		
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: <u>          </u>				
<b>B. Water Treatment Plant Information</b>				
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: <u>XX</u> Raw Ground Water		Purchased Finished Water <u>          </u>		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000				
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	C	4335	**
* As Needed				

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

DEP Form 62-555.800(3)  
Effective August 28, 2004

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107  
License Number

MAR-18-2010 10:14

From: 6634655159

6

Page: 18/19



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: SEPTEMBER 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine															
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1	X	24	26900		2.1								1.0		
2	X	24	30000		2.2								1.4		
3	X	24	27300		1.8								1.0		
4	X	24	28600		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	16200		1.6								.9		
9		24	35400		1.5								.9		
10	X	24	36000		1.8								.9		
11	X	24	21400		2.1								1.1		
12	X	24	36000		2.2								.9		
13		24	21400		1.8								.9		
14		24	34100												
15	X	24	30000		2.4								1.4		
16	X	24	28400		2.3								1.4		
17	X	24	28600		2.8								1.1		
18	X	24	22500		2.5								1.3		
19	X	24	33300		2.4								1.4		
20		24	26300		2.2								1.0		
21		24	30000												
22	X	24	23000		1.7								1.3		
23	X	24	27300		1.9								1.2		
24	X	24	28000		1.9								1.0		
25	X	24	26000		2.1								1.4		
26	X	24	35400		2.3								1.3		
27		24	28400		2.2								1.1		
28		24	35000												
29	X	24	36000		2.8								1.6		
30	X	24	30000		2.8								1.0		
31															
Total			918000												
Average			30000												
Maximum			77900												



See page 4 for instructions.

11

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

DEP Form 62-555.800(3)  
Effective August 28, 2004

11/4/08

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107

License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: OCTOBER 2008

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

Ultraviolet Radiation ☐ Other (Describe):

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1	X	24	27700		2.5									1.6	
2	X	24	36300		2.4									1.2	
3	X	24	37700		2.3									1.5	
4		24	27600		2.3									1.0	
5		24	43000												
6	X	24	40000		2.0									1.3	
7	X	24	26800		2.2									1.4	
8	X	24	38300		1.5									1.0	
9	X	24	24900		2.1									1.1	
10	X	24	30400		2.2									1.1	
11		24	16000		1.9									1.0	
12		24	30000												
13	X	24	29300		1.8									1.0	
14	X	24	25500		1.7									1.1	
15	X	24	25200		1.7									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	X	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	X	24	26500		2.5									1.2	
28	X	24	34500		2.3									1.3	
29	X	24	28700		1.6									1.0	
30	X	24	29600		2.0									1.4	
31	X	24	32300		1.8									.9	
Total			909200												
Average			29329												
Maximum			43000												



See page 4 for instructions.

### A. Water System Information

### B. Water Treatment Plant Information

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

DEP Form 62-555.900(3)  
Effective August 28, 2004

\_\_\_CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107  
License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: **NOVEMBER 2008**

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

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectat concentration 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.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-s ec/cm2	Min. UV dose req. mW-sec/cm2			
1		24	33700												
2		24	33000												
3	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		24	38200		2.1								1.1		
8		24	23500		1.8								1.2		
9	X	24	24600		2.0								1.0		
10	X	24	52300		1.7								1.6		
11	X	24	32700		1.3								1.5		
12	X	24	33200		1.4								1.0		
13		24	33000		1.3								1.1		
14	X	24	29000		1.9								1.1		
15		24	34700										1.2		
16		24	25000												
17	X	24	30000		1.8										
18	X	24	24400		2.0								1.1		
19	X	24	33000		2.2								.9		
20	X	24	36300		.8								1.3		
21		24	42600		.7								.4		
22		24	20200		1.9								.4		
23		24	32000										1.0		
24	X	24	30000		1.5										
25	X	24	31500		1.8								.8		
26	X	24	26700		1.5								1.5		
27		24	26600										1.0		
28	X	24	26000		1.8										
29	X	24	21100		2.0								.9		
30		24	35100										1.0		
31															
Total			948300												
Average			31610												
Maximum			47000												



**I. General Information for the Month/Year of:**

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

\_\_\_CHRIS GILBERT  
Print or Typed Name

C-13107  
License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: DECEMBER 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system components out of operation.
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2		
1	X	24	30000		1.8								1.0	
2	X	24	20000		2.0								1.2	
3	X	24	34800		1.9								1.0	
4	X	24	25200		1.7								1.1	
5	X	24	25000		1.7								.9	
6		24	23200		1.8								1.0	
7		24	30000											
8	X	24	27100		1.6								1.0	
9	X	24	24600		1.9								.8	
10	X	24	27000		2.0								.9	
11	X	24	25000		1.9								1.2	
12	X	24	26300		1.8								1.0	
13		24	27400		1.9								1.0	
14		24	30000											
15	X	24	34000		2.1								1.2	
16	X	24	42000		1.8								.9	
17	X	24	38000		1.7								1.0	
18	X	24	31800		1.8								1.0	
19	X	24	31500		.7								.6	
20		24	42200		2.6								1.0	
21	X	24	36200		2.0								1.0	
22	X	24	32000		2.0								1.2	
23	X	24	28600		1.9								1.3	
24	X	24	31400		1.9								1.1	
25		24	31500											
26	X	24	30000		2.1								1.2	
27		24	32200		2.8								1.7	
28		24	32000											
29	X	24	32000		2.7								1.7	
30	X	24	38100		2.6								1.1	
31	X	24	32000		2.1								1.2	
Total			951200											
Average			30684											
Maximum			42000											



I. General Information for the Month/Year of: JAN 2009

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community	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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
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>B. Water Treatment Plant Information</b>				
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: <u>XX</u> Raw Ground Water <u>        </u> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000				
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	C	4335	**
* As Needed				

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

FEB 04 2019

CHRIS GILBERT  
Print or Typed Name

C-13107  
License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

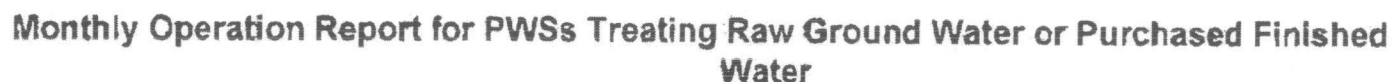
III. Daily Data for Month/Year of: JANUARY 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectat concentration at remote point in dist. system, mg/L	Emergency or abnorm-mal operation conditions. Repair/ Maintenance work that involves taking water system componen out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) 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			
1		24	42500		2.6								1.0		
2	X	24	22300		2.3								1.3		
3	X	24	35400		1.8								.9		
4		24	31300												
5	X	24	30000		2.5								1.5		
6	X	24	36700		2.4								1.6		
7	X	24	45700		2.4								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	X	24	37200		2.1								1.5		
21	X	24	38000		2.0								1.0		
22	X	24	27400		1.8								.9		
23	X	24	34100		1.9								1.1		
24		24	26300		1.8								.9		
25		24	34100												
26	X	24	30000		2.2								1.5		
27	X	24	27700		2.1								1.2		
28	X	24	35600		2.5								1.5		
29	X	24	24400		2.3								1.4		
30	X	24	31000		2.3								1.3		
31		24	26500		2.0								1.0		
Total			1005700												
Average			32442												
Maximum			45700												



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

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community	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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
Contact Person's Mailing Address: 6960 PROFESIONAL 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:			

Plant Name: PEACE RIVER HEIGHTS		Plant Telephone Number: 1-877-987-2782		
Plant Address: CHAMBERLAIN BLVD		City: WAUCHULA	State: FL	
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 (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	C	4335	**
	* As Needed			

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 92-555.321(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 feed rates; and (2) if applicable appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

C-13107  
License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: FEBRUARY 2009

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

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

Day of Mo.	Days Plant started/visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, mW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1		24	30000												
2	X	24	29100		2.1								1.0		
3	X	24	30700		2.0								1.2		
4	X	24	40400		2.2								1.4		
5	X	24	33000		1.9								1.0		
6	X	24	47600		2.0								1.1		
7		24	28100		2.4								1.2		
8	X	24	30000		2.2								1.2		
9	X	24	40200		2.1								1.6		
10	X	24	32100		2.2								1.2		
11		24	30000												
12	X	24	28500		2.2								1.4		
13	X	24	34800		2.0								1.2		
14		24	24200		2.4								1.1		
15		24	30000												
16	X	24	27700		2.4								1.4		
17	X	24	30800		3.0								1.1		
18	X	24	33800		1.8								1.0		
19	X	24	27000		2.2								1.1		
20	X	24	26000		2.1								1.3		
21		24	23000		2.0								1.0		
22		24	33100												
23	X	24	30000		1.2								.8		
24	X	24	33700		1.6								.8		
25	X	24	27400		1.0								.6		
26	X	24	25400		1.1								.8		
27	X	24	32500		1.6								.8		
28		24	24800		2.1								1.0		
29															
30															
31															
Total			862900												
Average			30818												
Maximum			47600												



I. General Information for the Month/Year of: MAR 2009

PWS Name: PEACE RIVER HEIGHTS			
PWS Type: <u>XX</u> Community		Non-Transient Non-Community	
PWS Identification Number: 6251954			
Number of service connections at end of month: 70		Transient Non-Community	
PWS Owner: AQUA UTILITIES FLORIDA		Consecutive	
Total population served at end of month: 250			
Contact Person: JOHNNY CHAMBERLAIN			
Contact Person's Mailing Address: 6960 PROFESIONAL PKWY		Contact Person's Title:	
Contact Person's Telephone Number: 941-377-9456		City: SARASOTA	State: FL
Contact Person's E-Mail Address:		Zip Code: 34240	
Contact Person's Fax Number: 941-907-7401			
<b>Water Treatment Plant Information</b>			

Plant Name: PEACE RIVER HEIGHTS		Plant Telephone Number: 1-877-987-2782	
Plant Address: CHAMBERLAIN BLVD		City: WAUCHULA	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): 5	

Plant Class (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	C	4335	**
	* As Needed			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, certify that the information provided on this form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Plant Name: \_\_\_\_\_

Plant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Plant Name: \_\_\_\_\_

Plant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## II. Certification by Lead/Chief Operator

I, James E. Smith, 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 SF International Standard 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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

APR 06 2009

CHRIS GILBERT  
Print or Typed Name

C-13107

License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: MARCH 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual maintained in Distribution System: <span>Free Chlorine</span> <span>Combined Chlorine (Chloramines)</span>															
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
1		24	15000										1.1		
2	X	24	15000		1.9								.9		
3	X	24	28800		1.8								.6		
4	X	24	31000		.7								.8		
5	X	24	56400		1.3								.7		
6	X	24	34000		1.6								1.0		
7		24	35300		2.0										
8		24	31300										1.0		
9	X	24	30000		2.0								1.1		
10	X	24	35500		2.0								1.0		
11	X	24	42000		1.9								1.3		
12	X	24	49700		2.1								1.2		
13	X	24	45600		2.0								1.1		
14		24	53900		2.2										
15		24	34400										1.0		
16	X	24	30000		2.0								1.4		
17	X	24	28000		2.1								1.4		
18	X	24	32100		2.2								1.3		
19	X	24	26700		2.4								1.2		
20	X	24	30100		2.1								1.0		
21		24	45100		2.0										
22		24	34300										1.2		
23	X	24	30000		2.2								1.0		
24	X	24	33200		2.3								1.0		
25	X	24	28400		1.7								1.0		
26	X	24	43600		1.1								1.2		
27	X	24	33500		2.0								1.2		
28		24	23500		2.5										
29		24	35000										1.1		
30	X	24	30600		2.4								1.2		
31	X	24	27700		2.1										
Total			1049700												
Average			33861												
Maximum			56400												



RECEIVED

MAY 26 2009

Aqua Utilities  
Florida Inc.  
6251051

### 3. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

C-13107  
License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: APRIL 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest residual disinfectat concentration 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.
				CT Calculations					UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) 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		
1	X	24	36200		2.2							1.2	
2	X	24	31000		2.0							1.1	
3	X	24	29000		1.9							1.1	
4		24	35500										
5		24	30000		2.4							1.1	
6	X	24	38100		2.2							1.3	
7	X	24	41200		1.6							1.0	
8	X	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	X	24	36000		2.1							1.1	
15	X	24	22500		2.0							1.2	
16	X	24	25300		1.9							1.1	
17	X	24	31000		1.9							1.1	
18		24	39300		1.8							.9	
19		24	31800										
20	X	24	30000		1.8							.9	
21	X	24	31600		2.1							1.1	
22	X	24	32000		2.1							1.0	
23	X	24	36500		2.2							1.2	
24	X	24	33100		2.2							1.0	
25		24	41800		2.4							1.1	
26		24	30000										
27	X	24	24900		2.2							1.6	
28	X	24	34000		2.2							1.4	
29	X	24	32200		2.1							1.1	
30	X	24	36000		2.3							1.3	
31													
Total			986700										
Average			32890										
Maximum			45100										



I. General Information for the Month/Year of: May 2009

PWS Name: PEACE RIVER HEIGHTS			PWS Identification Number: 6251954		
PWS Type: <u>XX</u> Community		<u>Non-Transient Non -Community</u>		<u>Transient Non-Community</u> <u>Consecutive</u>	
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 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:					

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 (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	C	4335	**
* As Needed				

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 82-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Page 1



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

iii. Daily Data for Month/Year of: MAY 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual maintained in distribution system: Free Chlorine Combined Chlorine Chloramines																
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											Lowest residual disinfectat concentration 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.
				CT Calculations								UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) 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				
1	X	24	35500		2.0									1.2		
2		24	35000													
3		24	35000													
4	X	24	33000		2.1									1.2		
5	X	24	44000		1.8									1.1		
6	X	24	44000		2.2									1.5		
7	X	24	42500		2.1									1.4		
8	X	24	38400		1.8									1.1		
9		24	52600		2.0									1.0		
10		24	34900													
11	X	24	30000		2.0									1.2		
12	X	24	38700		2.2									1.2		
13	X	24	29500		2.3									1.3		
14	X	24	32900		2.8									1.5		
15	X	24	28000		2.4									1.4		
16		24	27200		2.4									1.2		
17		24	30000													
18	X	24	27100		2.2									1.1		
19	X	24	26900		2.1									1.0		
20	X	24	23800		2.1									1.2		
21	X	24	22000		1.0									.7		
22	X	24	27700		1.5									.7		
23		24	30000													
24		24	26600		2.2									1.0		
25		24	30000													
26	X	24	33000		2.0									1.0		
27	X	24	34100		2.2									1.2		
28	X	24	30000		2.2									1.3		
29	X	24	31900		2.1									1.1		
30		24	30400		2.2									1.0		
31		24	40000													
Total			1024700													
Average			33055													
Maximum			52600													



See page 4 for instructions.

### A. Water System Information

### B. Water Treatment Plant Information

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

JUL 6 2009

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107

License Number

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

PWS Identification Number: 6251954										Plant Name: PEACE RIVER HEIGHTS					
III. Daily Data for Month/Year of: JUNE 2009															
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Mo.	Days Plant staffed/visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/Maintenance work that involves taking water system component out of operation.
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2			
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	
5	X	24	35000		2.2									1.3	
6		24	33100		2.4									1.2	
7		24	31000												
8	X	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									.8	
17	X	24	52000		1.8									.8	
18	X	24	22800		1.7									.8	
19		24	20800												
20	X	24	30000		2.1									1.1	
21		24	30000												
22	X	24	24600		2.3									1.2	
23	X	24	34400		2.3									1.2	
24	X	24	22200		2.5									1.5	
25	X	24	26800		2.5									1.2	
26	X	24	21800		2.4									1.1	
27		24	28200												
28		24	28300												
29	X	24	28300		2.3									1.2	
30	X	24	19500		2.4									1.3	
31															
Total			941600												
Average			31387												
Maximum			56600												



**I. General Information for the Month/Year of:**

2009

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: <u>XX</u> Community <u>        </u> Non-Transient Non –Community <u>        </u> Transient Non-Community <u>        </u> Consecutive <u>        </u>			
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 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:			

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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000			
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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:			5
	OTTO KRUCKER	C	7790
	DANIEL M. HOLMES	C	4335
			**
			**
	* As Needed		

II. Certification by Lead/Chief Operator  
I, the undersigned water treatment plant operator, certify that I am duly licensed as a water treatment operator under Chapter 62, Florida Administrative Code.

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment plant standards used at this plant conform to NSF International Standard 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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

AUG 05 2009  
AUG 05 2009

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107

License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: JULY 2009

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

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

Type of Disinfectant Residual maintained in distribution system: Free Chlorine				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, mW-sec/cm2	Min. UV dose req. mW-sec/cm2		
	X	24	26700		2.2								1.1	
2	X	24	17100		1.3								.9	
3	X	24	28600		1.9								1.0	
	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											
20	X	24	23200		2.2								1.2	
21	X	24	26800		2.1								1.2	
22	X	24	22000		2.0								1.1	
23	X	24	28000		2.1								1.1	
24	X	24	35200		2.3								1.7	
25		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	
Total			862100											
Average			27810											
Maximum			35200											



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

See page 4 for instructions.

I. General Information for the Month/Year of: Aug. 2009

## A. Water System Information

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: <u>XX</u> Community	<u>Non-Transient Non-Community</u>	<u>Transient Non-Community</u>	<u>Consecutive</u>
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 Mailing Address: 6960 PROFESSIONAL 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: <u>XX</u> Raw Ground Water		<u>Purchased Finished Water</u>		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000				
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	7780	**
	DANIEL M. HOLMES	C	4335	**
	* As Needed			

## II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

DEP Form 62-656-900(3)  
Effective August 28, 2004

SEP 05 2009

CHRIS GILBERT  
Print or Typed Name

Page 1

C-13107

License Number

MAR-18-2010 10:07

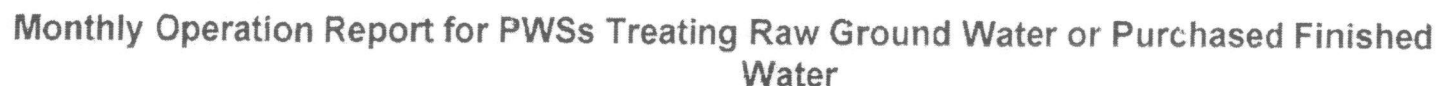
From: 863455159

13

Page: 4/19

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

PWS Identification Number: 6251954				Plant Name: PEACE RIVER HEIGHTS											
III. Daily Data for Month/Year of: AUGUST 2009															
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Mo.	Days Plant Staffed/visited by Oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/Maintenance work that involves taking water system component out of operation.
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) at C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp. of water, C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, mW-s/cm <sup>2</sup>	Min. UV dose req. mW-s/cm <sup>2</sup>			
1		24	28500		2.0									1.0	
2		24	24000												
3	X	24	24000		2.1									1.1	
4	X	24	23700		1.9									1.1	
5	X	24	29500		2.0									1.0	
6	X	24	32400		2.1									1.0	
7	X	24	33000		1.8									1.1	
8		24	27800		2.0									1.1	
9		24	27100												
10	X	24	27000		1.8									1.2	
11	X	24	69500		1.8									1.4	
12	X	24	30000		1.9									1.2	
13	X	24	22200		2.1									1.2	
14	X	24	22200		2.2									1.2	
15		24	24500		2.3									1.2	
16		24	30000												
17	X	24	25500		2.1									1.0	
18	X	24	26800		2.2									1.4	
19	X	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												
24	X	24	24600		1.8									1.2	
25	X	24	20000		1.9									1.3	
26	X	24	22400		1.7									.5	
27	X	24	18900		1.4									.8	
28	X	24	23700		1.7									.8	
29		24	22700		1.5									.8	
30		24	30000												
31	X	24	26800		1.7									.9	
Total			858100												
Average			27681												
Maximum			69600												



1. General Information for the Month/Year of: Sept 09

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community		Non-Transient Non-Community	
Number of service connections at end of month: 70		Transient Non-Community	
PWS Owner: AQUA UTILITIES FLORIDA		Consecutive	
Contact Person: JOHNNY CHAMBERLAIN		Total population served at end of month: 250	
Contact Person's Mailing Address: 6960 PROFESISONAL PKWY		Contact Person's Title:	
Contact Person's Telephone Number: 941-377-9456		City: SARASOTA	State: FL
Contact Person's E-Mail Address:		Zip Code: 34240	
		Contact Person's Fax Number: 941-907-7401	

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: <u>XX</u> Raw Ground Water <u>      </u> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000			
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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:			5
	OTTO KRUCKER	C	7790
	DANIEL M. HOLMES	C	4335
			**
			**
* As Needed			

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

C-13107  
License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: SEPTEMBER 2009

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

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (mg/L) / Free Chlorine														
Day no.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2		
1	X	24	19500		1.4								.9	
2	X	24	41000		1.5								.9	
3	X	24	35300		1.5								.9	
4	X	24	43300		1.6								.9	
5		24	28300		1.6								1.0	
6		24	24100											
7	X	24	24000		2.0								1.0	
8	X	24	28000		1.8								1.0	
9	X	24	32800		1.8								1.3	
10	X	24	22500		1.7								1.1	
11	X	24	22000		1.7								1.0	
12		24	21600		1.7								.9	
13		24	30000											
14	X	24	21200		2.2								1.2	
15	X	24	24900		2.1								1.2	
16	X	24	24500		2.1								1.3	
17	X	24	30000		2.0								1.0	
18	X	24	39000		2.0								1.4	
		24	32800		1.8								1.2	
		24	37600											
21	X	24	30000		1.9								1.2	
22	X	24	29200		2.1								1.2	
23	X	24	30000		2.1								1.3	
24	X	24	31000		2.2								1.3	
25	X	24	24500		2.0								1.2	
26		24	28700		2.0								1.2	
27		24	31000											
28	X	24	30000		2.1								1.0	
29	X	24	26200		2.0								1.1	
30	X	24	27200		2.2								1.3	
31														
Total			869200											
Average			28973											
Maximum			43300											



I. General Information for the Month/Year of: OCT 2009

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: <u>XX</u> Community <u>      </u> Non-Transient Non –Community <u>      </u> Transient Non-Community <u>      </u> 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 Title:	
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:			

Plant Name: PEACE RIVER HEIGHTS		Plant Telephone Number: 1-877-987-2782	
Plant Address: CHAMBERLAIN BLVD		City: WAUCHULA	State: FL
Type of Water Treated by Plant: <u>XX</u> Raw Ground Water		Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000			
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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:			5
	OTTO KRUCKER	C	7790
	DANIEL M. HOLMES	C	4335
			**
			**
* As Needed			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, hereby certify that:

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

NOV 04 2009

C-13107  
License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: OCTOBER 2009

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

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

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations							UV Dose		Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2		
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											
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											
12	X	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	
18		24	35300											
19	X	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	X	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								1.0	
Total			911900											
Average			29416											
Maximum			44100											





1. General Information for the Month/Year of: November 2009

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: XX Community 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: JOHNNY CHAMBERLAIN		Contact Person's Title:	
Contact Person's Mailing Address: 6960 PROFESIONAL PKWY		City: SARASOTA	
Contact Person's Telephone Number: 941-377-9456		State: FL	Zip Code: 34240
Contact Person's E-Mail Address:		Contact Person's Fax Number: 941-907-7401	
<b>B. Water Treatment Plant Information</b>			

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 (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
Lead/Chief Operator:	CHRIS GILBERT	C	13107
Other Operators:	OTTO KRUCKER	C	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, and			

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

C-13107  
License Number



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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: NOVEMBER 2009

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

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

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

CT Calculations

UV Dose

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 disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2	Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/Maintenance work that involves taking water system component out of operation.
1		24	30000										1.2	
2	X	24	27300		1.8								1.0	
3	X	24	23100		1.8								1.2	
4	X	24	22000		1.9								1.1	
5	X	24	24000		1.8								1.2	
6	X	24	22500		2.0								1.3	
7	X	24	19000		1.9								1.1	
8	X	24	22000		1.8								1.1	
9		24	26400										1.1	
10	X	24	20000		1.9								1.1	
11	X	24	27200		1.9								1.2	
12	X	24	28000		1.9								1.2	
13	X	24	25500		2.0								1.2	
14		24	29700		1.9								1.0	
15		24	30000										1.0	
16	X	24	25500		1.7								1.4	
17	X	24	34000		1.8								1.1	
18	X	24	26300		1.8								1.1	
19	X	24	35600		1.7								1.0	
20	X	24	22000		1.7								1.1	
21		24	25300		1.8								1.1	
22		24	25000										1.1	
23	X	24	25000		1.7								1.2	
24	X	24	20000		1.8								1.0	
25	X	24	33300		1.7								1.1	
26	X	24	22000		1.9								1.0	
27	X	24	28000		1.8								1.0	
28		24	17100		1.7								1.0	
29		24	26000										1.2	
30	X	24	20000		2.0									
31														
Total			761800											
Average			25393											
Maximum			35600											



I. General Information for the Month/Year of: Dec 2009

PWS Name: PEACE RIVER HEIGHTS		PWS Identification Number: 6251954	
PWS Type: <u>XX</u> Community <u>      </u> Non-Transient Non –Community <u>      </u> Transient Non-Community <u>      </u> 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 Title:	
Contact Person's Mailing Address: 6960 PROFESISONAL PKWY		City: SARASOTA	
Contact Person's Telephone Number: 941-377-9456		State: FL	Zip Code: 34240
Contact Person's E-Mail Address:		Contact Person's Fax Number: 941-907-7401	
<b>B. Water Treatment Plant Information</b>			

Plant Name: PEACE RIVER HEIGHTS					Plant Telephone Number: 1-877-987-2782				
Plant Address: CHAMBERLAIN BLVD					City: WAUCHULA				
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					State: FL				
Plant Category (per subsection 62-699.310(4), F.A.C.): V					Zip Code: 33873				
Licensed Operators					Plant Class (per subsection 62-699.310(4), F.A.C.): D				
Lead/Chief Operator:		Name		License Class		License Number		Day(s)/Shift(s) Worked	
		CHRIS GILBERT		C		13107		5	
Other Operators:		OTTO KRUCKER		C		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 in which									

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 62-555.321(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 feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

CHRIS GILBERT  
Print or Typed Name

C-13107  
License Number

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

PWS Identification Number: 6251954

Plant Name: PEACE RIVER HEIGHTS

III. Daily Data for Month/Year of: **DECEMBER 2009**

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

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

Day No.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant 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.
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest residual disinfectant 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		
1	X	24	20000		2.1								1.3	
2	X	24	23500		2.1								1.2	
3	X	24	23200		2.0								1.5	
4	X	24	28600		2.0								1.1	
5		24	22000		1.8								1.1	
6	X	24	40000											
7	X	24	35000		1.7								1.2	
8	X	24	108400		1.8								1.5	
9		24	141400		2.5								1.5	
10	X	24	33100		2.0								1.1	
11	X	24	27300		1.9								1.1	
12		24	30100		2.3								1.2	
13		24	36900											
14	X	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	X	24	29500		2.1								1.0	
19		24	23200		1.8								1.0	
20		24	35400											
21	X	24	30000		1.9								1.0	
22	X	24	31200		1.9								1.2	
23	X	24	30200		2.0								1.2	
24	X	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											
Average			35668											
Maximum			141400											

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** January, 2010

## A. Public Water System (PWS) Information

PWS Name:	Peace River Heights			PWS Identification Number:	6251954
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	Harry Householder			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	1100 Thomas Ave.		City:	Leesburg	State: Florida 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@aquaaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Peace River Heights			Plant Telephone Number:	863-858-2504	
Plant Address:	Chamberlain Blvd.			City:	Wauchula State: Florida Zip Code: 33873	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	120,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>		
Lead/Chief Operator:	Nathaniel Mastromeni	C	14367			
Other Operators:	Don Hostetler	C	14147			

## II Certification by Lead/Chief Operator

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

Don Hostetler  
Signature and Date 4/27/2010

Sr Facility Operator Don Hostetler  
Printed or Typed Name

C 14147  
License Number



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

PWS Identification Number: 6251954 Plant Name: Peace River Heights

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	32,500		1.9								0.9		
2	X	24.0	27,400		2.0								0.9		
3		24.0	28,500												
4	X	24.0	28,500		1.9								1.0		
5	X	24.0	29,000		1.8								1.0		
6	X	24.0	28,500		2.2								1.2		
7	X	24.0	47,000		2.0								1.0		
8	X	24.0	23,800		1.9								1.0		
9	X	24.0	34,000		2.2								1.1		
10		24.0	33,050												
11	X	24.0	33,050		2.3								1.1		
12	X	24.0	39,200		2.4								1.2		
13	X	24.0	26,900		2.1								1.0		
14	X	24.0	32,600		2.4								1.2		
15	X	24.0	31,700		2.3								1.2		
16	X	24.0	35,100		2.4								1.2		
17		24.0	27,950										1.2		
18	X	24.0	27,950		2.7								1.3		
19	X	24.0	32,300		2.7								1.2		
20	X	24.0	33,200		3.0								1.2		
21	X	24.0	29,800		3.0								1.2		
22	X	24.0	34,000		1.8								1.2		
23	X	24.0	35,600		1.2								1.2		
24		24.0	30,850										0.7		
25	X	24.0	30,850		1.3										
26	X	24.0	35,300		1.2								0.9		
27	X	24.0	40,000		1.4								0.8		
28	X	24.0	17,700		1.3								0.9		
29	X	24.0	37,500		1.3								0.7		
30	X	24.0	29,100										0.8		
31		24.0	33,900		1.2								0.8		
Total			986,800												
Average			31,832												
Maximum			47,000												

\* Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-555 900(31)  
 Effective August 28, 2003

**I. General Information for the Month/Year of:**

#### A. Public Water System (PWS) Information

### B. Water Treatment Plant Information

## II. Certification by Lead/Chief Operator

Signature and Date: Bill Skutt 3-8-10

C 14147

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

PWS Identification Number		6251954		Plant Name		Peace River Heights								
<b>III. Daily Data for the Month/Year of:</b> February, 2010														
Means of Achieving Four-Log Virus Inactivation Potential: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Started or Visited by Operator (X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min-mg/L	Temp of Water, °F	pH of Water, if Applicable	Minimum CT Required, min-L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	67,800	1.5										
2	X	24.0	23,800	1.4										
3	X	24.0	41,800	1.8										
4	X	24.0	25,000	1.7										
5	X	24.0	57,800	1.8										
6	X	24.0	32,900	1.7										
7		24.0	32,900											
8	X	24.0	32,900	1.4										
9	X	24.0	72,200	1.4										
10	X	24.0	36,900	1.8										
11	X	24.0	48,600	2.4										
12	X	24.0	29,700	2.3										
13	X	24.0	34,100	2.5										
14		24.0	31,350											
15	X	24.0	31,350	2.0										
16	X	24.0	42,300	2.5										
17	X	24.0	42,500	2.0										
18	X	24.0	30,600	1.8										
19	X	24.0	33,400	1.6										
20	X	24.0	24,200	2.5										
21		24.0	26,800											
22	X	24.0	29,800	2.7										
23	X	24.0	33,400	2.5										
24	X	24.0	29,200	2.8										
25	X	24.0	37,900	2.1										
26	X	24.0	29,000	1.7										
27	X	24.0	30,600	2.8										
28		24.0												
29		24.0												
30		24.0												
Total *			998,200											
Average			33,274											
Maximum			72,200											

\* Refer to the instruction for this report to determine which plants must provide this information

1. General Information for the Month/Year of: March, 2010

PWS Name	Peace River Heights				PWS Identification Number	6251954	
PWS Type	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive						
Number of Service Connections at End of Month	102				Total Population Served at End of Month	306	
PWS Owner	Aqua Utilities Florida						
Contact Person	Harry Householder				Contact Person's Title	Area Manager	
Contact Person's Mailing Address	1100 Thomas Ave.			City	Leesburg	State	Florida
Contact Person's Telephone Number	352-435-4033			Contact Person's Fax Number	863-853-4937		
Contact Person's E-Mail Address	harryhouseholder@aquaamerica.com						

[illegible]

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.

Donal Hatten

4/6/2010

Printed or Typed Name \_\_\_\_\_

License Number



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

PWS Identification Number		6251954		Plant Name		Peace River Heights								
<b>III. Daily Data for the Month/Year of:</b>														
Means of Achieving Four-Log Virus Inactivation Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	55,100		2.7								1.3	
2	X	24.0	52,700		2.2								1.3	
3	X	24.0	28,600		3.2								1.7	
4	X	24.0	23,400		1.7								1.0	
5	X	24.0	101,000		1.5								1.0	
6	X	24.0	27,500		1.8								1.2	
7		24.0	30,900											
8	X	24.0	30,900		2.3								1.2	
9	X	24.0	48,500		2.0								1.1	
10	X	24.0	13,900		2.1								1.2	
11	X	24.0	31,800		1.9								1.1	
12	X	24.0	34,900		2.4								1.3	
13	X	24.0	30,400		2.2								1.1	
14	X	24.0	43,100		2.2								1.0	
15	X	24.0	23,000		2.0								0.9	
16	X	24.0	30,000		2.6								1.4	
17	X	24.0	41,000		2.2								1.1	
18	X	24.0	25,000		1.7								1.0	
19	X	24.0	22,500		2.0								1.1	
20	X	24.0	30,500		2.3								1.5	
21		24.0	34,250											
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	
27	X	24.0	11,500		2.9								1.5	
28		24.0	35,050											
29	X	24.0	35,050		2.3								1.2	
30	X	24.0	32,400		2.2								1.0	
31	X	24.0	25,300											
Total			1,056,100											
Average			34,068											
Maximum			101,000											

\* Refer to the instructions for this report to determine which plants must provide this information.  
 Effective August 28, 2023

1. General Information for the Month Year of: April, 2010

PWS Name:	Peace River Heights			PWS Identification Number:	6251954		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	Harry Householder			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	11001 Thomas Ave.		City:	Leesburg	State:	Florida	Zip Code:
Contact Person's Telephone Number:	(941) 915-8788			Contact Person's Fax Number:	863-853-4937		
Contact Person's E-Mail Address:	hhouseh@aquafamrca.com						
<b>Water Treatment Plant Information</b>							

[illegible]

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.

License Number

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

PWS Identification Number:	6251954
----------------------------	---------

Plant Name:	Peace River Heights
-------------	---------------------

### III. Daily Data for the Month Year of:

April 2010

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

☒ Free Chlorine☐ Chlorine Dioxide

## Γ. Ozone

☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation      ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

		Chlorine Dioxide	
X	24.0	20,400	1.0
X	24.0	29,200	1.1
X	24.0	26,700	1.0
X	24.0	29,500	1.8
X	24.0	30,200	1.5
X	24.0	41,100	1.2
X	24.0	35,900	1.4
X	24.0	27,800	1.3
X	24.0	41,100	1.2
X	24.0	30,200	1.3
X	24.0	27,800	1.2
X	24.0	25,200	1.2
X	24.0	39,200	1.2
X	24.0	29,200	1.3
X	24.0	30,900	1.2
X	24.0	34,450	1.4
X	24.0	34,450	1.2
X	24.0	34,100	1.2
X	24.0	33,500	1.2
X	24.0	27,900	1.3
X	24.0	31,200	1.2
X	24.0	20,900	1.8
X	24.0	31,200	1.2
X	24.0	32,450	1.8
X	24.0	32,450	1.2
X	24.0	23,000	1.3
X	24.0	23,500	1.1
X	24.0	22,500	1.1
X	24.0	28,300	1.2
		901,000	
		30,033	
		41,100	

\* 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

**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**  
Attention: **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.





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

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

System Name: PEACE RIVER HEIGHTS PWS I.D. #: 6251954

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

Address: Chamberlain Blvd.

City: Wauchula State: Florida ZIP Code: 33873

Phone: (800) 250-7532 Fax #: (863) 655-2556

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 331713 Location Code (if Known): \_\_\_\_\_

Sample Date: 4/13/2009 Sample Time: 0818 AM PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2 mg/L Field pH: 7.7

**Sample Type (Check Only One)****Reason(s) for Sample ( Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Distribution                                | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly ( Which One? )                  |
| <input checked="" type="checkbox"/> Entry Point (to Distribution)    | <input type="checkbox"/> Confirmation of MCL Exceedance*             | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550.) | <input type="checkbox"/> Composite Multiple Sites**                  | <input type="checkbox"/> Violation Resolution                      |
| <input type="checkbox"/> Raw (at well intake)                        | <input type="checkbox"/> Clearance (permitting)                      | <input type="checkbox"/> Replacement (of invalidated Sample)       |
| <input type="checkbox"/> Max. Residence Time                         | <input type="checkbox"/> Other: _____                                |  |
| <input type="checkbox"/> Ave. Residence Time                         | Sampling Procedure Used or other Comments: _____                     |  |
| <input type="checkbox"/> Near First Customer                         |  |  |

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

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

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

Sampler's Name: Chris GilbertSampler's Phone #: (863) 381-0755 Sampler's Fax: (863) 655-2556

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION (to be completed by sampler)**

I, Chris Gilbert Operator  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 4/13/2009

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

1 of 7

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

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

ATTACH CURRENT DOH ANALYTE SHEET\*

Lab Name: Short Environmental LaboratoriesFlorida Certification #: E85458Address: 10405 US Highway 27 SouthCertification Expiration Date: 06/30/09Sebring, FL 33876Phone #: (863) 655-4022

## ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 6251954Date Sample(s) Received: 4/13/2009Sample Number (From Page 1): 331713Lab Assigned Report Number or Job ID: 331713

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

Inorganics☐ All 17☒ Partial☐ Nitrate☐ Nitrite☐ Asbestos OnlySynthetic Organics☐ All 30☒ All Except Dioxin☐ Partial☐ Dioxin OnlyVolatile Organics☒ All 21☐ PartialRadionuclides☒ Single Sample☐ Qtrly Composite\*\*Disinfection Byproducts☐ Trihalomethanes☐ Haloacetic Acid☐ Bromate☐ Chlorite☐ Lead & CopperSecondaries☒ All 14☐ Partial

Were any analyses subcontracted?

☒ Yes☐ No

If yes, please provide DOH certification Numbers:

E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

## CERTIFICATION

I, David W. Murto

(Print Name)

Laboratory Director

(Print Title)

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

Signature: David W. MurtoDate: 5/17/2009

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

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

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory:

☐ Yes ☐ No

Sample Analysis Info Satisfactory:

☐ Yes ☐ No☐ Replacement Sample(s) Requested (circle or highlight group(s) above)☐ Revised Report Requested☐ Additional Monitoring Required (circle or highlight group(s) above)

(circle or highlight group(s) above)

Reason(s):

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

Person Notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

2 of 7

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

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	I	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.

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

Secondary Contaminants

Report Number/Job ID: 331713

62-550.320

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#
1002	Aluminum	0.20	mg/L	0.02	U	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
2905	Foaming Agents	0.50	mg/L	0.02	U	SM 5540 C	0.02	4/15/2009	0700	E85458

All results meet the requirements of NELAC.

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004



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

Volatile Organics

Report Number/Job ID: 331713

62-550.310(4)(a)

PWS ID (from page 1): 6251954

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab 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	Benzene	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.

\* 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 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 during the same monitoring period.

Reporting Format 62-550730

Effective January 1995, Revised January 2004

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

Synthetic Organics

62-550.310(4)(b)

Report Number/Job ID: 331713

PWS ID (from page 1): 6251954

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOI Lab 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	E84129
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	ug/L	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	E84129
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	Heptachlor	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	Benzo(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	Pentachlorophenol	1	ug/L	0.1	U	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	U	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/L	0.005	U	EPA 504.1	0.005	0.01	4/24/2009	4/25/2009	0246	E84129
2959	Chlordane	2	ug/L	0.05	U	EPA 508.1	0.05	0.2	4/17/2009	4/20/2009	2010	E84129

All results meet the requirements of NELAC unless otherwise 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, O, T, Z, ?, \*, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

Radionuclides

62-550.310(6)

Report Number / Job ID: 331713

PWS ID (From Page 1): 6251954

Contam ID	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, & U-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.

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62 160, Table 1. Results qualified with A, F, H, N, O, T, Z, 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.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

**SOUTHERN ANALYTICAL LABORATORIES, INC.**

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 913-855-1344 fax 913-855-2218



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: Aqua Utilities #386

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date &amp; Time Collected</u>	<u>Date &amp; Time Received</u>
91105.01	Peace River 331713	04/13/09 08:18	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



# SOUTHERN ANALYTICAL LABORATORIES, INC.

1100 BAYVIEW BOULEVARD, SUITE 100, FORT WORTH, TX 76107-1844 TEL: 817-355-1844 FAX: 817-355-0718



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 ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
				Result	Qualifier							
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	---	---	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

\*\*\* 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.

### \* Qualifiers:

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW AVENUE, OLDEN, ALA 36057-1244 Tel: 205-655-9918



Short Environmental Laboratories

Aqua Utilities #386

Sample ID: Peace River 331713

April 29, 2009

Sample No.: 91105.01

PWS ID: \_\_\_\_\_

## Volatile Organics 62-550.310(4)(a)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4 Trichlorobenzene	70	µg/L	0.5	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-Dichloroethylene	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).

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 CANYON ROAD, LEVARD, FLORIDA 34077-8135 TEL 813-555-1814 FAX 813-555-9218



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 ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.1	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	00:08	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:

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).

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

SAL Project No. 91105

AUF - Fruitville

9413783554

p.22

[illegible]



## Safe Drinking Water Program Laboratory Reporting Format

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

Name: Peace River PWS I.D. #: 6251954System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient NoncommunityAddress: Chamberlain BlvdCity: Wauchula State: FL ZIP Code: 34240

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 4/13/09 Sample Time: 0818 AM PM (Circle One)Sample Location (be specific): POEDisinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 7.7

## Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(1) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrite MCL exceedances.\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.Sampler's Name: Chris GilbertSampler's Phone #: 863-465-6911 Sampler's Fax #: 863-465-5159

Sampler's E-Mail Address: \_\_\_\_\_

## CERTIFICATION (to be completed by sampler)

Chris Gilbert operator  
(Print Name) (Print Title)HEREBY CERTIFY that the above public water system and sample collection information is  
complete and correct.Signature: Chris Gilbert Date: 4/13/09

Fax: (863) 655-5820

# 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**  
Attention: **Harry Householder**

Project: **Peace River Heights**

Report #: **2009080162**

Report Date: **8/18/2009**

Sample date: **Radiologicals**  
Sample #'s: **July 23, 2009**  
**337506**

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	3	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	3	J	Estimated value; value may not be accurate.
Total Pages:		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**

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

System Name: PEACE RIVER HEIGHTS PWS I.D. #: 6251954  
System Type (check one): ☒ Community ☐ NonTransient Noncommunity ☐ Transient NonCommunity  
Address: Chamberlain Blvd.  
City: Wauchula State: Florida ZIP Code: 33873  
Phone: (800) 250-7532 Fax #: (863) 655-2556  
E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION (to be completed by sampler)**

Sample Number: 337506 Location Code (if Known): \_\_\_\_\_  
Sample Date: 7/23/2009 Sample Time: 0755 AM PM (circle one)  
Sample Location (be specific): Plant POE

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

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Distribution                                | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly                     |
| <input checked="" type="checkbox"/> Entry Point (to Distribution)    | <input type="checkbox"/> Confirmation of MCL Exceedance*             | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites**                  | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well intake)                        | <input type="checkbox"/> Clearance (permitting)                      | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max. Residence Time                         | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Ave. Residence Time                         | Sampling Procedure Used or other Comments: _____                     |   |
| <input type="checkbox"/> Near First Customer                         | _____  |   |

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

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

Sampler's Name: Chris Gilbert  
Sampler's Phone #: (863) 381-0755 Sampler's Fax: (863) 655-2556  
Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION (to be completed by sampler)**

I, Chris Gilbert Operator  
(Print Name) (Print Title)  
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.  
Signature: \_\_\_\_\_ Date: 7/23/2009

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

1 of 3



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

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - Please type or print legibly)  
**ATTACH CURRENT DOH ANALYTE SHEET\***

Lab Name: Short Environmental Laboratories

Address: 10405 US Highway 27 South

Sebring, FL 33876

Florida Certification #: E85458

Certification Expiration Date: 06/30/10

Phone #: (863) 655-4022

**ANALYSIS INFORMATION** (to be completed by lab)

PWS ID (From Page 1): 6251954

Lab Assigned Report Number or Job ID: 337506

Date Sample(s) Received: 7/23/2009

Sample Number (From Page 1): 337506

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	<u>Secondaries</u>
		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> All 14
	<input type="checkbox"/> Lead & Copper		<input type="checkbox"/> Partial

Were any analyses subcontracted? ( x ) Yes ( ) No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

E 84129

**CERTIFICATION**

I, David W. Murto, Laboratory Director  
(Print Name) (Print Title)

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

Signature: *David W. Murto* Date: 8/18/2009

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

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

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ( ) Yes ( ) No Sample Analysis Info Satisfactory: ( ) Yes ( ) No

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above)
<input type="checkbox"/> Additional Monitoring Required ( circle or highlight group(s) above)	<input type="checkbox"/> Incomplete Report
Reason(s): <input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Analysis Unsatisfactory
<input type="checkbox"/> Missing Analyte Sheet	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Detection(s)	
<input type="checkbox"/> Location Unsatisfactory	

Person Notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Reporting Format 62-550.730

2 of 3

Effective January 1995. Revised January 2004

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

Radionuclides  
 62-550.310(6)

Report Number / Job ID: 337506  
 PWS ID (From Page 1): 6251954

Contam ID	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	18.		900.0 - D5174	2.0	3	4.3	8/4/2009	1238	E 84129
4002	Gross Alpha (Incl Uranium)	***	pCi/L	18.		EPA 900.0	2.0	1	4.3	8/4/2009	1218	E 84129
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L	0.46		ASTM D5174	0.04	0.667		8/4/2009	1238	E 84129
		30	ug/L					1				
4020	Radium - 226	5	pCi/L	3.8		EPA 903.1	0.06	1	0.34	8/6/2009	1335	E 84129
4030	Radium - 228			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, O, T, Z, ?, \*, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

August 11, 2009  
Project No: 93904

## Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: Aqua Utilities #386

<u>Sample Number</u>	<u>Sample Description</u>
93904.01	Peace River Heights 337506

<u>Date &amp; Time Collected</u>		<u>Date &amp; Time Received</u>	
07/23/09	07:55	07/29/09	10:55

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

FDOH Laboratory No. E84129  
NELAP Accredited

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

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, DOLSMAR, FL 34677 513-855-1844 fax 213-855-2218



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)

												DOH Lab	
Contaminant ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	RDL **	Analysis		Analysis Date	Analysis Time	Certification #
				Result	Qualifier				Error				
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	18		EPA 900.0	2.0	3	4.3		08/04/09	12:18	E84129
4006	Combined Uranium	20	pCi/L	0.46		ASTM D5174	0.04	---	---		08/04/09	12:38	E84129
4020	Radium-226	5*	pCi/L	3.8		EPA 903.1	0.06	1	0.34		08/06/09	13:35	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2		08/10/09	15:01	E84129

69

\* Combined Limit

\*\*\* 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.

### \* Qualifiers:

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.



SAL Project No. 93904

Order of Eustachy 418

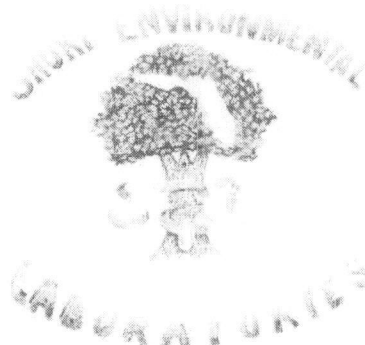
[illegible]

Field Time	Time
Departed lab / site	
Arrived site	
Departed site	
Arrived lab	

E-MAIL: SHORTLAB @STRATO.NET

# 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  
Attention: Harry Householder

Project: Peace River Heights

Report #: 2009110026  
Report Date: 11/7/2009

Sample date: Radiologicals  
October 15, 2009  
Sample #'s: 342688

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	3	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	3	J	Estimated value; value may not be accurate.

Total Pages:

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**

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

System Name: PEACE RIVER HEIGHTS PWS ID. #: 6251954  
System Type (check one): ☒ Community ☐ NonTransient Noncommunity ☐ Transient NonCommunity  
Address: Chamberlain Blvd.  
City: Wauchula State: Florida ZIP Code: 33873  
Phone: (800) 250-7532 Fax #: (863) 655-2556  
E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 342688 Location Code (if Known): \_\_\_\_\_  
Sample Date: 10/15/2009 Sample Time: 0822 AM PM (circle one)  
Sample Location (be specific): Plant POE

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

Sample Type (Check Only One) Reason(s) for Sample ( Check all that apply)

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance*	<input type="checkbox"/> Special(not for compliance with 62-550.)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550.)	<input type="checkbox"/> Composite Multiple Sites**	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well intake)	<input type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max. Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Ave. Residence Time	Sampling Procedure Used or other Comments: _____	
<input type="checkbox"/> Near First Customer	_____	

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

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

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

Sampler's Name: Chris Gilbert  
Sampler's Phone #: (863) 465-6911 Sampler's Fax: (863) 465-5159  
Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Chris Gilbert Operator  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 10/15/2009



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

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

ATTACH CURRENT DOH ANALYTE SHEET\*

Lab Name: Short Environmental Laboratories  
Address: 10405 US Highway 27 South  
Sebring, FL 33876

Florida Certification #: E85458  
Certification Expiration Date: 06/30/10  
Phone #: (863) 655-4022

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 10/15/2009

PWS ID (From Page 1): 6251954

Sample Number (From Page 1): 342688

Lab Assigned Report Number or Job ID: 342688

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	
		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
	<input type="checkbox"/> Lead & Copper		<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ( x ) Yes ( ) No

If yes, please provide DOH certification Numbers:

E 84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**CERTIFICATION**

I, David W. Murto  
(Print Name)

Laboratory Director  
(Print Title)

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

Signature: David W Murto

Date: 11/7/2009

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

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

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ( ) Yes ( ) No Sample Analysis Info Satisfactory: ( ) Yes ( ) No

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above)
<input type="checkbox"/> Additional Monitoring Required ( circle or highlight group(s) above)	<input type="checkbox"/> Incomplete Report
Reason(s): <input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Analysis Unsatisfactory
<input type="checkbox"/> Missing Analyte Sheet	<input type="checkbox"/> Location Unsatisfactory
<input type="checkbox"/> Other: _____	

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

relides

310(6)

Report Number / Job ID: 342688

PWS ID (From Page 1): 6251954

m	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
1	Gross Alpha (Excl Uranium)	15**	pCi/L	12.56		900.0 - D5174	2.0	3	3.2	11/2/2009	1529	E 84129
2	Gross Alpha (Incl Uranium)	***	pCi/L	13.		EPA 900.0	2.0	3	3.2	11/2/2009	1529	E 84129
3	Combined Uranium	****	pCi/L	0.44		ASTM D5174	0.04			10/27/2009	1414	E 84129
	(U-234, U-235, & U-238)	30	ug/L					1				
4	Radium - 226	5	pCi/L	3.6		EPA 903.1	0.03	1	0.4	10/29/2009	1249	E 84129
5	Radium - 228			0.5		EPA Ra-05	0.3	1	0.2	11/2/2009	1438	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, O, T, Z, ?, \*, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Short Environmental Laboratories

Pugh #2

Sample ID: POE 342688

November 3, 2009

Sample No.: 96588.01

PWS ID: \_\_\_\_\_

## Radionuclides

62-550.310(6)

Contaminant ID	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	13		EPA 900.0	2.0	3	3.2	11/02/09	15:29	E84129
4006	Combined Uranium	20	pCi/L	0.44		ASTM D5174	0.04	---	---	10/27/09	14:14	E84129
4020	Radium-226	5*	pCi/L	3.6		EPA 903.1	0.03	1	0.4	10/29/09	12:49	E84129
4030	Radium-228	5*	pCi/L	0.5		EPA RA-05	0.3	1	0.2	11/02/09	14:38	E84129

\* Combined Limit

\*\*\* 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.

\* Qualifiers:

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

96-382

110 BAYVIEW BOULEVARD, OLDSMAR, FL 3467 813-855-1844 fax 813-855-2218

Client Name

SHORT ENVIRONMENTAL LABORATORIES, INC.

Contact / Phone: 863-655-4022

Turn Around Time Requested (\*Surcharges may apply)

24 Hour\* ☐ 48 Hour\* ☐ 5 Bus. Days\* ☐ 10 Bus. Days ☐

Project Name / Location

Pugh #2

Samplers: (Signature)

PARAMETER / CONTAINER DESCRIPTION

Matrix Codes:  
DW-Drinking Water WW-Wastewater  
SW-SurfaceWater SL-Sludge SO-Soil  
GW-Groundwater SA-Saline Water O-Other  
R-Reagent Water

SAL Use Only

Sample No.

Sample Description

Date

Time

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)

01

POE 342688

10/15/09

0822

DW

X

X

X

X

X

2

41

Containers Prepared/  
Relinquished:

10/21/09 0800

Received: *P. Brown*

Date/Time: 10-21-09 0815

Relinquished:

10/21/09 1120

Received: *P. Brown*

Date/Time: 10/21/09 1128

Relinquished:

Received:

Date/Time:

Relinquished:

Received:

Date/Time:

Relinquished:

Received:

Date/Time:

Seal intact?

Samples intact upon arrival?

Received on ice? Temp 0.0

Proper preservatives indicated?

Rec'd within holding time?

Volatiles rec'd w/out headspace?

Proper containers used?

Instructions / Remarks

*W/A*



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

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

System Name: Peace River Heights PWS ID #: 6251954

System Type (check one): ☒ Community ( ) Non Transient Noncommunity ( ) Transient NonCommunity

Address: Chamberlain Blvd

City: Wauchula State: Florida ZIP Code: 33873

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)

Sample Location (be specific) ROE

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

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which One?)  
☐ Confirmation of MCL Exceedance\* ☐ Special (not for compliance with 62-550.)  
☐ Composite Multiple Sites\*\* ☐ Violation Resolution  
☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)  
☐ Other: \_\_\_\_\_

Sampling Procedure Used or other Comments \_\_\_\_\_

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

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

Sampler's Name Chris Gilbert

Sampler's Phone 863-465-6911 Sampler's Fax: 863-465-5159

Sampler's E-Mail Address: \_\_\_\_\_

CERTIFICATION (to be completed by sampler)

I, Chris Gilbert operator  
(Print Name) (Print Title)

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

Signature: Chris Gilbert Date: 10/15/09



Pace Analytical Services, Inc.  
8 East Tower Circle  
Ormond Beach, FL 32174  
(386)672-5668

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,

Sakina McKenzie

sakina.mckenzie@pacelabs.com  
Project Manager

Enclosures

## REPORT OF LABORATORY ANALYSIS

Page 1 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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  
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  
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

---

## REPORT OF LABORATORY ANALYSIS

Page 2 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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

## REPORT OF LABORATORY ANALYSIS

Page 3 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## SAMPLE ANALYTE COUNT

Project: Peace River Heights  
Pace Project No.: 358246

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

## REPORT OF LABORATORY ANALYSIS

Page 4 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## PROJECT NARRATIVE

Project: Peace River Heights  
Pace Project No.: 358246

---

**Method:** SM 7110C  
**Description:** 7110C Gross Alpha  
**Client:** 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.

**Additional Comments:**

## REPORT OF LABORATORY ANALYSIS

Page 5 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## PROJECT NARRATIVE

Project: Peace River Heights  
Pace Project No.: 358246

---

**Method:** EPA 903.1  
**Description:** 903.1 Radium 226  
**Client:** 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:**

## REPORT OF LABORATORY ANALYSIS

Page 6 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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.

**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:**

## REPORT OF LABORATORY ANALYSIS

Page 7 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## PROJECT NARRATIVE

Project: Peace River Heights  
Pace Project No.: 358246

---

**Method:** EPA 908.0  
**Description:** 908.0 Total Uranium  
**Client:** 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.

## REPORT OF LABORATORY ANALYSIS

Page 8 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## ANALYTICAL RESULTS

Project: Peace River Heights  
Pace Project No.: 358246

<b>Sample: POI</b>		<b>Lab ID: 358246001</b>	Collected: 03/02/10 12:30	Received: 03/03/10 15:19	Matrix: Drinking Water		
PWS:		Site ID:	Sample Type:				
Parameters	Method	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

Page 9 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## ANALYTICAL RESULTS

Project: Peace River Heights  
Pace Project No.: 358246

<b>Sample:</b> POI		<b>Lab ID:</b> 358246002	Collected: 03/02/10 12:20	Received: 03/03/10 12:05	Matrix: Drinking Water	
PWS:		Site ID:	Sample Type:			
Parameters	Method	Act ± Unc (MDC)	Units	Analyzed	CAS No.	Qual
Radium-226	EPA 903.1	5.64 ± 1.40 (0.246)	pCi/L	03/15/10 15:50	13982-63-3	
Radium-228	EPA 904.0	0.863 ± 0.368 (0.672)	pCi/L	03/15/10 09:38	15262-20-1	
Total Uranium	EPA 908.0	0.940 ± 0.376 (0.501)	pCi/L	03/16/10 06:24	7440-61-1	

Date: 03/17/2010 03:52 PM

## REPORT OF LABORATORY ANALYSIS

Page 10 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## QUALITY CONTROL DATA

Project: Peace River Heights  
Pace Project No.: 358246

QC Batch:	RADC/4479	Analysis Method:	EPA 903.1
QC Batch Method:	EPA 903.1	Analysis Description:	903.1 Radium-226
Associated Lab Samples:	358246002		

METHOD BLANK:	147218	Matrix:	Water
Associated Lab Samples:	358246002		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Radium-226	0.000 ± 0.400 (0.896)	pCi/L	03/15/10 14:15	

Date: 03/17/2010 03:52 PM

## REPORT OF LABORATORY ANALYSIS

Page 11 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



### QUALITY CONTROL DATA

Project: Peace River Heights  
Pace Project No.: 358246

QC Batch:	RADC/4498	Analysis Method:	EPA 908.0
QC Batch Method:	EPA 908.0	Analysis Description:	908.0 Total Uranium
Associated Lab Samples:	358246002		

METHOD BLANK:	147979	Matrix:	Water
Associated Lab Samples:	358246002		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Total Uranium	0.205 ± 0.314 (0.669)	pCi/L	03/16/10 11:45	

## QUALITY CONTROL DATA

Project: Peace River Heights  
Pace Project No.: 358246

QC Batch:	RADC/4518	Analysis Method:	SM 7110C
QC Batch Method:	SM 7110C	Analysis Description:	7110C Gross Alpha
Associated Lab Samples:	358246001		

METHOD BLANK:	149391	Matrix:	Water
Associated Lab Samples:	358246001		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Gross Alpha	0.232 ± 0.685 (1.71)	pCi/L	03/17/10 06:07	

Date: 03/17/2010 03:52 PM

## REPORT OF LABORATORY ANALYSIS

Page 13 of 16

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## QUALITY CONTROL DATA

Project: Peace River Heights  
Pace Project No.: 358246

QC Batch:	RADC/4480	Analysis Method:	EPA 904.0
QC Batch Method:	EPA 904.0	Analysis Description:	904.0 Radium 228
Associated Lab Samples:	358246002		

METHOD BLANK:	147219	Matrix:	Water
Associated Lab Samples:	358246002		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Radium-228	0.358 ± 0.298 (0.592)	pCi/L	03/15/10 09:36	

## 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

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..

### 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		

May 14, 2010

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

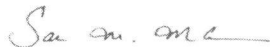
RE: Project: AU 1021  
Pace Project No.: 3510849

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

## REPORT OF LABORATORY ANALYSIS

Page 1 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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  
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  
North Carolina Certification #: 42706  
Oregon/NELAC Certification #: PA200002  
Pennsylvania/NELAC Certification #: 65-00282  
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

## REPORT OF LABORATORY ANALYSIS

Page 2 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## SAMPLE SUMMARY

Project: AU 1021  
Pace Project No.: 3510849

Lab ID	Sample ID	Matrix	Date Collected	Date Received
3510849001	AU1021	Drinking Water	04/26/10 11:00	04/30/10 11:40

## REPORT OF LABORATORY ANALYSIS

Page 3 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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

## REPORT OF LABORATORY ANALYSIS

Page 4 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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.

**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:**

## REPORT OF LABORATORY ANALYSIS

Page 5 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## PROJECT NARRATIVE

Project: AU 1021  
Pace Project No.: 3510849

---

**Method:** EPA 903.1  
**Description:** 903.1 Radium 226  
**Client:** Aqua Utilities Florida  
**Date:** 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.

**Additional Comments:**

## REPORT OF LABORATORY ANALYSIS

Page 6 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## 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.

### Additional Comments:

## REPORT OF LABORATORY ANALYSIS

Page 7 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



## PROJECT NARRATIVE

Project: AU 1021  
Pace Project No.: 3510849

---

**Method:** EPA 908.0  
**Description:** 908.0 Total Uranium  
**Client:** Aqua Utilities Florida  
**Date:** 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.

## REPORT OF LABORATORY ANALYSIS

Page 8 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## 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	

## 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		

METHOD BLANK:	166849	Matrix:	Water
Associated Lab Samples:	3510849001		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Total Uranium	0.633 ± 0.340 (0.464)	pCi/L	05/11/10 06:10	

### 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		

METHOD BLANK:	166850	Matrix:	Water
Associated Lab Samples:	3510849001		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Radium-226	0.167 ± 0.463 (0.896)	pCi/L	05/10/10 12:40	

## 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

Associated Lab Samples: 3510849001

METHOD BLANK: 166378

Matrix: Water

Associated Lab Samples: 3510849001

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Gross Alpha	0.0348 ± 0.252 (0.539)	pCi/L	05/08/10 15:46	

### 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:	3510849001		

METHOD BLANK:	166852	Matrix:	Water
Associated Lab Samples:	3510849001		

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Radium-228	0.125 ± 0.334 (0.760)	pCi/L	05/10/10 12:04	

## 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

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..





## 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

Page 15 of 15

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, Inc..



# CHAIN-OF-CUSTODY / Analytical Request Document

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

3510849

<b>Section A</b> Required Client Information:		<b>Section B</b> Required Project Information:		<b>Section C</b> Invoice Information:		Page: _____ of _____	
Company: <b>AQUA UTILITIES FL.</b>		Report To:		Attention:		1381607	
Address: <b>1616 WENDALL KENTRO, SASSOPOLIS, FL 34240</b>		Copy To:		Company Name:		REGULATORY AGENCY	
Email To: <b>HOSTETLER@AQUA-AMERICA.COM</b>		Purchase Order No.:		Address:		<input type="checkbox"/> NPDES <input type="checkbox"/> GROUND WATER <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> UST <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER _____	
Phone: _____ Fax: _____		Project Name:		Pace Quote Reference:		Site Location	
Requested Due Date/TAT:		Project Number:		Pace Project Manager:		STATE: _____	
				Pace Profile #:			

ITEM #	Section D Required Client Information	Matrix Codes MATRIX / CODE	SAMPLE TYPE (G=GRAB C=COMP)	COMPOSITE				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives							Analysis Test ↓	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.	
				START		END/GRAB				Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Methanol					Other
				DATE	TIME	DATE	TIME														
1	<b>Radium 226 / AU 1021</b>	DW	G	4-26-10	1100	4-26-10	1100	835													
2	<b>Uranium / AU 1021</b>	BW	G	4-26	1110	4-26	1110	835													
3	<b>GROSS Alpha / AU 1021</b>	DW	G	4-26	1117	4-26	1117	835													
4	<b>Radium 228 / AU 1021</b>	DW	G	4-26	1125	4-26	1125	835													
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
SAMPLE NO. 1021	<i>[Signature]</i>	4/26/10	8:45	<i>Scott Jany</i>	4-26-10	11:40 AM	

ORIGINAL

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: **MATE MASTROENI**

SIGNATURE of SAMPLER: *[Signature]*

DATE Signed (MM/DD/YY): **4-26-10**

Temp in °C

Received on Ice (Y/N)

Custody Sealed Cooler (Y/N)

Sample Intact (Y/N)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT

SHORT  
ENVIRONMENTAL LABORATORIES, INC.

10405 U.S. HWY 27 • SEBRING, FL 33876-9502

PH: 1-863-655-4022 • FAX: 1-863-655-5820

HRS # E85458

Delivered by: Edie Chalmers

Lab Receipt Date & Time: 04-06-10 1223

Analysis Date & Time: 4.6.10 1450

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 3 °C

Disinfectant Check ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

Report Number: 86124 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test

☐ HPC

☐ Other: \_\_\_\_\_

System Name: PEACE RIVER H WTP

# 386

PWS I.D. 6 2 5 1 9 5 4

System Address: Chamberlain Blvd

City: Wauchula

System or Owner's Phone #: 941 377 9456

Fax #: 941 378 3554

Collector: NATHANIEL MASTROENI

Collector's Phone #: 941-650-9613

Type of Supply: (check only one)

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Private Well

☐ Swimming Pool

☐ Bottled Water

☐ Other \_\_\_\_\_

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

Sample Collection Date: 4/6/2010

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>MMO</u>				
						Fecal or E. coli Analysis Method: <u>MUG</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
1	INSIDE Well 2 samples	1000	RAW	0	8.1		A			351546
2	INSIDE Well (Broken)	1000	-	0	8.1		A			351547
3	629 Chamberlain Blvd	1020	DW	2.8	8.0		A			351548
4	659 Sally Place	1045	DW	2.2	8.0		A			351549
5	1211 David Ct	1100	DW	1.8	8.0		A			351550
6	689 Chamberlain Blvd	1025	DW	2.6	8.0		A			351551
7	646 Sally Place	1035	DW	2.2	8.0		A			351552

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing analysis is:

☒ A certified operator (# 214367)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# C13244)

☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: \_\_\_\_\_

Date State notified by lab of positive results: \_\_\_\_\_

Lab Signature: Robert R

Title: Project manager

Name and Mailing Address of Person to Receive Report

AQUA UTILITIES, FLORIDA  
1616 WENDALL KENT RD  
SARASOTA, FL 34240

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_



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](mailto: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](mailto:PAFarris@aquaamerica.com)



# SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration / <350 population

Page 1

SURVEY	Water system: <u>PEACE RIVER HEIGHTS</u>	System PWS #: <u>6251954</u>	Date of survey: <u>02/18/2010</u>		
	Inspector name: <u>RACHEL MCGRAW</u>	Person(s) contacted: <u>PATRICK FARRIS</u>			
	System type: <u>C</u>	Population: <u>306</u>	Connections: <u>102</u>	Design capacity: <u>260,000</u>	Storage capacity: <u>5000</u>
SYSTEM	System address: <u>CHAMBERLAIN BLVD</u>		City: <u>WAUCHULA</u>	State: <u>FL</u>	Zip: <u>33852</u>
	System phone: <u>n/a</u>		Cell: _____		
	Fax number: _____		Email: _____		
OWNER	Owner name: <u>AQUA UTILITIES FLORIDA INC.</u>		Owner title: _____		
	Owner address: <u>1100 THOMAS AVENUE</u>		City: <u>LEESBURG</u>	State: <u>FL</u>	Zip: <u>34748</u>
	Owner phone: <u>(352) 435-4029</u>		Cell: _____		
	Fax number: <u>(352) 787-6333</u>		Email: _____		
OPERATOR	Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator class & cert. number: <u>C 14147</u>		
	Operator name: <u>DON HOSTETLER</u>		Phone: _____		
	Fax number: _____		Email: <u>DHostetler@aquaamerica.com</u>		

SOURCE – WELL INFORMATION	Well Name	Well 1 Inside <u>AAC7100</u>	Well 2 Outside <u>AAC3600</u>	Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A	
	Well head sealed? (Pad/conduit/openings)	YES	YES	Inspections compliant? (annual/5yr)	YES 9-2008
	Well casing 12" above grade?	YES	YES	Washouts compliant? (every 5 yrs)	YES 9-2008
	Casing vent compliant?(installed, screened)	YES	YES	Storage capacity compliant?(1/4 max)	NO
	Check valve compliant? (installed/no leak)	YES	YES	HYDRO APPURTENANCES: "X" box below if not compliant, <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Compliant	
	Tap Compliant? (Smooth/12" high/precheck)	YES	YES		
	Flow measurable? (if applicable, GPM@psi)	YES	YES	GROUND/ELEVATED APPURTENANCES: "X" box below if not compliant . NA <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant	
	Flow meter accuracy checked?	YES 6-30-09	YES 6-30-09		
	Well capacity > maximum day?			Manual or automatic controls?	Automatic
	Setbacks compliant?(hazard type and distance)	unknown	unknown	On/Off pressure of pumps?	40 / 70
TREATMENT	Name of plant & type of chlorination	MAIN PLANT / HYPO		PUMPS/CONTROLS HSP High Service Pumps functional? N/A HSP capacity compliant? N/A	
	O & M log compliant?	YES			
	O & M manual compliant?	YES			
	Cl storage compliant? (no organics/acid/sun)	YES		MONITORING Chlorine test kit compliant? WITH OPERATOR Chlorine grab sampling compliant? YES Bacti sampling compliant? YES Chemical sampling compliant? YES	
	Chlorinator flow proportionate?	YES			
	Treated sample tap provided?	YES			
	Cl solution strength?	16%			
	HYPO CL	Solution tank compliant?(covered/etc)	YES		MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input type="checkbox"/> Disinfection By-Products (C,P) <input type="checkbox"/> Lead & Copper (C,P)
		Antisiphon protection compliant?	YES		
		Safety: (Gloves/Apron/Eyewash/etc)	NO		
Cl room compliant?(separate/ventilation)		NA			
GAS CL	Scales compliant? (installed/functional)	NA		MANAGERIAL NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters	
	Safety: (SCBA/Gloves/Ammonia)	NA			
	Choose type: "X" box below if not compliant N/A <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant				
AERATE	CCC / Plan(C) implemented?	YES		OPERATOR Record keeping compliant? YES Security measures compliant? YES	
	Plant category and type?	Cat V / Class C			
	Plant checked 5 days/week? (owner/rep)	NO			
	Operator visits compliant?	2X WEEK			
DISTRIBUTION	MORs submittal compliant?	YES		FIELD SAMPLING RESULTS Plant Cl (mg/L) /pH 1.80 Distribution Cl (mg/L) /pH 1.42	
	Flushing of dead ends compliant?	YES			
	Valve maintenance compliant?	YES			
	Distribution PSI compliant? (> 20 PSI)	YES			
	Chlorine residual above minimum?	YES		TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? <input type="checkbox"/> Yes (see enclosed TAP information) <input checked="" type="checkbox"/> No TAP recommended at this time	

COMMENTS:



---

**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**

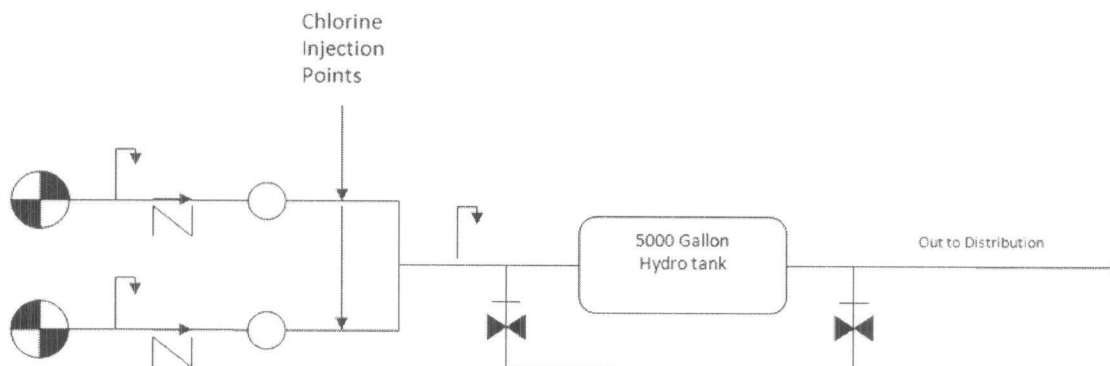
---

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](mailto:FRWA@frwa.net)Home Page: <http://www.frwa.net>

850.668.2746

---

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

---

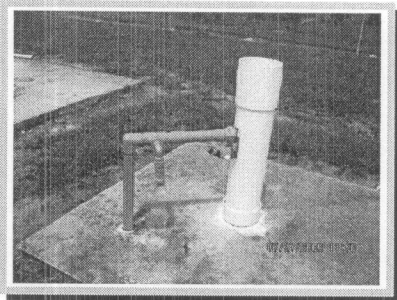
From South Highway 17, turn East on Will Duke Road. Continue to drive east, passing through Martin Luther King (MLK) Blvd. About 2 blocks after passing MLK You will see a dirt road on your right, just before the first bend in road. Turn Right on the dirt road, water treatment plant will be on the right.



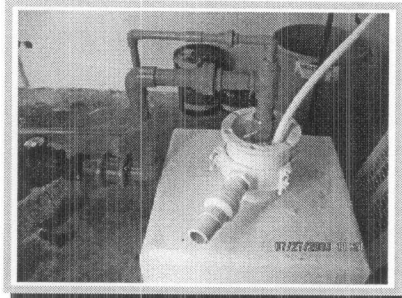


## DIGITAL PHOTOS

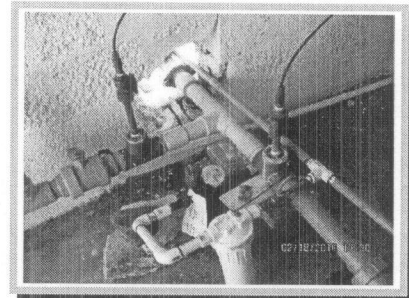
1. Type of Camera Used: Cannon Power Shot A1000 IS
2. Digital Recording Media: 2 GB Kingston SD Card
3. Were the photos altered?: (Yes or No) **Yes** If explain yes: Resized and cropped
4. Photographer: Rachel McGraw



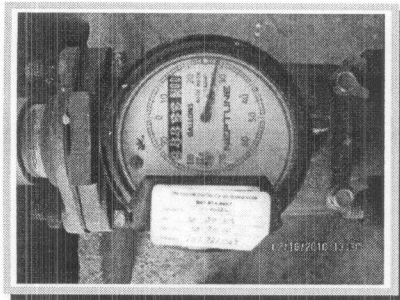
AAC3600



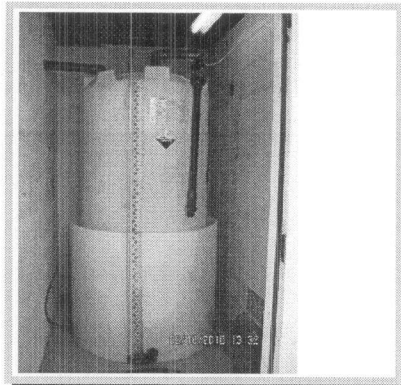
AAC7100



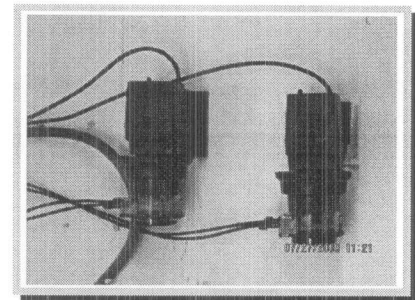
Chlorine Injection



Flow Meter



Chlorine Day Tank



2 Stenner Pumps

Water Treatment  
plant

INSPECTOR'S SIGNATURE

*Rachel McGraw*

TITLE

E.S. II

DATE: 3/31/2010

REVIEWED BY

*Craig M. [Signature]*

TITLE ENVIRONMENTAL MANAGER

DATE: 3/31/2010

**SMALL WATER SYSTEM SANITARY SURVEY REPORT - COMPLIANCE MONITORING ADDENDUM**

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

<b>COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS WITH POPULATIONS LESS THAN 350</b>					
<b>CONTAMINANT</b>	<b># Samples Required</b>	<b>Sampling Location</b>	<b>Frequency</b>	<b>Sample Date</b>	<b>Due Date</b>
Microbiological (Bacte)	1	Each well	Monthly	Monthly	Monthly
	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 2<sup>nd</sup> year of a 3 year compliance period.

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

**Note D** Contact the Southwest District/County Drinking Water Program at (813) 632-7600 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 <sup>nd</sup> quarter 2009
	Radiological-Gross Alpha 3 <sup>rd</sup> quarter 2009
	Radiological-Gross Alpha 4 <sup>th</sup> 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](mailto: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



Peace River

2010

STANDARD  
DIARY

PWS 625-1954

W TP

Daily Reminder



FEBRUARY

17

WEDNESDAY

2010 48th day - 317 days follow

Ash Wednesday

0-1500

MASTROENI C14367

30 MADE PLANT CHECK, EVERYTHING IS OK. CAL  
4: C12 METER

45 DAILY METER READING

W1) 344260

W2) 656.1

PT → 2.0

RT → 1.2

Q 42,500

W1) R 7526.8

W2) R 2446.8

50 OPPOSITE

THURSDAY

18

FEBRUARY

2010 49th day - 316 days follow

DEP Inspection Racine, Wis. area

1200-1330

MASTROENI C14367

1200 MADE PLANT INSPECTION ALL OK. CAL PH C12  
METERS.1210 DEP INSPECTION ALL OK. NEED DBP SAMPLING  
GUIDELINE.

1210 DAILY METER READING

W1) 344566

W2) 656.1

PT → 1.8

RT → 1.4

Q 30,600

W1) R 7533.4

W2) R 2446.8

1320 EXCEEDED 3" BLOWOFF VALVE ON SALLY.

FEBRUARY

19

FRIDAY

0-1430

2010 50th day - 315 days follow

MASTROENI C14367

100 MADE PLANT INSPECTION EVERYTHING IS

OK. Cal pH = 6.2 METERS

420 Daily METER READING

WI) 344900

33400

WD) 656.1

P

PT → 1.6

RT → 1.0

Q 33,700

ELECT. 36601

PSI 50

WI) R 7540.6

102 R 2446.8

7 AM

1430 MADE FINAL CHECK ALL GOOD, OFFSITE

SATURDAY

20

FEBRUARY

2010 51st day - 314 days follow

1000-1015

N. MASTROENI C14367

1000 MADE plant check, all ok. Cal pH = 6.2 METERS.

1010 Daily METER READING

WI) 345142

242

WD) 656.1

P

RT → 2.8

RT → 1.2

Q 24,200

ELECT. 36645

PSI 48

7 AM

1015 OFFSITE

21

SUNDAY

2010 52nd day - 313 days follow

MONDAY

22

FEBRUARY

2010 53rd day - 312 days follow

Washington's Birthday (US)

0700 - 0730

N. MASTROENI CH367

0700 MADE plant check, all ok. Cal pH:  
C/2 METERS.

0720 DAILY METER READINGS

W1) 345738

W2) 656.1

PT → 2.1

RT → 1.0

Q 59,600

W1) R 7558.8

W2) R 2446.8

ELECT. 36752

PSI 50

N2M

0727 MADE Final overall plant check,  
all ok

0730 OFFSITE

FEBRUARY

23

TUESDAY

2010 54th day - 311 days follow

0830

STROENI C14367

MADE plant check, everything is ok.

H: C2 METERS

Daily meter reading

3460.72

33.4

656.1

0

J.5 RTA 1.2

Q 33.4

3681.3

PSI 60

7556.1

W2) 2446.1

OFF SITE

-1440 CK pelt. paper work  
put in Go Books. Run OK.

E. Clinton C13344

WEDNESDAY

24

FEBRUARY

2010 55th day - 310 days follow

Flag Day (M)

0735 - 0800

N. MASTROENI C14367 E. Clinton C13344

0725 MADE plant check, all ok. Cal pH:  
C2 METERS.

0740 Daily meter reading

W2) 3463.64

29.2

W2) 656.1

0

PT → 2.8

RT → 1.3

Q 29.2

ELECT →

PSI → 50

W2) 7572.3

W2) 2446.1

170"m

0800 Picked up Annual No2 - No3 samples.

0800 OFF SITE

CK c/c paper Royal Duck Bell Boats  
Injectors. CK Lines, oil

closed Injector Hole 2" pipe out

E. Clinton C13344



# **SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WELL GROUTING/ABANDONMENT FORM**

GROUTING \_\_\_\_\_

ABANDONMENT ☒
 Permit No. 904969 Drilling Contractor Kevin W. Cyker License No. 9414

 Section 15 TWP. 34 RGE. 25 Latitude 27 31 35.1 Longitude 81 47 58.9

 Method of Survey GPS or Map \_\_\_\_\_ or Survey \_\_\_\_\_ Datum NAD 27 NAD 83 \_\_\_\_\_

 Agency Aqua Utilities Florida, Inc.

 Address of Well 775 Chamberlain Blvd., Wauchula

 County Hardee QWIP No. \_\_\_\_\_ WUP No. \_\_\_\_\_

DID No. \_\_\_\_\_

## **WELL SPECIFICATIONS**

 Verified by Inspector 560 ft. tagged Water Level 30 ft.

 Diameter 4" Depth \_\_\_\_\_ Measured \_\_\_\_\_ Estimated \_\_\_\_\_ Logged \_\_\_\_\_

 Material Steel Galv. \_\_\_\_\_ PVC \_\_\_\_\_ Other \_\_\_\_\_

 Rotary \_\_\_\_\_ Cable Tool \_\_\_\_\_ Combination \_\_\_\_\_ Other Abandonment

Location verified from driller's log? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explain in comments)

 Stipulation? No \_\_\_\_\_ Yes X Stipulation No. 24 Was Special Condition met? Yes X No \_\_\_\_\_

Permit No. \_\_\_\_\_ Well Depth \_\_\_\_\_ Casing Depth \_\_\_\_\_ Diameter \_\_\_\_\_

Approved Public Supply Plan match location? Yes \_\_\_\_\_ No \_\_\_\_\_

 (2-624) Yes \_\_\_\_\_ No \_\_\_\_\_ Well location same as surveyed location? Yes \_\_\_\_\_ No N/A

## **GROUT SPECIFICATIONS AND INSPECTION**

5-19-10
560' to 190'

 Grout Size X, pellets/tablets \_\_\_\_\_ Size: 3/4 \_\_\_\_\_ 1/2 X 3/8 \_\_\_\_\_ Bentonite Slurry \_\_\_\_\_

 Grout Depth 44
55

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

190' to 0'

 Type I \_\_\_\_\_ Type II \_\_\_\_\_ Type I/II X
13
15

\_\_\_\_\_

5.2-5.5
Tremie
5 Nos.

## **COMMENTS**

Grout was poured in 7 bags of bentonite prior to arrival of bentonite. Well drilled at 42 ft. Last tag was 235 ft. Bridge cleared by drill rig. Tagged at 190 ft. Observed grout return.

 Contractor Signature Ray H. White Date 5-19-10
Greg Buchanan Date 5-19-10

 Completed in accordance with 40D-3, F.A.C.? Yes X No \_\_\_\_\_ Water samples taken? Yes \_\_\_\_\_ No X

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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

MAR 30 2010

Aqua Utilities  
Florida Inc.

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

Re: 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:

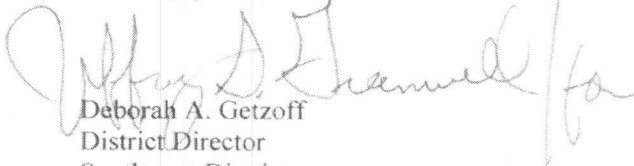
The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A review of your Drinking Water system records indicates that a violation of Florida Statutes and Rules may exist at the above-referenced facility.

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 4<sup>th</sup> 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

*"More Protection, Less Process"*  
[www.dep.state.fl.us](http://www.dep.state.fl.us)





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

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

RECEIVED  
AUG - 3 2006  
Aqua Utilities  
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

*"More Protection, Less Process"*

*Printed on recycled paper.*

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.

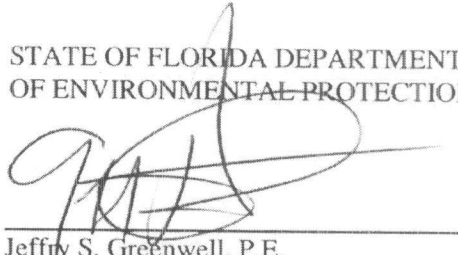
Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

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.

Executed in Hillsborough County, FL

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

*for*   
Jeffrey 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 *Aug. 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.

*Amela Buelva* *8/2/06*  
\_\_\_\_\_  
(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

RECEIVED  
SEP 19 2006  
9/26  
Patrick  
For your review and updating  
of our permit  
JMM

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,

Jeff Hilton, P.E.  
Program Manager  
Domestic Wastewater Section

Attachment

JGH/rli

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

"More Protection, Less Process"

Printed on recycled paper.



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.

**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

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-001 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.

RECEIVED  
AUG - 3 2006  
Aqua Utilities  
Florida Inc.

"More Protection, Less Process"

Printed on recycled paper.

# 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:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.040	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.A.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	-	-	-	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	



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

Monitoring Location	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.

3. 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)]

**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:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			
			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.I.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculated	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4

1 - The annual sample shall be taken in the month of February.

2. 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.

3. 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)]
5. 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 <sup>th</sup> day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department 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

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

5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
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
*Total Nitrogen	(Report only) % dry weight	In Accordance with the AUP
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

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(Report only) standard units	Not applicable
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.]



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)]

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;
  - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
  - d. Amount of residuals applied or delivered to each application zone;
  - e. Cumulative loading of each application zone;
  - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
  - g. Method of incorporation (if any);
  - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
  - i. Unsaturated depth of soil above the water table level at the time of application;
  - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
  - k. 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

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	Residuals Management Facility or Treatment Facility
1. Date and Time Shipped	1. Date and Time Received
2. Amount of Residuals Shipped	2. Amount of Residuals Received
3. Degree of Treatment (if applicable)	3. Name and ID Number of Source Facility
4. Name and ID Number of Residuals Management Facility or Treatment Facility	4. Signature of Hauler
5. Signature of Responsible Party at Source Facility	5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility
6. Signature of Hauler and Name of Hauling Firm	

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)]

### 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]
2. 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)]

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

[62-620.350]

#### VI. SCHEDULES

Section VI is not applicable to this facility.

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

#### VIII. OTHER SPECIFIC CONDITIONS

1. 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)]

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction and conveyance of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants other than normal domestic wastewater constituents:
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in 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:

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

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

[62-620.625(2)]

#### IX. GENERAL CONDITIONS

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

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
  - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01.

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

[62-620.610(18)]

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

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

[62-620.610(20)]

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

[62-620.610(22)]

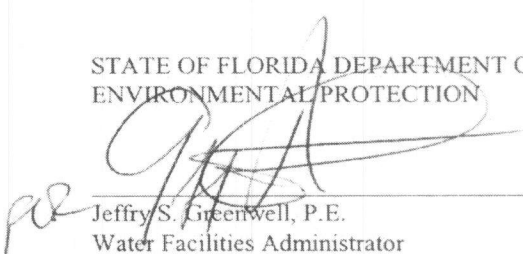
23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  1. An upset occurred and that the permittee can identify the cause(s) of the upset;
  2. The permitted facility was at the time being properly operated;
  3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
  4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

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



# 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, Suite 400  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD						Monthly	Calculation
Flow	Sample Measurement										
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										
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										
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										
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement										
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 (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011994

MONITORING PERIOD From: To

152

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
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							
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement							
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							
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							
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							
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							
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD <sub>5</sub> Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total								
Mo. Avg.								

## PLANT STAFFING

Day Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

ing Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

PA File No. FLA011994-005-DW3P

DEP Form 62-620 910(10), Effective November 29, 1994

# INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

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

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

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

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

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

## PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

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

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

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

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

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

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

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

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

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

#### PART D - GROUND WATER MONITORING REPORT

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

**Detection Limits:** Record the detection limits of the analytical methods used.

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

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

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

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

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

#### SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

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

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

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

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

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

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

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

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

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

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

# 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  
Sarasota, FL 34240

PERMIT NUMBER FLA011994

LIMIT Final  
CLASS SIZE N/A

REPORT GROUP Monthly  
Domestic

FACILITY LOCATION Peace River Heights WWTF  
Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY Hardee


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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 5/1/08 To 5/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			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	0.021	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			3.3			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			3.2	3.2		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			5.4			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			7.4	7.4		mg/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

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		941-650-3032	08/06/27

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

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	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement			7.23		7.8	SU	0	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			42.8			#/100mL	0	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	#/100mL	0	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			2.0			mg/L	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					0.21	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	0.023	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			56%			%	0	Monthly	Calculation
PARM Code 00180 I Mon Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			337			mg/L	0	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			262			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period: From 5/1/08 To: 5/31/08

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	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	009	3.2	7.4	<1.0	7.7	3.5	0.21	
2	029				7.8	4.0		
3	014				7.48	7.7		
4	022							
5	022				7.7	3.5		
6	014				7.6	3.5		
7	021				7.6	3.8		
8	013				7.5	2.0		
9	021				7.3	2.2		
10	025				7.4	2.5		
11	032							
12	032				7.5	2.8		
13	016				7.6	2.9		
14	034				7.6	3.0		
15	012				7.6	3.1		
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		
21	015				7.6	3.8		
22	021				7.4	4.0		
23	019				7.5	3.7		
24	019				7.4	3.5		
25	022							
26	022				7.4	3.8		
27	023				7.42	4.0		
28	027				7.5	3.9		
29	014				7.48	4.2		
30	021				7.5	4.0		
31	021				7.23	7.2		
Total								
Mo Avg								

## 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: _____	Name: _____
Lead Operator	Class: C	Certificate No: 8946	Name: Robert Payer

# 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, FL 32399-2400

PERMITTEE NAME: Aqua Utilities of Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway  
Sarasota, FL 34240

PERMIT NUMBER: FL A011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

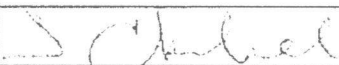
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 6/1/08 To: 6/30/08

Parameter		Quantity or Loading	Units	Quality or Concentration	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 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			3.1	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			10.2	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.3	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			11.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	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 Chamberlain, Lead Operator		941-377-9456	10/05/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTP  
Hardee County

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 6/1/08 To: 6/30/08

PERMIT NUMBER: FLA011994

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				6.97		7.5	SU	0	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				44.9			#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				26.0		26.0	#/100mL	0	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				2.5			mg/L	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						0.31	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	0.023		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				57.5%			%	0	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				324			mg/L	0	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				179			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period From: 6/1/08 To: 6/30/08

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	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.023							
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		
8	.022							
9	.022				7.4	4.5		
10	.017				7.4	4.0		
11	.020				7.4	3.8		
12	.035				7.4	3.5		
13	.018				7.4	3.2		
14	.028				7.0	6.0		
15	.023							
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							
23	.027				7.4	3.8		
24	.025				7.4	4.4		
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							
30	.018				7.2	3.0		
31								
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

# 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  
Sarasota, FL 34240

PERMIT NUMBER FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 7/1/08 To: 7/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.025	MGD			9	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADP)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.031	MGD			11	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		6	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.7	4.7	6	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0		9	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculation
Solids, Total Suspended	Sample Measurement			5.2	5.2	9	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		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	<i>Don Hostetler</i> Don Hostetler/ Lead Operator	941-650-3032	10/05/27

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWT  
Hardee County

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

To: 7/31/08  
PERMIT NUMBER: FLA011994

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Measurement			7.2		7.52	SD	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01		Permit Requirement			6.0 (Min.)		8.5 (Max.)	SD		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement			20.0			#/100mL	0	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	#/100mL	0	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	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					1.16	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	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%			%	0	Monthly	Calculation
PARM Code 00180 I Mon.Site No. FLW-01		Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20°C		Sample Measurement			240			mg/L	0	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			74			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01		Permit Requirement			Report			mg/L		Annually (February)	Grab

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011994  
Monitoring Period: From: 7/1/08 To: 7/31/08

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	
Mon. Site	FL W-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.025				7.3	2.0		
2	.039				7.4	3.0		
3	.028				7.4	2.0		
4	.022				7.4	3.0		
5	.031				7.4	3.0		
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		
12	.023				7.2	9.4		
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				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				7.3	3.8		
31	.043				7.4	3.5		
Total								
Mo. Avg.								

**PLANT STAFFING:**

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13244</u>	Name: <u>Eddie Christmas</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8946</u>	Name: <u>Robert Paver</u>

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTP  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: 8/1/08 To: 8/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration	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	0.033	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			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	mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0	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			2.4	mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	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	<i>Don Hostetler</i> Don Hostetler/ Lead Operator	941-650-3032	10/05/27

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

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

PERMIT NUMBER: FLA011994  
8/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				7.0		7.5	SI	0	5 Days/Week	Grab
PARM Code 00406 A	Sample Measurement			6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Mon. Site No. EFA-01	Permit Requirement			20.0			#/100ml.	0	Monthly	Calculation
Coliform, Fecal	Sample Measurement			200 (An. Avg.)			#/100ml.		Monthly	Calculation
PARM Code 74055 Y	Permit Requirement			<1.0		<1.0	#/100ml.	0	Monthly	Grab
Mon. Site No. EFA-01	Sample Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100ml.		Monthly	Grab
Coliform, Fecal	Permit Requirement			2.0			mg/l.	0	5 Days/Week	Grab
PARM Code 74055 A	Sample Measurement			0.5 (Min.)			mg/l.		5 Days/Week	Grab
Mon. Site No. EFA-01	Permit Requirement					0.6	mg/l.	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					12.0 (Max.)	mg/l.		Monthly	Grab
PARM Code 50060 A	Permit Requirement									
Mon. Site No. EFA-01	Sample Measurement									
Nitrogen, Nitrate, Total (as N)	Permit Requirement									
PARM Code 00620 A	Sample Measurement									
Mon. Site No. EFA-01	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	0.029	MGD					0	Monthly	Calculation
PARM Code 50050 Q	Permit Requirement	0.040 (3MADF)	MGD						Monthly	Calculation
Mon. Site No. FLW-01	Sample Measurement			72.5%			%	0	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Permit Requirement			Report			%		Monthly	Calculation
PARM Code 00180 I	Sample Measurement			153			mg/l.	0	Annually (February)	Grab
Mon. Site No. FLW-01	Permit Requirement			Report			mg/l.		Annually (February)	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			59			mg/l.	0	Annually (February)	Grab
PARM Code 80082 G	Permit Requirement			Report			mg/l.		Annually (February)	Grab
Mon. Site No. INF-01	Sample Measurement									
Solids, Total Suspended	Permit Requirement									
PARM Code 00530 G	Sample Measurement									
Mon. Site No. INF-01	Permit Requirement									

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011994  
Monitoring Period: From: 8/1/08 To: 8/31/08

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	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.036				7.42	3.0		
2	.034				7.5	2.5		
3	.036							
4	.036				7.48	3.0		
5	.031				7.5	2.0+		
6	.032	2.3	2.41	<1.0	7.3	4.0	0.6	
7	.035				7.32	3.8		
8	.031				7.4	2.0+		
9	.037				7.4	2.9		
10	.031							
11	.031				7.4	3.0		
12	.018				7.2	4.0		
13	.025				7.0	4.5		
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				7.25	3.1		
21	.061				7.25	3.2		
22	.028				7.3	2.5		
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								
Mo. Avg.								

**PLANT STAFFING:**

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13244</u>	Name: <u>Eddie Christmas</u>
Evening Shift Operator	Class: <u>      </u>	Certificate No: <u>      </u>	Name: <u>      </u>
Night Shift Operator	Class: <u>      </u>	Certificate No: <u>      </u>	Name: <u>      </u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>8946</u>	Name: <u>Robert Paver</u>

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: 9/1/08 To: 9/30/08

Parameter		Quantity or Loading	Units	Quality or Concentration	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 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			4.4	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, 20°C	Sample Measurement			7.2	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.7	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			11.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	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	<i>Don Hostetler</i> Don Hostetler/ Lead Operator	941-650-3032	10/05/27

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 9/1/08 To: 9/30/08

PERMIT NUMBER: FLA011994

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3			5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.0		#/100ml	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		#/100mL	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo Mean)		#/100ml	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5		mg/L	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					mg/L	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	Monthly	Grab
	Sample Measurement							
	Permit Requirement							
Flow, Total Plant	Sample Measurement	0.030	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 100	Sample Measurement			74%		%	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			156		mg/L	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			111		mg/L	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011994  
From: 9/1/08

To: 9/30/08

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	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.041				7.3	3.2		
2	.043				7.7	4.5		
3	.023				7.7	3.8		
4	.022				7.7	4.5		
5	.023				7.7	4.0		
6	.036				7.8	3.5		
7	.027							
8	.027				7.8	1.5		
9	.022				7.9	1.5		
10	.022				7.9	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		
18	.013				7.9	4.5		
19	.022				7.9	4.0		
20	.021				7.9	3.2		
21	.029							
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								
Total								
Mo. Avg.								

## 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:

Name:

Lead Operator

Class: C

Certificate 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, 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

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 10/1/08 To: 10/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			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 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				4.4			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	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		mg/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

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	<i>Don Hostetter</i> Don Hostetter/Lead Operator	941-650-3032	10/05/07

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

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
pH	Sample Measurement			7.7		8.0	SI	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			20.0			#/100mL	0	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	#/100mL	0	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			2.0			mg/L	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					1.85	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	0.028	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 I Mon.Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			258			mg/L	0	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			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period 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	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.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							
6	.035				8.0	2.8		
7	.038				7.9	3.0		
8	.022				7.8	2.2		
9	.026				7.8	2.8		
10	.023				7.9	4.0		
11	.022				7.9	3.8		
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				7.9	3.8		
24	.015				7.9	4.5		
25	.023				7.9	4.0		
26	.023							
27	.023				8.0	4.4		
28	.027				7.9	4.0		
29	.016				7.9	4.2		
30	.025				7.8	2.0+		
31	.024				7.7	2.0+		
Total								
Mo. Avg.								

## PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13244</u>	Name: <u>Eddie Christmas</u>
Evening Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>8946</u>	Name: <u>Robert Paver</u>

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTP  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 11/1/08 To: 11/30/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		0.025		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FL-W-01	Sample Measurement	0.040		MGD						Monthly	Calculation
	Permit Requirement	(12MADF)									
Flow	Sample Measurement	0.020		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FL-W-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/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				6.2			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				2.2		2.2	mg/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

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	<i>Don Hostetler</i> Don Hostetler/ Lead Operator	941-650-3032	10/05/27

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 11/1/08 To: 11/30/08

PERMIT NUMBER: FLA011994  
11/30/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Measurement			7.5		7.9	SI	0	5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01		Permit Requirement			6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement			20.0			#/100ml.	0	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	#/100ml.	0	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			1.0			mg/l.	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					1.21	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	0.023	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			58.3%			%	0	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01		Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C		Sample Measurement			284			mg/l.	0	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			126			mg/l.	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01		Permit Requirement			Report			mg/l.		Annually (February)	Grab

175

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period: From: 11/1/08 To: 11/30/08

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	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.019				7.7	2.0		
2	.023							
3	0.23				7.9	2.2		
4	.027				7.9	2.4		
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		
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		
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		
22	.012				7.6	3.2		
23	.017							
24	.017				7.6	3.5		
25	.020				7.6	3.2		
26	.019				7.7	4.0		
27	.022				7.7	4.1		
28	.022				7.7	3.8		
29	.017				7.7	3.0		
30	.028							
31								
Total								
Mo. Avg.								

## 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: \_\_\_\_\_ Name: \_\_\_\_\_  
Lead Operator Class: C Certificate 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, 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

LIMIT:  
CLASS SIZE:

Final  
N/A

REPORT:  
GROUP:

Monthly  
Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING GROUP NUMBER: R-001

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 12/1/08

To 12/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		0.024	MGD			0	Monthly	Calculation
PARM Code 50050 Y		0.040	MGD				Monthly	Calculation
Mon.Site No. FLW-01		(12MADF)						
Flow		0.021	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I		Report	MGD				5 Days/Week	Elapsed Time Meter
Mon.Site No. FLW-01		(Mo Avg.)						
BOD, Carbonaceous 5 day, 20C				4.4	mg/L	0	Monthly	Calculation
PARM Code 80082 Y				20.0	mg/L		Monthly	Calculation
Mon.Site No. EFA-01				(An Avg.)				
BOD, Carbonaceous 5 day, 20C				<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A				30.0	mg/L		Monthly	Grab
Mon.Site No. EFA-01				(Mo Avg.)				
Solids, Total Suspended				5.9	mg/L	0	Monthly	Calculation
PARM Code 00530 Y				20.0	mg/L		Monthly	Calculation
Mon.Site No. EFA-01				(An Avg.)				
Solids, Total Suspended				2.4	mg/L	0	Monthly	Grab
PARM Code 00530 A				30.0	mg/L		Monthly	Grab
Mon.Site No. EFA-01				(Mo Avg.)				
				60.0	mg/L		Monthly	Grab
				(Max.)				

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	<i>Don Hostetler</i> Don Hostetler/ Lead Operator	941-377-9456	10/05/27

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee CountyMONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 12/1/08PERMIT NUMBER: FLA011994  
To: 12/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6		8.0	SL	0	5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SL		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			20.0			#/100ml	0	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	#/100ml	0	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			1.7			mg/L	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					1.33	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	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, (3MADF/Permitted Capacity) x 100	Sample Measurement			55%			%	0	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			228			mg/L	0	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			112			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab

178

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994

Facility: Peace River Heights WWTF

Monitoring Period

From: 12/1/08

To: 12/31/08

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	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.018				7.7	2.8		
2	.013				7.9	2.2		
3	.017				7.8	3.0		
4	.024				7.7	2.1		
5	.018	<2.0	2.41	<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		
11	.026				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

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

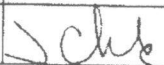
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 1/1/09 To: 1/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		0.024		MGD				0	Monthly	Calculation
PARM Code 50050 Y		0.040		MGD					Monthly	Calculation
Mon.Site No. FLW-01		(12MADF)								
Flow		0.023		MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I		Report		MGD					5 Days/Week	Elapsed Time Meter
Mon.Site No. FLW-01		(Mo.Avg.)								
BOD, Carbonaceous 5 day, 20C					4.96		mg/L	0	Monthly	Calculation
PARM Code 80082 Y					20.0		mg/L		Monthly	Calculation
Mon.Site No. EFA-01					(An.Avg.)					
BOD, Carbonaceous 5 day, 20C					8.6	8.6	mg/L	0	Monthly	Grab
PARM Code 80082 A					30.0	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-01					(Mo.Avg.)	(Max.)				
Solids, Total Suspended					6.15		mg/L	0	Monthly	Calculation
PARM Code 00530 Y					20.0		mg/L		Monthly	Calculation
Mon.Site No. EFA-01					(An.Avg.)					
Solids, Total Suspended					6.0	6.0	mg/L	0	Monthly	Grab
PARM Code 00530 A					30.0	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-01					(Mo.Avg.)	(Max.)				

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		941-377-9456	10-05-19 5-19

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTP  
Hardee County

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

To  
PERMIT NUMBER: FLA011994  
1/1/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6		SD	0	5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				29.21		#/100ml	0	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	0	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				1.8		mg/L	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					0.21	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	0.021		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.040 (3MADP)		MGD					Monthly	Calculation
Percent Capacity, (3MADP/Permitted Capacity) x 100	Sample Measurement				53%		%	0	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				242		mg/L	0	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		mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report		mg/L		Annually (February)	Grab

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From: 1/1/09 To: 1/31/09

County: Hardee

	Flow (MGID) 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	.032				7.7	3.0		
2	.012				7.8	2.5		
3	.026				7.8	2.8		
4	.024							
5	.024				7.8	2.6		
6	.015				7.8	2.5		
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		
14	.026				8.0	2.8		
15	.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		
20	.021				7.9	3.0		
21	.012				8.0	2.5		
22	.024				8.0	4.0		
23	.021				8.0	3.8		
24	.021				8.0	3.5		
25	.023							
26	.023				7.7	2.0		
27	.020				7.7	2.0+		
28	.026				7.6	2.0+		
29	.018				7.8	2.0-		
30	.026				7.7	1.9		
31	.030				7.7	2.5		
Total								
Mo. Avg.								

**PLANT STAFFING:**

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

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: 2/1/09 To: 2/28/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		0.024		MGD				0	Monthly	Calculation
PARM Code 50050 Y	Sample Measurement	0.040		MGD				0	Monthly	Calculation
Mon.Site No. FLW-01	Permit Requirement	(12MADF)		MGD				0	Monthly	Calculation
Flow	Sample Measurement	0.022		MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)		MGD				0	5 Days/Week	Elapsed Time Meter
Mon.Site No. FLW-01	Sample Measurement				5.0		mg/L	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Permit Requirement				20.0 (An.Avg.)		mg/L	0	Monthly	Calculation
PARM Code 80082 Y	Sample Measurement				2.4	2.4	mg/L	0	Monthly	Grab
Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.2		mg/L	0	Monthly	Calculation
PARM Code 80082 A	Permit Requirement				20.0 (An.Avg.)		mg/L	0	Monthly	Calculation
Mon.Site No. EFA-01	Sample Measurement				2.2	2.2	mg/L	0	Monthly	Grab
Solids, Total Suspended	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	0	Monthly	Grab
PARM Code 00530 Y	Sample Measurement									
Mon.Site No. EFA-01	Permit Requirement									
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A	Permit Requirement									
Mon.Site No. EFA-01	Sample Measurement									
	Permit Requirement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	10/05/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 2/1/09 To: 2/28/09

PERMIT NUMBER: FLA011994

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.7		8	5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	80	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			12.6		#/100mL	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	#/100mL	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			2.0		mg/L	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				0.55	mg/L	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	0.022	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 100	Sample Measurement			55%		%	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			222		mg/L	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			178		mg/L	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011994

Monitoring Period

From: 2/1/09

To: 2/28/09

Facility:

Peace River Heights WWTF

County:

Hardee

	Flow (MGD) R-001	COD5 (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	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.026							
2	.026				7.7	3.0		
3	.024				7.8	2.0		
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		
8	.031							
9	.031				7.8	2.5		
10	.019				7.8	3.0		
11	.026				7.8	2.2		
12	.015				7.7	3.2		
13	.020				7.8	3.4		
14	.020				7.8	3.0		
15	.019							
16	.019				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	.008				7.7	2.4		
22	.019							
23	.019				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		
28	.012				7.8	3.5		
29								
30								
31								
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

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD: From 3/1/09 To 3/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.024		MGD				0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADF)		MGD					Monthly	Calculation
Flow	Sample Measurement	0.024		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				5.4		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				7.7	7.7	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				7.0		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				13.0	13.0	mg/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

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	<i>J. Chamberlain</i>	941-377-9456	10/05/19

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

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

PERMIT NUMBER: FLA011994  
3/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.8		7.9	SU	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement										
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal					12.6			#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement										
	Permit Requirement				200 (An.Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal					<1.0		<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement										
	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)					2.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement										
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)							0.32	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement										
	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
Flow, Total Plant											
PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.023		MGD					0	Monthly	Calculation
	Permit Requirement										
		0.040 (3MADF)		MGD						Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100					57.5%			%	0	Monthly	Calculation
PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement										
	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C					282			mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement										
	Permit Requirement				Report			mg/L		Annually (February)	Grab
Solids, Total Suspended					266			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement										
	Permit Requirement				Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994

Monitoring Period From: 3/1/09 To: 3/31/09

Facility: Peace River Heights WWTF

County: Hardee

	Flow (MGID) R-001	COD5 (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	.025							
2	.025				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				7.8	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		
15	.023							
16	.023				7.8	3.1		
17	.016				7.8	3.0		
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				7.8	3.0		
25	.031				7.8	3.1		
26	.023				7.8	3.5		
27	.031				7.8	3.0		
28	.019				7.8	3.5		
29	.031							
30	.031				7.8	3.8		
31	.018				7.8	2.5		
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

DTP 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.  
MAILING ADDRESS: 6960 Professional Parkway  
Sarasota, FL 34240

PERMIT NUMBER

FLA011994

LIMIT:  
CLASS SIZE:

Final  
N/A

REPORT:  
GROUP:

Monthly  
Domestic

FACILITY: Peace River Heights WWTP  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING GROUP NUMBER: R-001

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 4/1/09

To 4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		Sample Measurement	0.024	MGD						
PARM Code 50050 Y		Permit Requirement	0.040 (12MADF)	MGD					Monthly	Calculation
Flow		Sample Measurement	0.024	MGD					Monthly	Calculation
PARM Code 50050 I		Permit Requirement	Report (Mo.Avg.)	MGD					5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C		Sample Measurement			5.1		mg/l	0	5 Days/Week	Elapsed Time Meter
PARM Code 80082 Y		Permit Requirement			20.0 (An.Avg.)		mg/l	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C		Sample Measurement			6.0		mg/l	0	Monthly	Calculation
PARM Code 80082 A		Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	0	Monthly	Grab
Solids, Total Suspended		Sample Measurement			6.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement			20.0 (An.Avg.)		mg/L	0	Monthly	Calculation
Solids, Total Suspended		Sample Measurement			17.0		mg/L	0	Monthly	Calculation
PARM Code 00530 A		Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	0	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 Chamberlain, Lead Operator	<i>J Chamberlain</i>	941-377-9456	10/05/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

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

To

PERMIT NUMBER: FLA011994  
4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7		7.9	SL	"	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SL		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				12.6			#/100ml.	0	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	#/100ml.	0	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				2.2			mg/l.	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						2.88	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	0.023		MGD					0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.040 (3MADE)		MGD						Monthly	Calculation
Percent Capacity, (3MADE/Permitted Capacity) x 100	Sample Measurement				58%			%	0	Monthly	Calculation
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				224			mg/L.	0	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				98			mg/l.	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			mg/l.		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From: 4/1/09

To: 4/30/09

County: Hardee

	Flow (MGD) R-001	CBODS (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	EFA-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				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				7.7	3.5		
29	012				7.7	4.5		
30	030				7.8	4.0		
31								
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

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTP  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1, 2009

To: May 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	.025	MGD			0	Monthly	Calculation
PARM Code 50050 Y	Permit Requirement	0.040 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.027	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.3	mg/L	0	Monthly	Calculation
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.7	mg/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.7	mg/L	0	Monthly	Calculation
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		mg/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.2	mg/L	0	Monthly	Grab
PARM Code 00530 A	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 Chamberlain, Lead Operator	<i>J. Chamberlain</i>	941-377-9456	10/05/19

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTF  
Hardee County

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 Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5		7.8	SD	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.9			#/100mL	0	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	#/100mL	0	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			2.0			mg/L	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					0.46	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	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%			%	0	Monthly	Calculation
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			318			mg/L	0	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			102			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period: From: May 1, 2009

To: May 31, 2009

Facility: Peace River Heights WWTF  
County: Hardee

	Flow (MGD) R-001	C'BOD5 (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	0.015				7.8	3.5		
2	0.023							
3	0.023				7.7	3.8		
4	0.023				7.7	3.8		
5	0.023	5.7	6.2	<1.0	7.5	4.5	.46	
6	0.016				7.6	3.8		
7	0.018				7.7	3.5		
8	0.025				7.7	3.4		
9	0.013				7.8	2.8		
10	0.029							
11					7.8	3		
12	0.034				7.7	3		
13	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		
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	0.037				7.7	2.5		
31	0.019							
Total								
Mo. Avg								

## PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13244</u>	Name: <u>Eddie Christmas</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>8946</u>	Name: <u>Robert Payer</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>9465</u>	Name: <u>Johnny Chamberlain</u>

# 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  
Sarasota, FL 34240

PERMIT NUMBER: FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Peace River Heights WWTF  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD: From: 06/01/09 To: 06/30/09

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.028	MGD			0	Monthly	Calculation
PARM Code 50050 Y	Permit Requirement	0.040 (12MAIDF)	MGD				Monthly	Calculation
Mon.Site No. FLW-01	Sample Measurement	0.032	MGD			0	5 Days/Week	Elapsed Time Meter
Flow	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Mon.Site No. FLW-01							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.4	mg/l	0	Monthly	Calculation
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
Mon.Site No. EFA-01	Sample Measurement			2.9	mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
PARM Code 80082 A	Mon.Site No. EFA-01			60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.8	mg/L	0	Monthly	Calculation
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
Mon.Site No. EFA-01	Sample Measurement			5.2	mg/L	0	Monthly	Grab
Solids, Total Suspended	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
PARM Code 00530 A	Mon.Site No. EFA-01			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 Chamberlain, Lead Operator	<i>[Signature]</i>	941-377-9456	10/05/15

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Peace River Heights WWTP  
Hardee County

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.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5		7.7	SI	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10.4			#/100mL	0	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	#/100mL	0	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				2.5			mg/L	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						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 I Mon.Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150			mg/L	0	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				54			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011994  
Monitoring Period: From: June 1, 2009 To: June 30, 2009

Facility: Peace River Heights WWTF  
County: Hardee

	Flow (MGD) R-001	COD5 (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	0.045				7.7	2.5		
2	0.056				7.6	4		
3	0.018				7.6	3.8		
4	0.049				7.6	3.5		
5	0.045				7.7	3.6		
6	0.034				7.7	3.5		
7	0.049							
8	0.049				7.7	3		
9	0.015	2.9	5.2	<1.0	7.6	5	0.32	
10	0.034				7.6	4		
11	0.026				7.6	3.5		
12	0.030				7.7	4		
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	4		
19	0.037				7.6	3.6		
20	0.039				7.7	3.8		
21	0.023							
22	0.023				7.7	3.5		
23	0.024				7.6	3.2		
24	0.029				7.5	4.5		
25	0.040				7.6	4		
26	0.010				7.6	3.8		
27	0.032				7.6	3.5		
28	0.034							
29	0.034				7.6	3.7		
30	0.029				7.6	3.8		
31								
Total	0.984							
Mo. Avg.	0.032							

**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:   
Head 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.  
MAILING ADDRESS: 6960 Professional Parkway  
Sarasota, FL 34240

PERMIT NUMBER FLA011994

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights WWTP  
LOCATION: Chamberlain Boulevard  
Wauchula, FL 33873  
COUNTY: Hardee

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

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1, 2009

To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.026		MGD				0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.040 (12MADP)		MGD					Monthly	Calculation
Flow	Sample Measurement	0.035		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				4.9		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				6.8	6.8	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				6.9		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				14.0	14.0	mg/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

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	<i>J. Chamberlain</i>	941-377-9456	10/03/19

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



## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:  
Hardee County

Peace River Heights WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: July 1, 2009 ToPERMIT NUMBER: HA011994  
July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.5		7.7	SI		5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Sample Measurement										
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10.8			#/100ml	0	Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ml		Monthly	Calculation
Coliform, Fecal	Sample Measurement				5.0		5.0	#/100ml	0	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				1.5			mg/L		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						<1.0	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	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 100	Sample Measurement				78%			%		Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				160			mg/L	0	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				76			mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011994  
Monitoring Period: From: July 1, 2009

To: July 31, 2009

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	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.031				7.6	3		
2	0.041				7.6	3		
3	0.037				7.6	2		
4	0.038				7.6	1.8		
5	0.029							
6	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	4		
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		
15	0.041				7.6	2.8		
16	0.018				7.6	2.6		
17	0.032				7.5	1.8		
18	0.034				7.6	2.4		
19	0.037							
20	0.050				7.6	2.8		
21	0.046				7.6	3		
22	0.015				7.6	3		
23	0.034				7.6	2.8		
24	0.050				7.6	3		
25	0.049				7.6	2.5		
26	0.015							
27	0.034				7.6	3.1		
28	0.031				7.5	2.8		
29	0.029				7.6	3		
30	0.029				7.6	2.5		
31	0.043				7.5	1.5		
Total	1.098							
Mo. Avg.	0.035							

## 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

DATE SUBMITTED BY THE REGULATOR: 08/01/2014 10:00:00 AM  
DATE RECEIVED BY THE REGULATOR: 08/01/2014 10:00:00 AM

FLA011994  
Final  
N/A

MONITORING GROUP NUMBER R001  
MONITORING GROUP DESC RE-ENTRY/REENTRY PROJECT  
NO DISCHARGE FROM SITE

08/01/2009 08/31/2009

DATA Date: 25-06

During the process of development, about 100,000 cells are produced, of which 10% are destined for the immune system. The immune system is composed of various types of cells, including T cells, B cells, and natural killer cells. These cells are responsible for identifying and destroying foreign invaders, such as bacteria, viruses, and cancer cells. The immune system also plays a role in regulating the body's response to stress and infection.

© 2006 The Authors  
Journal compilation © 2006 Blackwell Publishing Ltd

09/09/25

EXEMPTION FROM PAYMENT OF ANY FEE OR CHARGE IN CONNECTION WITH THIS DOCUMENT

100-443887-100

Parameters	Quantity or Building	Units	Quantity or Concentration	Units	No. of	Frequency of	Units	Test
					60	Year		
PH	Sample Method		7.5	7.6			Sample	PH
PARAM No. 00008 A	Sample Method		1.0	1.0	100		Sample	PH
Mon. Site No. EPA-01			1.0	1.0	100		Sample	PH
To form Field	Sample Method		1		100		Sample	PH
PARAM No. 00009 A	Sample Method		100	100	100		Sample	PH
Mon. Site No. EPA-01			100	100	100		Sample	PH
Conductivity (Ppm)	Sample Method		90	90	100		Sample	PH
PARAM No. 00010 A	Sample Method		100	100	100		Sample	PH
Mon. Site No. EPA-01			100	100	100		Sample	PH
Total Residual Chlorine (Ppm)	Sample Method		2.0		100		Sample	PH
PARAM No. 00011 A	Sample Method		2.0		100		Sample	PH
Mon. Site No. EPA-01			2.0		100		Sample	PH
Nitrogen Ammonia Total as NH	Sample Method			0.7	100		Sample	PH
PARAM No. 00012 A	Sample Method			0.7	100		Sample	PH
Mon. Site No. EPA-01				0.7	100		Sample	PH
PHS	Sample Method	6.032	100		100		Sample	PH
PARAM No. 00013 A	Sample Method	6.032	100		100		Sample	PH
Mon. Site No. EPA-01		6.032	100		100		Sample	PH
Percent Capacity (3MADP Permit Capacity) (%)	Sample Method		62.5		100		Sample	PH
PARAM No. 00014 A	Sample Method		62.5		100		Sample	PH
Mon. Site No. EPA-01			62.5		100		Sample	PH
PHS (Conductivity) (day 200)	Sample Method		100		100		Sample	PH
PARAM No. 00015 A	Sample Method		100		100		Sample	PH
Mon. Site No. EPA-01			100		100		Sample	PH
PHS (Total suspended)	Sample Method		100		100		Sample	PH
PARAM No. 00016 A	Sample Method		100		100		Sample	PH
Mon. Site No. EPA-01			100		100		Sample	PH

# DAILY SAMPLE RESULTS PART B

Permit Number: FLAG11994

Facility: Peace River Heights WWTF

Monitoring Period From: 8/1/09

To: 8/31/09

County: Hardee

Code	Flow (MGD)	CBOD5 (mg/L)	Y52 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (°F)	TRE (For Disinfect) (mg/L)	Nitrogen Nitrate Total (as N) (mg/L)	Notes
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.043				7.6	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		
9								
10	0.056				7.6	3.3		
11	0.027				7.6	3.0		
12	0.026				7.5	3.5		
13	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	4.0		
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								
24	0.068				7.6	3.0		
25	0.041				7.6	3.3		
26	0.019				7.6	3.4		
27	0.020				7.5	2.0		
28	0.029				7.6	2.8		
29	0.043				7.6	3.0		
30								
31	0.071				7.6	3.2		
Total	4.985	4.9	9.8	90.0	197.2	81.7	0.720	
Mo. Avg	0.032	0.158	0.316	2.90	6.4	2.6	0.023	

PLANT STAFFING	Class	C	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	C	Certificate No.	0465	Name	Johnny Chamberlain

PLANT NO. FLAG11994 (08/01/09-08/31/09)  
 DELETED BY: 020156 (08/31/09) (08/31/09) (08/31/09)

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 5551, 2610 Blair Stone Road, Tallahassee, FL 32399-1400

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R001

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE:

MONITORING PERIOD From 09/01/2009 To: 09/30/2009

DMR Date: 09/09

Parameter	Quantity or Loading	Units	Quality or Concentration	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)	MGD				Monthly	Calculation
Flow	Sample Measurement 0.036	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		7.2	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		12.0	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		11.0	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		24.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Johnny chamberlain / Lead Operator

941-650-3032

09/10/13

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



Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH							
Sample Measurement			7.5	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A							
Mon. Site No. EFA-01			6.0 (Min.)	S.U.		Daily 5 Days/Week	Grab
Coliform, Fecal							
Sample Measurement			1	#/100mL	0	Monthly	Calculation
PARM No. 74055 Y							
Mon. Site No. EFA-01			200 (An-Avg)	#/100mL		Monthly	Calculation
Coliform, Fecal							
Sample Measurement			17	#/100mL	0	Monthly	Grab
PARM No. 74055 A							
Mon. Site No. EFA-01			Report (Mo Geo Mean)	800 (Max)		Monthly	Grab
Total Residual Chlorine (For Disinfection)							
Sample Measurement			1.1	mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A							
Mon. Site No. EFA-01			0.5 (Min)	mg/L		Daily 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)							
Sample Measurement				0.9	0	Monthly	Grab
PARM No. 00620 A							
Mon. Site No. EFA-01				12.0 (Max)		Monthly	Grab
Flow							
Sample Measurement	0.035	0.036	MGD		0	Monthly	Meter
PARM No. 50050 Q Mon.							
Site No. FLW-01			0.040 (3 Mo Avg)	MGD		Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100							
Sample Measurement			87	PERCENT	0	Monthly	Calculation
PARM No. 00180 I Mon.							
Site No. flw-01			Report	PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C							
Sample Measurement			75.0	mg/L	0	Annually (February)	Grab
PARM No. 80082 G							
Mon. Site No. INF-01			Report	mg/L		Annually (February)	Grab
Solids, Total Suspended							
Sample Measurement			15.0	mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon.							
Site No. INF-01			Report	mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 9/1/09

To: 9/30/09

County: Hardee

	Flow (MGD)	CBOD5 (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	0.038				7.6	2.8		
2	0.059				7.5	3.2		
3	0.038	12.0	24	300.0	7.5	1.1	1	15.0
4	0.070				7.5	3.0		
5	0.048				7.5	3.3		
6								
7	0.115				7.6	3.5		
8	0.042			1.0	7.7	4.6		
9	0.033				7.7	4.5		
10	0.035				7.7	2.8		
11	0.044				7.7	3.0		
12	0.045				7.7	3.5		
13								
14	0.069				7.5	2.0		
15	0.049				7.6	3.0		
16	0.052				7.6	3.2		
17	0.037				7.6	3.5		
18	0.034				7.6	3.3		
19	0.007				7.6	3.5		
20								
21	0.019				7.5	2.8		
22	0.046				7.6	4.5		
23	0.022				7.6	4.0		
24	0.026				7.6	3.8		
25	0.017				7.6	3.5		
26	0.029				7.6	4.0		
27								
28	0.050				7.8	4.2		
29	0.025				7.7	4.0		
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

Day Shift Operator  
Evening Shift Operator  
Night Shift Operator  
Lead Operator

Class: C	Certificate No. 13244	Name: Eddie Christmas
Class: _____	Certificate No. _____	Name: _____
Class: _____	Certificate No. _____	Name: _____
Class: _____	Certificate No. _____	Name: _____
Class: C	Certificate No. 9465	Name: Johnny Chamberlain

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER R001  
MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd.  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING PERIOD From 10/01/2009 To: 10/31/2009

Parameter				Quantity or Loading	Units	Quality or Concentration	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: 0.021	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:		5.1	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:		2.6	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01				Permit Requirement:		REPORT (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended				Sample Measurement:		7.8	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:		3.8	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01				Permit Requirement:		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Don Hostetler/ Lead Operator

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

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

941-650-3032

09/11/20

DEP FILE NO. 1991-034-004-DW3P

DEP FORM 10-910(10) Effective November 20, 1994

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analyses	Sample Type	
pH	Sample Measurement		7.6	7.8	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 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 (Ar/Avg)		#/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)	300 (Max.)	#/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		0.5 (Min.)		mg/L		Daily 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.5	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	0.030 0.021	MGD			0	Monthly	Meter
PARM No. 50050 Q 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 Site No. flw-01	Permit Requirement		Report		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		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		97.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 10/1/09

To: 10/31/09

County: Hardee

	Flow (MGD)	CBOD5 (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	0.020				7.7	4.5		
2	0.023				7.7	4.0		
3	0.028				7.6	4.2		
4								
5	0.047				7.6	4.0		
6	0.022				7.8	4.5		
7	0.017				7.7	4.2		
8	0.026				7.7	4.0		
9	0.018	2.6	4	1.0	7.8	4.5	3.5	
10	0.017				7.8	4.0		
11								
12	0.044				7.7	3.8		
13	0.029				7.7	3.6		
14	0.029				7.7	4.0		
15	0.008				7.6	3.0		
16	0.025				7.6	1.9		
17	0.008				7.6	2.5		
18								
19	0.056				7.6	2.0		
20	0.024				7.6	2.5		
21	0.017				7.6	2.8		
22	0.022				7.7	3.8		
23	0.013				7.7	3.8		
24	0.007				7.7	3.5		
25								
26	0.044				7.7	3.0		
27	0.020				7.7	3.2		
28	0.022				7.7	2.8		
29	0.024				7.7	2.6		
30	0.022				7.7	2.5		
31	0.011				7.7	2.6		
Total	0.643	2.60	3.80	1.00	207	91.8	3.46	
Mo. Avg.	0.021	0.084	0.123	0.032	6.69	2.96	0.112	

PLANT STAFFING	Class:	C	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:	B	Certificate No:	8035	Name:	Don Hostetler

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, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER R001  
MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING PERIOD From: 11/01/2009 To: 11/30/2009

DMR Date: 11/09

Parameter	Quantity or Loading	Units	Quality or Concentration	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)	MGD			Monthly	Calculation
Flow	Sample Measurement	0.017	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	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	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	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

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 AUTHORIZED AGENT

Dpn Hostetler / Lead Operator

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT



TELEPHONE NO

941-650-3032

DATE (YY/MM/DD)

09/12/11

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

DEP FILE NO 10011034 004 DW3P

DEP Form 62-620 (9/01/10) Effective November 29, 2010



Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
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		6.0 (Min.)	8.5 (Max.)	S.U.		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		2.2		mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L		Daily 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			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 Measurement	0.024	MGD			0	Monthly	Meter
PARM No. 50050 Q Site No. FLW-01	Permit Requirement	0.040 (3 Mo. Avg.)	MGD				Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement		60 60		PERCENT	0	Monthly	Calculation
PARM No. 00180 I Site No. flw-01	Permit Requirement		Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		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 Measurement		130.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 11/1/09

To: 11/30/09

County: Hardee

	Flow (MGD)	CBOD5 (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								
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		
Total	0.523	7.10	16.0	1.00	196.0	82.7	0.88	
Mo. Avg.	0.0174	0.237	0.533	0.033	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:	Certificate No:		Name:		
Night Shift Operator	Class:	Certificate No:		Name:		
Lead Operator	Class:	B	Certificate No:	8035	Name:	Don Hostetler

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, Mail Station 3501, 2500 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R001  
MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING PERIOD From: 12/01/2009 To: 12/31/2009

DMR Date: 12/09

Parameter	Quantity or Loading	Units	Quality or Concentration	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	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		4.3	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		9.8	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	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Don Hostetler / Lead Operator

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

941-650-3032

10/01/17

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

DEP FILE NO. fl011034-004-DW3P

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
pH								
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.)	S.U.		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		Daily 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	Meter
PARM No. 50050 Q Site No. FLW-01	Permit Requirement	0.040 (3 Mo.Avg.)	MGD				Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100								
Sample Measurement			55		PERCENT	0	Monthly	Calculation
PARM No. 00180 I 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			51.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab

## DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 12/1/09

To: 12/31/09

County: Hardee

	Flow (MGD)	CBOD5 (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	0.018				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				7.70	2.1		
Total	0.900	4.30	12.0	1.000	210.7	81.20	1.9	
Mo. Avg	0.0290	4.30	12.0	1.000	6.80	2.62	1.9	

## PLANT STAFFING

Class:	C	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:	Certificate No:	8035	Name:	Don Hosteller

PA File No FLA011994-005-DW3P

DEP Form 52-620.910(10), Effective November 29, 1994

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R001

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 01/01/2010 To: 01/31/2010

DMR Date: 01/10

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.021	MGD		0	Monthly	Calculation
PARM No. 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.040 (12MADF)	MGD			Monthly	Calculation
Flow	Sample Measurement	0.027	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		2.0	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		2.3	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.4	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		2.6	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Robert Paver / Lead Operator

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

*Don Hosteller* Don Hosteller / Lead Operator

TELEPHONE NO.

941-650-3032

DATE (YY/MM/DD)

10/02/15

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



Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.6				
PARM No. 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)				
Coliform, Fecal	Sample Measurement		1				
PARM No. 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (AnAvg)				
Coliform, Fecal	Sample Measurement		1				
PARM No. 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo Geo. Mean)				
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.6				
PARM No. 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)				
Nitrogen, Nitrate, Total (as N)	Sample Measurement						
PARM No. 00620 A Mon. Site No. EFA-01	Permit Requirement						
Flow	Sample Measurement	0.024	MGD				
PARM No. 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.040 (3 Mo Avg.)	MGD				
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement		61%				
PARM No. 00180 I Mon. Site No. flw-01	Permit Requirement		Report				
BOD, Carbonaceous 5 day, 20C	Sample Measurement		135.0				
PARM No. 80082 G Mon. Site No. INF-01	Permit Requirement		Report				
Solids, Total Suspended	Sample Measurement		87.0				
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement		Report				

# DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 1/1/10

To: 1/31/10

County: Hardee

	Flow (MGD)	CBOD5 (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	0.020				7.8	2.3		
2	0.027				7.8	2.4		
3								
4	0.056				7.8	2.0		
5	0.027	2.3	3	1.0	7.8	4.0	3	87.0
6	0.025				7.7	3.8		
7	0.040				7.7	3.8		
8	0.021				7.7	3.5		
9	0.028				7.8	3.2		
10								
11	0.062				7.8	3.2		
12	0.032				7.8	3.7		
13	0.020				7.8	3.5		
14	0.034				7.8	0.7		
15	0.026				7.8	0.7		
16	0.026				7.8	0.6		
17								
18	0.050				7.8	0.7		
19	0.026				7.8	2.0		
20	0.025				7.8	3.5		
21	0.032				7.8	3.0		
22	0.019				7.8	2.6		
23	0.040				7.8	2.6		
24								
25	0.058				7.8	3.3		
26	0.035				7.8	3.1		
27	0.036				7.8	3.2		
28	0.021				7.6	3.1		
29	0.032				7.7	2.8		
30	0.025				7.8	2.4		
31								
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

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Class: C

Certificate No: 13244

Name: Eddie Christmas

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Class: C

Certificate No: 14235

Name: Nate Masteroni

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, Mail Station 3501, 2501 Park Drive, Tallahassee, FL 32399-2400

**PERMITTEE NAME** Aqua Utilities Florida, Inc  
**MAILING ADDRESS** P.O. Box 450310  
Leesburg, FL 34749  
**PERMIT NUMBER** FLA011994  
**LIMIT** Final  
**CLASS SIZE** N/A  
**MONITORING GROUP NUMBER** R001  
**MONITORING GROUP DESC** RIB (R-001), including influent  
**NO DISCHARGE FROM SITE** ☐  
**FACILITY** Peace River Heights  
**LOCATION** Chamberlain Blvd  
Wauchula, FL 33873  
**COUNTY** Hardee  
**MONITORING PERIOD** From 02/01/2010 To 02/28/2010  
**REPORT** Monthly  
**GROUP** Domestic  
**DMR Date** 02/10

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	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	Permit Requirement	Report (Mo. Avg.)	MGD			Daily 5 Days/Week	Elapsed Time Meter
BOD Carbonaceous 5 day, 20C	Sample Measurement		5.7	mg/L	0	Monthly	Calculation
PARM No. 80082 Y Mon	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD Carbonaceous 5 day, 20C	Sample Measurement		9.9	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon	Permit Requirement		REPORT (Mo. Avg.)	80.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		10.7	mg/L	0	Monthly	Calculation
PARM No. 00530 Y Mon	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		17.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Don Hostetler Facility Operator 3

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

DEP FILE No. RW11054-504 (DW3P)

DEP Form 62-626 (Rev. 11/01) Effective November 24, 1994

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

TELEPHONE NO

941-650-3032

DATE (YY/MM/DD)

03/02/11

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH							
Sample Measurement			7.6	7.9	S.U.	0	Daily 5 Days/Week
PARM No. 00406 A							Grab
Mon. Site No. EFA-01	Permit Requirement		8.0 (Min.)	8.5 (Max.)	S.U.		Daily 5 Days/Week
Coliform, Fecal							
Sample Measurement			21		#/100ml	0	Monthly
PARM No. 74055 Y							Calculation
Mon. Site No. EFA-01	Permit Requirement		200 (An Avg)		#/100ml		Monthly
Coliform, Fecal							
Sample Measurement			1	1	#/100ml	0	Monthly
PARM No. 74055 A							Grab
Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100ml		Monthly
Total Residual Chlorine (For Disinfection)							
Sample Measurement			2.1		mg/l	0	Daily 5 Days/Week
PARM No. 50060 A							Grab
Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/l		Daily 5 Days/Week
Nitrogen, Nitrate, Total (as N)							
Sample Measurement				0.6	mg/l	0	Monthly
PARM No. 00620 A							Grab
Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	mg/l		Monthly
Flow							
Sample Measurement	0.022	0.029	MGD			0	Monthly
PARM No. 50050 Q Mon							Meter
Site No. FLW-01	Permit Requirement		0.040 (3 Mo Avg.)	MGD			Monthly
Percent Capacity (3MADF/Permit Capacity) x100							
Sample Measurement			0.066		PERCENT	0	Monthly
PARM No. 00180 I Mon							Calculation
Site No. IWA-01	Permit Requirement		Report		PERCENT		Monthly
BOD, Carbonaceous 5 day 20C							
Sample Measurement			138.0		mg/l	0	Annually (February)
PARM No. 80082 G							Grab
Mon. Site No. INF-01	Permit Requirement		Report		mg/l		Annually (February)
Solids, Total Suspended							
Sample Measurement			95.0		mg/l	0	Annually (February)
PARM No. 00530 G							Grab
Mon. Site No. INF-01	Permit Requirement		Report		mg/l		Annually (February)

**DAILY SAMPLE RESULTS - PART B**

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From 2/1/10

To: 3/2/10

County: Hardee

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Dissolved) (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	0.058				7.8	3.2		
2	0.024				7.8	4.0		
3	0.038				7.8	3.8		
4	0.020	9.9	17	1.0	7.8	4.0	1	
5	0.069				7.8	3.5		
6	0.032				7.8	3.2		
7								
8	0.066				7.9	3.1		
9	0.032				7.9	2.8		
10	0.026				7.9	3.0		
11	0.036				7.9	2.7		
12	0.020				7.8	2.8		
13	0.039				7.8	2.1		
14								
15	0.063				7.9	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				7.6	2.5		
21								
22	0.051				7.7	2.7		
23	0.025				7.8	3.1		
24	0.024				7.8	3.0		
25	0.032				7.7	3.2		
26	0.021				7.8	3.4		
27	0.025				7.9	3.1		
28								
29								
30								
Total	0.857	9.900	17.000	1.000	187.1	71.9	0.550	
Mo. Avg	0.031	0.33	0.56666667	0.03333333	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	Class		Certificate No.		Name	
Night Shift Operator	Class		Certificate No.		Name	
Lead Operator	Class	C	Certificate No.	14235	Name	Nathaniel Mastrogri

PA Fee No. FLA011994 605 0003P

D.R.P. Form 6-2-20-910-10-1 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, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Aqua Utilities Florida, inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R001  
MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE: ☒

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd.  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING PERIOD From: 03/01/2010 To: 03/31/2010

DMR Date: 03/10

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 Site No. FLW-01	Permit Requirement	0.049 (12MADP)	MGD			Monthly	Calculation
Flow	Sample Measurement	0.027	MGD		0	Daily 5 Days/Week	Elapsed Time Meter
PARM No. 50050 Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			Daily 5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.2	mg/L	0	Monthly	Calculation
PARM No. 80082 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.5	4.5 mg/L	0	Monthly	Grab
PARM No. 80082 Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		10.7	mg/L	0	Monthly	Calculation
PARM No. 00530 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 Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Don Hostetler Facility Operator III

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

*Don Hostetler*

TELEPHONE NO.

941-650-3032

DATE (YY/MM/DD)

10/04/20

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

DEP FILE NO: 10011034-004-DW3P

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



Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
pH	Sample Measurement		7.6	7.8	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 5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		21		#/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. 74065 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0		mg/L	0	Daily 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 Measurement			5.0	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	0.028				0	Monthly	Meter
PARM No. 50050 G Site No. FLW-91	Permit Requirement	0.040 (3 Mo. Avg.)					Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100	Sample Measurement		70%		PERCENT	0	Monthly	Calculation
PARM No. 00180 I Site No. flw-01	Permit Requirement		Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		126.0		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		64.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 3/1/10

To: 3/31/10

County: Hardee

	Flow (MGD)	CBOD5 (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		
2	0.029				7.8	3.1		
3	0.027				7.7	3.3		
4	0.020	4.5	16	1.0	7.7	3.0	5	64.0
5	0.031				7.7	2.1		
6	0.019				7.8	3.1		
7								
8	0.046				7.8	3.1		
9	0.033				7.8	2.0		
10	0.009				7.8	3.2		
11	0.024				7.8	3.5		
12	0.033				7.8	3.2		
13	0.033				7.8	3.1		
14	0.042				7.8	2.8		
15	0.012				7.7	3.0		
16	0.032				7.8	2.8		
17	0.034				7.8	2.9		
18	0.022				7.8	3.0		
19	0.020				7.8	3.2		
20	0.019				7.7	3.1		
21								
22	0.052				7.6	3.2		
23	0.025				7.7	2.8		
24	0.032				7.8	3.1		
25	0.016				7.8	2.5		
26	0.038				7.8	2.8		
27	0.013				7.8	2.2		
28								
29	0.067				7.8	2.4		
30	0.043				7.8	2.2		
31	0.021				7.8	2.0		
Total	0.841	4.50	16.000	1.00	217.4	79.9	4.95	
Mo. Avg.	0.0271	0.145	0.516	0.0323	7.01	2.58	0.160	

**PLANT STAFFING**

Class:	C	Certificate No:	13244	Name:	Eddie Christmas
Day Shift Operator		Certificate No:		Name:	
Evening Shift Operator		Certificate No:		Name:	
Night Shift Operator		Certificate No:		Name:	
Lead Operator	C	Certificate No:	14235	Name:	Nathaniel Mastroeni

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, Mail Station 3551, 2500 Bank Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, inc.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34749

PERMIT NUMBER: FLA011994  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER R001  
MONITORING GROUP DESC: RIB (R-001), including Influent  
NO DISCHARGE FROM SITE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Peace River Heights  
LOCATION: Chamberlain Blvd.  
Wauchula, FL 33873  
COUNTY: Hardee

MONITORING PERIOD From 04/01/2010 To 04/30/2010

DMR Date: 04/10

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 (12MADF)	MGD			Monthly	Calculation
Flow	Sample Measurement	0.025	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		6.0	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		12.0	mg/L	0	Monthly	Grab
PARM No. 80082 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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		20.0 (An. Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		13.0	mg/L	0	Monthly	Grab
PARM No. 00530 A Mon. Site No. EFA-01	Permit Requirement		REPORT (Mo. Avg.)	60.0 (Max.)		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 AUTHORIZED AGENT

Don Hostetler Facility Operator 3

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

SIGNATURE OF PRINCIPAL AUTHORIZED AGENT

*Don Hostetler*

TELEPHONE NO.

941-650-3032

DATE (YY/MM/DD)

10/05/27

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
pH								
Sample Measurement			7.8	7.9	S.U.	0	Daily 5 Days/Week	Grab
PARM No. 00406 A Mon. Site No. EFA-01			6.0 (Min.)	8.5 (Max.)	S.U.		Daily 5 Days/Week	Grab
Coliform, Fecal								
Sample Measurement			21		#/100mL	0	Monthly	Calculation
PARM No. 74055 Y Mon. Site No. EFA-01			200 (ArvAvg)		#/100mL		Monthly	Calculation
Coliform, Fecal								
Sample Measurement			1	1	#/100mL	0	Monthly	Grab
PARM No. 74055 A Mon. Site No. EFA-01			Report (Mo Geo Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)								
Sample Measurement			2.5		mg/L	0	Daily 5 Days/Week	Grab
PARM No. 50060 A Mon. Site No. EFA-01			0.5 (Min.)		mg/L		Daily 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)								
Sample Measurement				2.2	mg/L	0	Monthly	Grab
PARM No. 00620 A Mon. Site No. EFA-01				12.0 (Max.)	mg/L		Monthly	Grab
Flow								
Sample Measurement	0.026	0.025	MGD			0	Monthly	Meter
PARM No. 50050 Q Site No. FLW-01			0.040 (3 Mo. Avg.)	MGD			Monthly	Meter
Percent Capacity, (3MADF/Permit Capacity) x100								
Sample Measurement			65%		PERCENT	0	Monthly	Calculation
PARM No. 00180 I Site No. flw-01			Report		PERCENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C								
Sample Measurement			215.0		mg/L	0	Annually (February)	Grab
PARM No. 80082 G Mon. Site No. INF-01			Report		mg/L		Annually (February)	Grab
Solids, Total Suspended								
Sample Measurement			84.0		mg/L	0	Annually (February)	Grab
PARM No. 00530 G Site No. INF-01			Report		mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B

Permit Number FLA011994

Facility: Peace River Heights WWTF

Monitoring Period From : 4/1/10

To: 4/30/10

County: Hardee

	Flow (MGD)	CBOD5 (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	3.0		
2	0.026				7.8	2.9		
3								
4	0.066				7.8	3.2		
5	0.029				7.8	3.0		
6	0.020				7.8	3.1		
7	0.024				7.8	2.8		
8	0.027				7.8	3.2		
9	0.018				7.8	3.0		
10	0.038				7.8	2.5		
11	0.030				7.8	3.7		
12	0.020				7.8	3.6		
13	0.017	12.0	13	1.0	7.8	2.5	2	84.0
14	0.024				7.8	2.8		
15	0.023				7.8	3.0		
16	0.026				7.8	2.8		
17								
18	0.052				7.8	3.0		
19	0.023				7.8	3.2		
20	0.022				7.8	3.1		
21	0.026				7.8	3.0		
22	0.020				7.9	3.1		
23	0.016				7.9	2.9		
24	0.022				7.8	2.5		
25								
26	0.055				7.8	3.2		
27	0.025				7.9	3.0		
28	0.028				7.9	2.8		
29	0.018				7.8	3.2		
30	0.022				7.8	2.8		
Total	0.765	12.0	13.000	1.0	211.0	80.9	2.18	
Mo. Avg.	0.0255	12.00	13.00	1.00	7.81	3.00	2.18	

PLANT STAFFING	Class:	C	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:	C	Certificate No:	14235	Name:	Nathaniel Mastroeni

PA File No. FLA011994-005-DW3P

DEP Form 52-520.91G(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

## FACILITY AND INSPECTION INFORMATION

@ = Optional

<b>Name and Physical Location of Facility</b> Peace River Heights Subdivision WWTF Chamberlain Boulevard Wauchula, FL 33873	<b>WAFR ID:</b> FLA011994	<b>County</b> Hardee  <b>Phone</b>	<b>Entry Date/Time</b> 09-09-09 1110 hours  <b>@ Exit Date/Time</b>
<b>Names of Field Representatives</b> Johnny Chamberlain	<b>Title</b> Operator	<b>Phone</b>	
<b>Name and Address of Permittee or Designated Representative</b> John Lihvarcik Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748	<b>Title</b> President/COO	<b>Phone</b>	<b>@ Operator Certification #</b>

<b>Inspection Type</b>	<input type="checkbox"/> R <input type="checkbox"/> I	<b>Samples Taken(Y/N): No</b>	<b>@ Sample ID#:</b>	<b>Samples Split (Y/N):</b>
<input checked="" type="checkbox"/> <b>Domestic</b>	<input type="checkbox"/> <b>Industrial</b>	<b>Were Photos Taken(Y/N): Yes</b>	<b>@ Log book Volume :</b>	<b>@ Page</b>

PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL	
IC	1. ♦ Permit	NE	3. Laboratory	NC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
		NE	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	NC	11. Residuals/Sludge
						NA	12. Groundwater

<b>Facility and/or Order Compliance Status:</b>	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
<b>Recommended Actions: Letter</b>			

<b>Name and Signature of Inspector</b> Michele Duggan	<b>District Office/Phone Number</b> (813) 632-7600, ext. 335	<b>Date</b> 09-22-09
<b>@ Signature of Reviewer</b> Thomas Gucciardo	<b>District Office/Phone Number</b> (813) 632-7600, ext. 392	<b>Date</b> 9-22-09

## 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.

#### 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

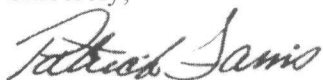
1. Aqua is taking bids to have this work completed. We will schedule to have the ponds maintained more frequently.
2. The complete history of the ponds is not known to the staff. As it is currently designed, the two ponds located on-site are not needed for normal operation of this facility. All malfunctions 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](mailto: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

One Minute	Test #1	Test #2	Test #3	One Minute	Test #1	Test #2	Test #3
------------	---------	---------	---------	------------	---------	---------	---------

Annual Lift Station Flow Measurement							
Facility Name	PEACE RIVER HEIGHTS			Lift Station #	EFFLUENT TRANSFER PUMPS		
Facility I.D. #				Lift Station Type	RECTANGLE		
Formula #1:	.785 x D x D x 7.48 x 1 ft = gals. per foot			Formula #2:	L x W x 7.48 x 1 ft = gals. per foot		
					7.08 X 4.83 X 7.48 X 1 = 255.8		
Elapsed Time Meter							
Pump #1				Pump #2			
Type	Goulds / Submersible			Type	Goulds / Submersible		
hP	.5			hP	.5		
One Minute	Test #1	Test #2	Test #3	One Minute	Test #1	Test #2	Test #3
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
GPM	53.25			GPM	53.25		
GPH	3195			GPH	3195		
7.5/3 = 2.5 x 21.3 = 53.2 x 60 = 3195				7.5/3 = 2.5 x 21.3 = 53.2 x 60 = 3195			
Gals. per foot	255.8			Gals. per foot	255.8		
divided by	12 inches			divided by	12 inches		
	21.3 gals. per inch				21.3 gals. per inch		
TEST #1				TEST #2			
Elapsed Time Meter #1				Elapsed Time Meter #2			
Date	Time Start	Time Stop	M.E.T. A.E.T.	Date	Time Start	Time Stop	M.E.T. A.E.T.
05/27/09	1310	1322	6136.8 37.0	05/27/09	1310	1322	5071.6 71.8
05/27/09	1323	1335	6137.0 37.2	05/27/09	1323	1335	5071.8 72.0
05/27/09	1337	1349	6137.2 37.4	05/27/09	1337	1349	5072.0 72.2
Comments	Alarm light & horn in good working condition.						
Tested and Certified by Daniel M. Holmes				DATE 05/27/09			
Facility's Authorized Agent <i>[Signature]</i>							
Pugh Utilities Service, Inc. 760 Henscratch Road, Lake Placid, FL 33852 863 4656911							
**note	M.E.T. = Meter Elapsed Time A.E.T. = After Elapsed Time						

ATT: Patrick Farris