

ORANGE COUNTY

Tangerine

Docket No. 100330-WS

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

Florida

Volume 5
Book 2
Set 9 of 17

Containing:
Permits
Monthly Operating Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

07294 SEP-19

FPSC-COMMISSION CLERK



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com

CERTIFIED NUMBER: 7004 0750 0003 3823 0172

August 24, 2004

Aqua Utilities of Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit #51073

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

Gloria Lewis, Director
Division of Permit Data Services

Enclosures:

Permit
Conditions of Issuance
Compliance Forms
Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor

GOVERNING BOARD

Ometrias D. Long CHAIRMAN	David G. Graham VICE CHAIRMAN	R. Clay Aloright SECRETARY	Duane Ottenstrop TREASURER
W. Michael Branch MEMBER AT LARGE	John G. Sowinski MEMBER	William Kerr MEMBER AT LARGE	Ann T. Moore MEMBER
			Susan N. Hughes MEMBER AT LARGE

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

- (1) Transfer of Permitted Facility. Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.
- (2) Transfer of Interest in Real Property. Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.
- (3) Transfer of Permit. To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

PERMIT NO. 51073

ORIGINAL PERMIT ISSUED: September 30, 1999

TRANSFER PROCESS DATE: August 23, 2004

PROJECT NAME: Tangerine Park

A PERMIT AUTHORIZING:

Use of 48.388 million gallons per year of ground water from the Floridan aquifer system for public supply type uses to serve an estimated population of 843 people in 2009.

LOCATION:

Site: Tangerine Park
Orange County

Section(s): 4, 5, 6, 7, 8, 9 Township(s): 20S Range(s): 27E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.


This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated September 30, 1999

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____


Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 51073
AQUA UTILITIES FLORIDA
DATED SEPTEMBER 30, 1999

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

10. The permittee must ensure that all service connections are metered.
11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
12. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
13. This permit will expire on September 30, 2009.
14. The maximum annual withdrawals for all uses within the site Tangerine Park must not exceed 48.388 million gallons.
15. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:
48.388 million gallons from 1999 to 2009
16. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
17. All submittals made to demonstrate compliance with this permit must include the permit number 51073 plainly labeled.
18. The common discharge point from Well no's A and B as listed on the application is equipped with a totalizing flow meter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
19. The total withdrawal from well numbers A and B, as listed on the application must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June
July - December

July 31
January 31

20. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
21. The permittee must have the flow meter checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

May, 2008

A. Public Water System (PWS) Information


PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 6-9-08
Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	167,000		2.1								1.7	
2	X	24.0	188,000		2.3								1.8	
3	X	24.0	186,000		1.7								1.4	
4		24.0	237,000											
5	X	24.0	237,000		1.3								0.8	
6	X	24.0	181,000		1.7								1.3	
7	X	24.0	239,000		2.2								1.6	
8	X	24.0	271,000		1.9								1.3	
9	X	24.0	176,000		1.6								1.3	
10	X	24.0	228,000		1.5								1.3	
11		24.0	255,000											
12	X	24.0	255,000		1.7								1.1	
13	X	24.0	194,000		1.7								1.2	
14	X	24.0	235,000		2.3								1.7	
15	X	24.0	246,000		2.7								2.2	
16	X	24.0	245,000		2.3								1.8	
17	X	24.0	226,000		2.1									
18		24.0	253,000											
19	X	24.0	253,000		2.2								1.6	
20	X	24.0	165,000		1.8								1.4	
21	X	24.0	174,000		1.7								1.4	
22	X	24.0	200,000		1.7								1.3	
23	X	24.0	149,000		1.6								1.3	
24	X	24.0	129,000		1.6								1.3	
25		24.0	132,000											
26	X	24.0	132,000		1.5								1.2	
27	X	24.0	161,000		1.7								1.3	
28	X	24.0	166,000		2.4								1.9	
29	X	24.0	177,000		2.0								1.7	
30	X	24.0	195,000		2.2								1.7	
31	X	24.0	172,000		2.4								1.8	
Total			6,224,000											
Average			200,774											
Maximum			271,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

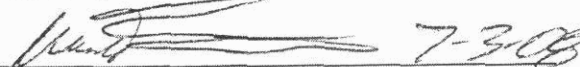
Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street	City:	Mt. Dora	State:	Florida
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

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 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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 ²		
1		24.0	211,000										
2	X	24.0	211,000		2.2							1.5	
3	X	24.0	179,000		1.9							1.5	
4	X	24.0	204,000		2.1							1.7	
5	X	24.0	221,000		1.7							1.4	
6	X	24.0	250,000		1.7							1.4	
7	X	24.0	267,000		1.8							1.4	
8		24.0	205,000										
9	X	24.0	205,000		1.7							1.3	
10	X	24.0	146,000		1.6							1.2	
11	X	24.0	139,000		1.7							1.2	
12	X	24.0	146,000		1.8							1.4	
13	X	24.0	124,000		1.7							1.3	
14	X	24.0	137,000		1.8							1.4	
15		24.0	168,000										
16	X	24.0	168,000		1.5							1.2	
17	X	24.0	93,000		1.5							1.2	
18	X	24.0	137,000		1.8							1.4	
19	X	24.0	133,000		1.6							1.3	
20	X	24.0	133,000		1.5							1.2	
21	X	24.0	143,000		1.5							1.2	
22		24.0	132,000										
23	X	24.0	132,000		1.5							1.1	
24	X	24.0	130,000		1.8							1.3	
25	X	24.0	132,000		1.6							1.2	
26	X	24.0	138,000		1.8							1.3	
27	X	24.0	119,000		1.8							1.3	
28	X	24.0	120,000		1.6							1.2	
29		24.0	147,000										
30	X	24.0	147,000		1.5							1.0	
31		24.0											
Total			4,817,000										
Average			155,387										
Maximum			267,000										

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 6-00(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

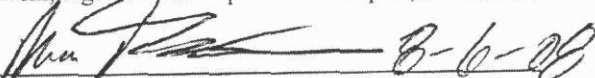
Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street	City:	Mt. Dora	State:	Florida
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V				
Plant Class (per subsection 62-699.310(4), F.A.C.):	C				
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date:  8-6-08

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	102,000		1.8								1.3		
2	X	24.0	139,000		2.4								1.6		
3	X	24.0	121,000		2.0								1.6		
4		24.0	131,000												
5	X	24.0	131,000		2.3								1.7		
6		24.0	154,000												
7	X	24.0	154,000		2.0								1.5		
8	X	24.0	104,000		2.0								1.6		
9	X	24.0	130,000		2.3								1.7		
10		24.0	169,500												
11	X	24.0	169,500		2.2								1.8		
12	X	24.0	116,000		1.8								1.4		
13	X	24.0	170,000		1.7								1.2		
14	X	24.0	135,000		1.7								1.2		
15	X	24.0	100,000		1.0								0.7		
16	X	24.0	157,000		1.5								1.0		
17	X	24.0	81,000		1.2								0.8		
18	X	24.0	113,000		1.5								1.0		
19	X	24.0	133,000		2.3								1.8		
20		24.0	169,000												
21	X	24.0	169,000		2.0								1.5		
22	X	24.0	149,000		2.4								1.9		
23	X	24.0	152,000		2.5								1.9		
24	X	24.0	97,000		2.5								1.9		
25	X	24.0	118,000		1.8								1.6		
26	X	24.0	127,000		2.1										
27		24.0	115,000												
28	X	24.0	115,000		2.2								1.7		
29	X	24.0	124,000		2.2								1.8		
30	X	24.0	115,000		2.0								1.4		
31	X	24.0	85,000		1.9								1.4		
Total			4,045,000												
Average			130,484												
Maximum			170,000												

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 6-00(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

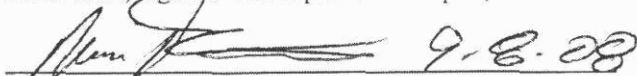
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	360,000			Zip Code:	32757
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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


 Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	84,000		2.0								1.6		
2	X	24.0	97,000		2.0								1.5		
3		24.0	107,000												
4	X	24.0	107,000		2.0								1.3		
5	X	24.0	76,000		1.7								1.3		
6	X	24.0	89,000		2.0								1.4		
7	X	24.0	165,000		1.9								1.1		
8	X	24.0	93,000		2.0								1.3		
9	X	24.0	88,000		1.8								1.2		
10		24.0	122,500												
11	X	24.0	122,500		1.7								1.2		
12	X	24.0	103,000		1.7								1.2		
13	X	24.0	74,000		2.9								2.2		
14	X	24.0	90,000		2.3								1.7		
15	X	24.0	125,000		2.3								1.7		
16	X	24.0	84,000		2.0								1.5		
17		24.0	103,000												
18	X	24.0	103,000		1.7								1.1		
19	X	24.0	51,000		1.8								1.2		
20	X	24.0	71,000		1.7								1.2		
21	X	24.0	69,000		1.6								1.2		
22	X	24.0	64,000		1.6								1.1		
23	X	24.0	71,000		1.6								1.1		
24		24.0	110,000												
25	X	24.0	110,000		1.7								1.0		
26	X	24.0	67,000		1.9								1.3		
27	X	24.0	99,000		2.4								1.7		
28	X	24.0	92,000		2.2								1.5		
29	X	24.0	145,000		2.0								1.5		
30	X	24.0	106,000		2.1								1.5		
31		24.0	96,000												
Total			2,984,000												
Average			96,258												
Maximum			165,000												

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-115-900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 10-9-08

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L ⁸	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	96,000		2.0								1.4		
2	X	24.0	121,000		2.0								1.5		
3	X	24.0	94,000		2.0								1.5		
4	X	24.0	125,000		1.9								1.5	Outage - New Main Tie Ins	
5	X	24.0	150,000		1.9								1.3		
6	X	24.0	148,000		1.8								1.3		
7		24.0	191,000												
8	X	24.0	191,000		1.7								1.2		
9	X	24.0	126,000		1.6								1.2		
10	X	24.0	164,000		1.9								1.4		
11	X	24.0	77,000		1.8								1.2		
12	X	24.0	95,000		1.9								1.4		
13	X	24.0	100,000		1.8								1.4		
14		24.0	148,000												
15	X	24.0	148,000		0.4								0.7		
16	X	24.0	83,000		1.7								0.2		
17	X	24.0	158,000		1.8								1.2		
18	X	24.0	103,000		2.0								1.5		
19	X	24.0	145,000		2.0								1.5		
20	X	24.0	152,000		1.8								1.4		
21		24.0	152,000												
22	X	24.0	152,000		1.9								1.3		
23	X	24.0	96,000		1.6								1.2		
24	X	24.0	123,000		2.1								1.5		
25	X	24.0	136,000		2.0								1.5		
26	X	24.0	152,000		1.9								1.6		
27	X	24.0	110,000		2.0										
28		24.0	169,000												
29	X	24.0	169,000		1.7								1.2	Tank Cleaning and Inspection	
30	X	24.0	92,000		1.5								1.0		
31		24.0													
Total			3,966,000												
Average			127,935												
Maximum			191,000												

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 62-900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaaamerica.com				

Water Treatment Plant Information

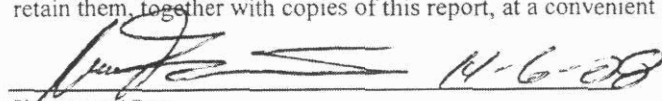
Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	360,000
Plant Category (per subsection 62-699.310(4), F.A.C.):	V
Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License/Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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


Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

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

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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	157,000		2.0								1.5		
2	X	24.0	150,000		2.1								1.3		
3	X	24.0	161,000		2.1								1.4		
4	X	24.0	147,000		2.6								1.9		
5		24.0	183,000												
6	X	24.0	183,000		2.3								1.3		
7	X	24.0	110,000		2.4								1.7		
8	X	24.0	147,000		2.3								1.7		
9	X	24.0	83,000		2.0								1.4		
10	X	24.0	118,000		2.2								1.6		
11	X	24.0	112,000		1.9								1.3		
12		24.0	139,000												
13	X	24.0	139,000		1.7								1.1		
14	X	24.0	128,000		2.1								1.5		
15	X	24.0	204,000		1.6								1.1		
16	X	24.0	143,000		2.8								2.0		
17	X	24.0	175,000		2.6								1.9		
18	X	24.0	197,000		2.3										
19		24.0	200,000												
20	X	24.0	200,000		2.2								1.3		
21	X	24.0	140,000		2.7								1.9		
22	X	24.0	157,000		3.3								2.2		
23	X	24.0	87,000		3.7								2.5		
24	X	24.0	134,000		2.9								2.2		
25	X	24.0	103,000		2.6								1.9		
26		24.0	121,000												
27	X	24.0	121,000		2.5								1.5		
28	X	24.0	89,000		2.6								1.6		
29	X	24.0	100,000		3.1								2.2		
30	X	24.0	116,000		3.6								2.5		
31	X	24.0	128,000		3.5								2.5		
Total			4,372,000												
Average			141,032												
Maximum			204,000												

* Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 57 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com				

P. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	360,000			Zip Code:	32757
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 12.9.08

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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 ²	Minimum UV Dose Required, mW-sec/cm ²		
	X	24.0	132,000		3.1								2.3	
2		24.0	141,000											
3	X	24.0	141,000		2.7								2.0	
4	X	24.0	120,000		2.5								1.5	
5	X	24.0	125,000		2.7								1.9	
6	X	24.0	87,000		3.1								2.3	
7	X	24.0	115,000		2.9								2.2	
8	X	24.0	119,000		3.4								2.7	
9		24.0	155,000											
10	X	24.0	155,000		2.9								2.1	
11	X	24.0	112,000		2.6								1.8	
12	X	24.0	148,000		2.7								1.8	
13	X	24.0	90,000		2.4								1.4	
14	X	24.0	117,000		2.7								1.9	
15	X	24.0	112,000		2.5								1.7	
16		24.0	129,000											
17	X	24.0	129,000		2.3								1.3	
18	X	24.0	101,000		2.7								1.9	
19	X	24.0	146,000		2.8								1.9	
20	X	24.0	92,000		2.6								1.8	
21	X	24.0	136,000		2.9								2.2	
22	X	24.0	122,000		2.8								2.2	
23		24.0	125,000											
24	X	24.0	125,000		2.5								1.5	
25	X	24.0	106,000		3.0								2.2	
26	X	24.0	124,000		3.2								2.5	
27	X	24.0	110,000		2.9								2.5	
28		24.0	135,500											
29	X	24.0	135,500		2.7								1.8	
30	X	24.0	100,000		2.5									
31		24.0												
Total			3,685,000											
Average			118,871											
Maximum			155,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 67 900(3) Alternate

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

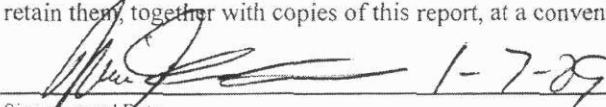
B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street		City:	Mt. Dora	State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 1-7-09
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant 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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	161,000		2.7								1.3	
2	X	24.0	83,000		2.2								1.5	
3	X	24.0	133,000		2.5								2.0	
4	X	24.0	85,000		3.1								2.5	
5	X	24.0	115,000		3.1								2.6	
6	X	24.0	100,000		2.9								2.5	
7		24.0	128,500											
8	X	24.0	128,500		2.7								2.1	
9	X	24.0	139,000		2.8								2.1	
10	X	24.0	108,000		2.8								2.3	
11	X	24.0	113,000		2.9								2.3	
12	X	24.0	113,000		2.0								2.0	
13	X	24.0	101,000		2.9								2.4	
14		24.0	116,000											
15	X	24.0	116,000		2.0								1.8	
16	X	24.0	116,000		2.9								2.3	
17	X	24.0	157,000		3.0								2.3	
18	X	24.0	83,000		3.3								2.5	
19	X	24.0	127,000		1.8								1.4	
20	X	24.0	91,000		2.7								2.0	
21		24.0	97,000											
22	X	24.0	97,000		2.5								1.5	
23	X	24.0	155,000		3.0								2.3	
24	X	24.0	126,000		3.0								2.3	
25	X	24.0	172,000		2.7								2.0	
26	X	24.0	115,000		2.8								2.3	
27	X	24.0	112,000		2.2								2.0	
28		24.0	138,000											
29	X	24.0	138,000		2.8								2.5	
30	X	24.0	113,000		2.5								1.8	
31	X	24.0	124,000		3.2								2.1	
Total			3,701,000											
Average			119,387											
Maximum			172,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-900(3) Alternate

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

PWS ID: 3481329 Plant Name: Tangerine Park

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

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

Polymer Dose ppm =	Acrylamide Level, % [†] =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
--------------------	---

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

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Signature and Date: Will Fontaine 2-6-09

Printed or Typed Name: Will Fontaine

License Number: C-6813

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	123,000		3.4							2.4		
2	X	24.0	116,000		2.2							1.7		
3	X	24.0	120,000		2.2							1.7		
4		24.0	154,000											
5	X	24.0	154,000		2.3							1.5		
6	X	24.0	101,000		2.4							1.8		
7	X	24.0	121,000		2.7							2.2		
8	X	24.0	109,000		2.0							1.8		
9	X	24.0	133,000		2.6							2.2		
10	X	24.0	114,000		2.5							2.0		
11		24.0	163,500											
12	X	24.0	163,500		2.3							1.9		
13	X	24.0	85,000		2.5							2.0		
14	X	24.0	121,000		2.4							2.0		
15	X	24.0	134,000		2.4							2.0		
16	X	24.0	79,000		2.8							2.3		
17	X	24.0	117,000		2.8							2.2		
18		24.0	148,000											
19	X	24.0	148,000		2.7							2.4		
20	X	24.0	112,000		2.5							2.2		
21	X	24.0	155,000		3.0							2.5		
22	X	24.0	98,000		3.3							2.8	Water Outage - BWN	
23	X	24.0	128,000		2.9							2.3		
24	X	24.0	154,000		2.9							2.4		
25		24.0	185,000											
26	X	24.0	185,000		2.7							2.1		
27	X	24.0	152,000		3.1							2.6		
28	X	24.0	171,000		2.3							1.9		
29	X	24.0	131,000		2.5							2.1		
30	X	24.0	96,000		2.7							2.4		
31	X	24.0	165,000		2.5							2.0		
Total			4,136,000											
Average			133,419											
Maximum			185,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-10(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

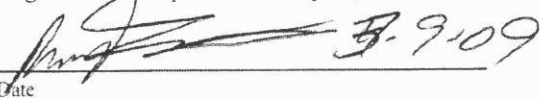
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date:  3-9-09

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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 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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	129,333											
2		24.0	129,333											
3	X	24.0	129,333		2.4								2.0	
4	X	24.0	115,000		3.1								2.5	
5	X	24.0	164,000		3.2								2.7	
6	X	24.0	155,000		3.5								3.0	
7	X	24.0	184,000		2.6								2.2	
8	X	24.0	153,000		2.5								1.8	
9	X	24.0	155,000		2.3								1.5	
10	X	24.0	195,000		2.8								2.0	
11	X	24.0	181,000		2.0								1.5	
12	X	24.0	132,000		2.3								1.8	
13	X	24.0	171,000		2.0								1.5	
14	X	24.0	148,000		2.8								2.2	
15		24.0	164,500											
16	X	24.0	164,500		2.6								2.3	
17	X	24.0	160,000		2.6								2.1	
18	X	24.0	162,000		2.6								2.1	
19	X	24.0	177,000		2.7								2.2	
20	X	24.0	115,000		1.8								1.5	
21	X	24.0	106,000		2.3								1.8	
22		24.0	163,500											
23	X	24.0	163,500		2.2								1.5	
24	X	24.0	109,000		2.2								1.8	
25	X	24.0	184,000		2.1								1.8	
26	X	24.0	118,000		2.2								1.7	
27	X	24.0	136,000		2.5								2.0	
28	X	24.0	129,000		2.3								1.7	
29		24.0												
30		24.0												
31		24.0												
Total			4,193,000											
Average			135,258											
Maximum			195,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

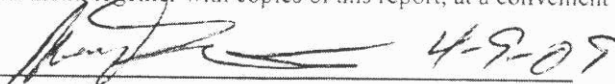
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street		City:	Mt. Dora	State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 4-9-09
Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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													
Day of 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 ²		
1		24.0	145,500										
2	X	24.0	145,500		1.3							0.9	
3	X	24.0	105,000		2.7							2.1	
4	X	24.0	127,000		2.4							2.0	
5	X	24.0	171,000		2.2							1.7	
6	X	24.0	125,000		2.0							1.5	
7	X	24.0	141,000		2.0							1.5	
8		24.0	193,000										
9	X	24.0	193,000		2.1							1.3	
10	X	24.0	140,000		2.2							1.6	
11	X	24.0	186,000		3.2							2.5	
12	X	24.0	143,000		2.5							2.0	
13	X	24.0	144,000		2.0							1.4	
14	X	24.0	184,000		2.2							1.7	
15		24.0	176,000										
16	X	24.0	176,000		2.2							1.3	
17	X	24.0	115,000		0.8							0.3	
18	X	24.0	191,000		3.0							2.3	
	X	24.0	139,000		3.0							2.5	
	X	24.0	138,000		2.7							2.0	
21	X	24.0	157,000		2.7							2.1	
22		24.0	173,000										
23	X	24.0	173,000		1.0							0.6	
24	X	24.0	98,000		1.8							1.1	
25	X	24.0	140,000		2.5							2.0	
26		24.0	148,000										
27	X	24.0	148,000		3.2							2.6	
28	X	24.0	136,000		2.6							2.0	
29	X	24.0	150,000		2.5								
30	X	24.0	118,000		1.9							1.2	
31	X	24.0	112,000		2.3							1.8	
Total			4,631,000										
Average			149,387										
Maximum			193,000										

* Refer to the instruction for this report to determine which plants must provide this information
DEP Form 62-1(3) Alternate

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

April, 2009

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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 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 ²	Minimum UV Dose Required, mW-sec/cm ²		
	X	24.0	108,000		3.0								2.0	
2	X	24.0	132,000		2.3								1.6	
3	X	24.0	82,000		2.5								2.0	
4	X	24.0	117,000		2.7								2.0	
5		24.0	115,333											
6		24.0	115,333											
7	X	24.0	115,333		2.5								2.0	
8	X	24.0	142,000		2.8								2.2	
9	X	24.0	120,000		3.1								2.5	
10	X	24.0	175,000		2.8								2.4	
11	X	24.0	144,000		3.0								2.5	
12	X	24.0	199,000		2.7									
13	X	24.0	135,000		2.8								2.1	
14	X	24.0	130,000		2.0								1.6	
15	X	24.0	119,000		2.5								2.0	
16	X	24.0	115,000		2.8								2.4	
17	X	24.0	141,000		2.7								2.2	
18	X	24.0	121,000		2.0								1.5	
19		24.0	174,000											
	X	24.0	174,000		2.0								1.3	
21	X	24.0	86,000		3.4								2.0	
22	X	24.0	182,000		2.2								1.6	
23	X	24.0	174,000		2.5								1.9	
24	X	24.0	118,000		2.3								1.6	
25	X	24.0	150,000		2.3								1.7	
26		24.0	185,000											
27	X	24.0	185,000		2.1								1.5	
28	X	24.0	188,000		2.0								1.5	
29	X	24.0	172,000		3.0								2.3	
30	X	24.0	184,000		2.4								2.0	
31		24.0												
Total			4,298,000											
Average			138,645											
Maximum			199,000											

* Refer to the instruction for this report to determine which plants must provide this information.
DEP Form 62-5 3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

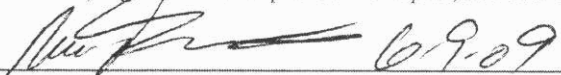
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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


Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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

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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	168,000		2.6								2.0		
2	X	24.0	175,000		2.5								2.0		
3		24.0	255,000												
4	X	24.0	255,000		2.7								1.4		
5	X	24.0	143,000		2.4								1.7		
6	X	24.0	242,000		2.4								1.6		
7	X	24.0	170,000		2.3								1.6		
8	X	24.0	186,000		2.3								1.5		
9	X	24.0	202,000		2.3								1.7		
10		24.0	224,500												
11	X	24.0	224,500		2.1								1.3		
12	X	24.0	139,000		2.0								1.6		
13	X	24.0	134,000		2.4								1.8		
14	X	24.0	112,000		2.6								2.0		
15	X	24.0	85,000		2.5								2.1		
16	X	24.0	139,000		2.3										
17		24.0	126,500												
18	X	24.0	126,500		1.8								1.1		
19	X	24.0	98,000		1.7								1.4		
20	X	24.0	127,000		1.6								1.0		
21	X	24.0	76,000		1.9								1.4		
22	X	24.0	81,000		1.7								1.3		
23	X	24.0	96,000		1.7								1.2		
24		24.0	100,000												
25	X	24.0	100,000		1.7								1.1		
26	X	24.0	111,000		1.6								1.2		
27	X	24.0	95,000		1.9								1.4		
28	X	24.0	94,000		1.8								1.4		
29	X	24.0	93,000		1.8								1.3		
30	X	24.0	95,000		1.8								1.4		
31		24.0	131,000												
Total			4,404,000												
Average			142,065												
Maximum			255,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

I. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

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.

Will Fontaine 7.7.09

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the Month/Year of: June, 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 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 ²		
1	X	24.0	131,000		1.7							1.2	
2	X	24.0	106,000		1.9							1.5	
3	X	24.0	157,000		1.7							1.4	
4	X	24.0	72,000		1.7							1.3	
5	X	24.0	88,000		1.7							1.3	
6	X	24.0	91,000		2.0							1.5	
7		24.0	124,000										
8	X	24.0	124,000		2.0							1.1	
9	X	24.0	86,000		2.3							1.7	
10	X	24.0	133,000		2.2							1.7	
11	X	24.0	85,000		2.2							1.8	
12	X	24.0	114,000		2.2							1.7	
13	X	24.0	138,000		2.0							1.5	
14		24.0	143,000										
15	X	24.0	143,000		2.0							1.0	
16	X	24.0	85,000		2.5							1.8	
17	X	24.0	127,000		1.8							1.2	
18	X	24.0	88,000		2.0							1.4	
19	X	24.0	102,000		1.8							1.3	
20	X	24.0	133,000		2.3							1.6	
21		24.0	168,500										
22	X	24.0	168,500		1.8							1.5	
23	X	24.0	157,000		1.7							1.5	
24	X	24.0	84,000		1.7							1.3	
25	X	24.0	112,000		2.3							1.8	
26	X	24.0	117,000		2.1							1.7	
27	X	24.0	96,000		2.0							1.4	
28		24.0	111,000										
29	X	24.0	111,000		1.4							0.6	
30	X	24.0	114,000		2.2							1.5	
31		24.0											
Total			3,509,000										
Average			113,194										
Maximum			168,500										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

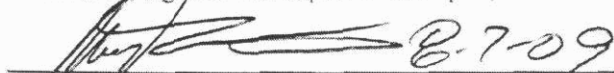
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

3. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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


Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	95,000		2.0								1.6	
2	X	24.0	95,000		2.0								1.5	
3	X	24.0	101,000		1.4								0.5	
4	X	24.0	149,000		2.1								1.4	
5		24.0	148,000											
6	X	24.0	148,000		1.9								1.0	
7	X	24.0	101,000		2.1								1.5	
8	X	24.0	132,000		2.0								1.5	
9	X	24.0	96,000		2.1								1.5	
10	X	24.0	114,000		2.1								1.4	
11	X	24.0	88,000		2.3								1.6	
12		24.0	123,500											
13	X	24.0	123,500		2.0								1.6	
14	X	24.0	96,000		2.2								1.7	
15	X	24.0	97,000		2.1								1.7	
16	X	24.0	116,000		2.3								1.8	
17	X	24.0	110,000		2.2								1.8	
18	X	24.0	118,000		2.3								1.8	
19		24.0	110,000											
20	X	24.0	110,000		2.1								1.5	
21	X	24.0	89,000		1.9								1.4	
22	X	24.0	131,000		1.9								1.4	
23	X	24.0	90,000		2.2								1.7	
24	X	24.0	85,000		1.8								1.4	
25	X	24.0	79,000		1.8								1.3	
26		24.0	128,500											
27	X	24.0	128,500		1.4								0.5	
28	X	24.0	63,000		1.7								1.1	
29	X	24.0	90,000		1.6								1.1	
30	X	24.0	101,000		1.7								1.2	
31	X	24.0	82,000		2.2								1.7	
Total			3,338,000											
Average			107,677											
Maximum			149,000											

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 5 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

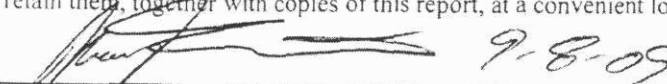
Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street		City:	Mt. Dora	State: Florida Zip Code: 32757
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:	360,000				

Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 9-8-09
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the Month/Year of: August, 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:														
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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	80,000		1.9								1.5	
2		24.0	105,500											
3	X	24.0	105,500		1.2								0.9	
4	X	24.0	49,000		1.2								0.5	
5	X	24.0	115,000		1.7								0.9	
6	X	24.0	74,000		1.5								1.0	
7	X	24.0	86,000		1.6								1.3	
8		24.0	120,000											
9	X	24.0	120,000		1.5									
10	X	24.0	87,000		1.5								0.7	
11	X	24.0	106,000		1.9								0.7	
12	X	24.0	122,000		1.7								1.0	
13	X	24.0	123,000		1.9								1.3	
14	X	24.0	112,000		1.7								1.3	
15	X	24.0	95,000		1.9								1.4	
16		24.0	115,000											
17	X	24.0	115,000		1.7								1.3	
18	X	24.0	88,000		1.7								0.7	
19	X	24.0	113,000		1.8								1.1	
20	X	24.0	80,000		1.7								1.1	
21	X	24.0	97,000		1.5								1.0	
22	X	24.0	85,000		1.8								1.1	
23		24.0	100,000											
24	X	24.0	100,000		1.5								0.7	
25	X	24.0	77,000		1.5								0.9	
26	X	24.0	88,000		1.6								1.1	
27	X	24.0	89,000		1.5								1.1	
28	X	24.0	97,000		1.9								1.2	
29	X	24.0	111,000		1.6								1.1	
30		24.0	117,500											
31	X	24.0	117,500		1.5								0.7	
Total			3,090,000											
Average			99,677											
Maximum			123,000											

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 62-555 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 10.7.09

Printed or Typed Name: Will Fontaine

License Number: C-6813

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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

Date of 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 ²		
1	X	24.0	70,000		2.5							1.4	
2	X	24.0	108,000		2.8							2.0	
3	X	24.0	70,000		2.8							2.0	
4	X	24.0	85,000		2.4							1.8	
5	X	24.0	88,000		2.2							1.5	
6		24.0	91,000										
7	X	24.0	91,000		1.9							1.3	
8	X	24.0	130,000		1.9							1.4	
9	X	24.0	134,000		1.9							1.4	
10	X	24.0	91,000		2.8							2.0	
11	X	24.0	99,000		2.1							1.5	
12	X	24.0	122,000		2.1							1.5	
13		24.0	92,500										
14	X	24.0	92,500		1.5							0.9	
15	X	24.0	103,000		1.0							0.4	
16	X	24.0	108,000		1.8							1.0	
17	X	24.0	103,000		1.4							0.8	
	X	24.0	122,000		1.9							1.2	
	X	24.0	139,000		2.0							1.4	
20		24.0	134,000										
21	X	24.0	134,000		2.1							1.1	
22	X	24.0	112,000		3.1							2.3	
23	X	24.0	150,000		2.6							1.9	
24	X	24.0	91,000		2.3							1.5	
25	X	24.0	101,000		2.2							1.6	
26	X	24.0	140,000		2.2							1.8	
27		24.0	89,500										
28	X	24.0	89,500		1.5							0.8	
29	X	24.0	72,000		1.4							0.6	
30	X	24.0	95,000		2.9							2.0	
31		24.0											
Total			3,147,000										
Average			101,516										
Maximum			150,000										

* Refer to the instruction for this report to determine which plants must provide this information
DEP Form 6 100(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

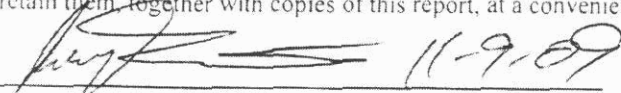
B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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


 Signature and Date 11-9-09

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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

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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	117,000		2.2								1.7	
2	X	24.0	94,000		2.1								1.7	
3	X	24.0	102,000		2.3								1.7	
4		24.0	129,500											
5	X	24.0	129,500		2.6								1.7	
6	X	24.0	69,000		2.1								1.6	
7	X	24.0	116,000		2.0								1.5	
8	X	24.0	72,000		2.6								2.0	
9	X	24.0	118,000		2.3								1.7	
10	X	24.0	107,000		2.6								2.0	
11		24.0	126,000											
12	X	24.0	126,000		2.6								1.7	
13	X	24.0	78,000		2.3								1.7	
14	X	24.0	124,000		2.6								2.0	
15	X	24.0	82,000		2.8								2.3	
16	X	24.0	95,000		2.3								1.8	
17	X	24.0	101,000		2.5								2.0	
		24.0	96,500											
	X	24.0	96,500		2.5								1.9	
20	X	24.0	79,000		2.2								1.6	
21	X	24.0	102,000		2.5								1.4	
22	X	24.0	119,000		2.4								1.8	
23	X	24.0	98,000		2.5								1.9	
24	X	24.0	106,000		2.7								2.1	
25	X	24.0	123,000											
26		24.0	123,000		2.5								1.9	
27	X	24.0	87,000		2.4								1.9	
28	X	24.0	53,000		2.5								1.9	
29	X	24.0	181,000		2.2								1.3	
30	X	24.0	80,000		2.3								1.7	
31	X	24.0	89,000		2.4								1.8	
Total			3,219,000											
Average			103,839											
Maximum			181,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 6-00(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date Will Fontaine 12-9-09

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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

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/cm²			Minimum UV Dose Required, mW-sec/cm²
1		24.0	113,000											
2	X	24.0	113,000		2.1								1.5	
3	X	24.0	68,000		2.1								1.5	
4	X	24.0	130,000		1.9								1.5	
5	X	24.0	74,000		2.5								1.8	
6	X	24.0	70,000		2.5								1.9	
7	X	24.0	100,000		2.8								2.3	
8		24.0	118,000											
9	X	24.0	118,000		2.3								1.7	
10	X	24.0	73,000		2.5								2.0	
11	X	24.0	94,000		3.2								2.5	
12	X	24.0	81,000		2.3								1.8	
13	X	24.0	76,000		2.4								1.8	
14	X	24.0	97,000		2.5								1.9	
15		24.0	110,000											
16	X	24.0	110,000		2.2								1.5	
17	X	24.0	61,000		2.4								1.8	
18	X	24.0	114,000		2.3								1.8	
19	X	24.0	66,000		3.1								2.4	
20	X	24.0	72,000		2.0								1.5	
21	X	24.0	108,000		3.0								2.3	
22		24.0	94,000											
23	X	24.0	94,000		2.4								1.7	
24	X	24.0	62,000		2.6								1.9	
25	X	24.0	93,000		2.7								1.9	
26	X	24.0	50,000		2.6								2.0	
27	X	24.0	64,000		2.3								1.7	
28	X	24.0	76,000		2.7								2.0	
29		24.0	82,500											
30	X	24.0	82,500		2.6								1.7	
31		24.0												
Total			2,664,000											
Average			85,935											
Maximum			130,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 5 900(3) Alternate

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

December, 2009

A. Public Water System (PWS) Information

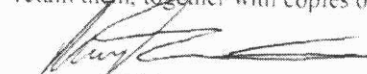
PWS Name	Tangerine Park			PWS Identification Number	3481329
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month	358			Total Population Served at End of Month	920
PWS Owner	Aqua Utilities Florida				
Contact Person	Will Fontaine			Contact Person's Title	Field Coordinator
Contact Person's Mailing Address	PO Box 490310		City	Leesburg	State Florida Zip Code 34749
Contact Person's Telephone Number	(352) 787-0980			Contact Person's Fax Number	(352) 787-6333
Contact Person's E-Mail Address	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name	Tangerine Park			Plant Telephone Number	352-787-0980
Plant Address	5551 Huron Street			City	Mt. Dora State Florida Zip Code 32757
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	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.)	V			Plant Class (per subsection 62-699.310(4), F.A.C.)	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 1-7-10
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the 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 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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	68,000		2.5								1.8	
2	X	24.0	85,000		2.6								1.8	
3	X	24.0	46,000		2.4								1.8	
4	X	24.0	71,000		2.2								1.7	
5	X	24.0	88,000		2.4								1.7	
6		24.0	69,000											
7	X	24.0	69,000		2.2								1.5	
8	X	24.0	53,000		2.3								1.5	
9	X	24.0	81,000		2.9								2.2	
10	X	24.0	60,000		2.4								1.8	
11	X	24.0	59,000		2.2								1.7	
12	X	24.0	54,000		2.7								2.0	
13		24.0	89,000											
14	X	24.0	89,000		2.7								1.8	
15	X	24.0	69,000		2.7								1.6	
16	X	24.0	79,000		2.4								1.6	
	X	24.0	60,000		2.3								1.6	
	X	24.0	67,000		2.1								1.5	
19	X	24.0	85,000		2.7								1.9	
20		24.0	59,000											
21	X	24.0	59,000		2.3								1.9	
22	X	24.0	61,000		2.3								1.7	
23	X	24.0	100,000		2.6								1.7	
24	X	24.0	82,000		1.6								1.6	
25	X	24.0	53,000		2.5								1.5	
26	X	24.0	88,000		1.7									
27		24.0	88,000											
28	X	24.0	88,000		1.9								1.0	
29	X	24.0	72,000		2.0								1.3	
30	X	24.0	85,000		2.2								1.3	
31	X	24.0	85,000		2.3								1.5	
Total			2,261,000											
Average			72,935											
Maximum			100,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

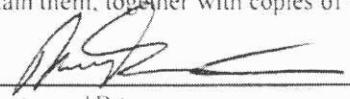
PWS Name	Tangerine Park			PWS Identification Number	3481329
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month	358			Total Population Served at End of Month	920
PWS Owner	Aqua Utilities Florida				
Contact Person	Will Fontaine			Contact Person's Title	Field Coordinator
Contact Person's Mailing Address	PO Box 490310		City	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number	(352) 787-0980			Contact Person's Fax Number	(352) 787-6333
Contact Person's E-Mail Address	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name	Tangerine Park			Plant Telephone Number	352-787-0980
Plant Address	5551 Huron Street			City	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 2-9-10
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	55,000		2.0								1.3	
2	X	24.0	70,000		2.0									
3		24.0	97,000											
4	X	24.0	97,000		2.4								1.5	
5	X	24.0	57,000		2.6								1.9	
6	X	24.0	108,000		2.8								2.0	
7	X	24.0	86,000		2.9								2.0	
8	X	24.0	80,000		2.3								1.6	
9	X	24.0	62,000		2.5								1.7	
10		24.0	110,000											
11	X	24.0	110,000		2.3								1.3	
12	X	24.0	76,000		3.1								2.4	
13	X	24.0	80,000		2.4								2.0	
14	X	24.0	81,000		2.2								1.7	
15	X	24.0	74,000		2.3								1.7	
16	X	24.0	83,000		2.7								2.1	
17		24.0	77,000											
18	X	24.0	77,000		2.4								1.5	
19	X	24.0	46,000		2.1								1.5	
20	X	24.0	62,000		2.3								1.7	
21	X	24.0	65,000		2.0								1.5	
22	X	24.0	61,000		2.4								1.7	
23	X	24.0	69,000		2.8								2.1	
24		24.0	77,500											
25	X	24.0	77,500		1.9								1.5	
26	X	24.0	47,000		1.8								1.2	
27	X	24.0	96,000		2.5								1.7	
28	X	24.0	37,000		2.2								1.7	
29	X	24.0	48,000		2.1								1.6	
30	X	24.0	79,000		2.6								2.0	
31		24.0	70,000											
Total			2,315,000											
Average			74,677											
Maximum			110,000											

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street	City:	Mt. Dora	State:	Florida
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 3-9-10

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the Month/Year of: February, 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	70,000		2.1								1.3	
2	X	24.0	46,000		2.0								1.5	
3	X	24.0	76,000		2.0								1.5	
4	X	24.0	42,000		2.1								1.5	
5	X	24.0	76,000		2.2								1.5	
6	X	24.0	43,000		2.2								1.5	
7		24.0	75,000											
8	X	24.0	75,000		1.9								1.5	
9	X	24.0	40,000		2.0								1.5	
10	X	24.0	68,000		2.0								1.4	
11	X	24.0	64,000		2.0								1.4	
12	X	24.0	92,000		1.9								1.4	
13	X	24.0	49,000		2.1								1.5	
14		24.0	80,000											
15	X	24.0	80,000		2.0								1.3	
16	X	24.0	56,000		1.9								1.4	
17	X	24.0	92,000		2.3								1.7	
18	X	24.0	54,000		2.5								1.8	
19	X	24.0	66,000		2.3								1.7	
20	X	24.0	97,000		3.0								2.3	
21		24.0	90,500											
22	X	24.0	90,500		2.2								1.5	
23	X	24.0	53,000		2.0								1.5	
24	X	24.0	70,000		2.3								1.6	
25	X	24.0	62,000		2.0								1.5	
26	X	24.0	70,000		2.0								1.4	
27	X	24.0	101,000		2.0								1.4	
28		24.0	66,500											
29		24.0												
30		24.0												
31		24.0												
Total			1,944,500											
Average			62,726											
Maximum			101,000											

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-555 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park			Plant Telephone Number:	352-787-0980
Plant Address:	5551 Huron Street			City:	Mt. Dora State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 4-8-10

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the Month/Year of: March, 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 ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	66,500		2.0								1.3		
2	X	24.0	98,000		1.9								1.4		
3	X	24.0	60,000		2.1								1.6		
4	X	24.0	81,000		1.8								1.1		
5	X	24.0	75,000		1.8								1.4		
6	X	24.0	72,000		2.1								1.6		
7		24.0	92,000												
8	X	24.0	92,000		2.0								1.5		
9	X	24.0	88,000		1.9								1.5		
10	X	24.0	83,000		2.4								1.8		
11	X	24.0	66,000		2.3								1.8		
12	X	24.0	67,000		1.6								1.6		
13	X	24.0	75,000		2.3								1.7		
14		24.0	82,000												
15	X	24.0	82,000		2.1								1.6		
16	X	24.0	67,000		2.2								1.7		
17	X	24.0	83,000		2.3								1.7		
18	X	24.0	77,000		2.1								1.6		
19	X	24.0	65,000		1.9								1.5		
20	X	24.0	92,000		2.6								2.0		
21		24.0	81,500												
22	X	24.0	81,500		2.1								1.6		
23	X	24.0	68,000		1.7								1.3		
24	X	24.0	80,000		2.2								1.6		
25	X	24.0	70,000		2.4								1.7		
26	X	24.0	66,000		2.1								1.7		
27	X	24.0	88,000		2.7								2.0		
28		24.0	87,000												
29	X	24.0	87,000		2.1								1.3		
30	X	24.0	47,000		2.0								1.5		
31	X	24.0	100,000		2.1								1.5		
Total			2,419,500												
Average			78,048												
Maximum			100,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 6 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tangerine Park			PWS Identification Number:	3481329
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:	358			Total Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tangerine Park		Plant Telephone Number:	352-787-0980	
Plant Address:	5551 Huron Street		City:	Mt. Dora	State: Florida Zip Code: 32757
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:	360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	Terry McCarthy	C	4617	Days 1st Shift
	William Trendel	C	6411	Days 1st Shift

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.

Will Fontaine

5/7/2010

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number: 3481329 Plant Name: Tangerine Park

III. Daily Data for the Month/Year of: April, 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 ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	45,000		2.2								1.7	
2	X	24.0	70,000		2.0								1.6	
3	X	24.0	104,000		2.6								1.9	
4		24.0	92,000											
5	X	24.0	92,000		2.4								1.7	
6	X	24.0	96,000		2.0								1.5	
7	X	24.0	103,000		2.1								1.5	
8	X	24.0	60,000		2.1								1.5	
9	X	24.0	76,000		2.0								1.5	
10	X	24.0	89,000		2.3								1.6	
11		24.0	100,500											
12	X	24.0	100,500		2.1								1.5	
13	X	24.0	65,000		2.1								1.6	
14	X	24.0	108,000		2.0								1.5	
15	X	24.0	68,000		2.1								1.5	
16	X	24.0	73,000		2.0								1.5	
17	X	24.0	107,000		2.9								2.3	
18		24.0	104,000											
19	X	24.0	104,000		2.1								1.3	
20	X	24.0	50,000		2.0								1.4	
21	X	24.0	96,000		2.4								1.7	
22	X	24.0	87,000		2.2								1.7	
23	X	24.0	91,000		2.3								1.7	
24	X	24.0	90,000		2.5								1.9	
25		24.0	104,000											
26	X	24.0	104,000		2.3								1.5	
27	X	24.0	51,000		1.9								1.5	
28	X	24.0	96,000		2.2								1.7	
29	X	24.0	93,000		2.2								1.7	
30	X	24.0	77,000		2.3								1.7	
31														
Total			2,596,000											
Average			83,742											
Maximum			108,000											

* Refer to the instructions for this report to determine which plants must provide this information
DEP Form 6 100(3)Alternate

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Date issued: August 7, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

[2135265]

Received: 7/15/09 12:36

Dear Will Fontaine;

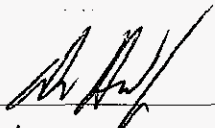
Analytical results presented in this report have been reviewed for compliance with the HBEL, Inc. Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,


Eric Charest
HBEL, Inc. Laboratory Manager

Note: This report is not to be copied, except in full, without the expressed written consent of HBEL, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



Page 1 of 6

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Tangerine Triannual
Received: 7/15/09 12:36

[2135265]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number	Sample ID	Analytical Method	Description
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Quality Control Summary

Method	HBEL Batch	Analyte
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Analytical Issue

EPA 300.0

IC8110

2135265001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2135265001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2135265001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2135265001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

EPA 505

PEST5388

2135265001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
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The above due to matrix effects. Accuracy demonstrated with other QC samples.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2135265]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2135265001					Sampled: 07/15/09 10:30		Received: 07/15/09 12:36			
Sample ID: Tangerine POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
pH	Q	8.16	SU	0.200	EPA 150.1	WCGE31327		07/18/09 12:07	GS	E96080
Aluminum		0.0036	mg/L	0.0024	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Barium		0.020	mg/L	0.00050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Beryllium		0.00050 U	mg/L	0.00050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Cadmium		0.00030 U	mg/L	0.00030	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Chromium		0.00040 U	mg/L	0.00040	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Copper		0.00090	mg/L	0.00070	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Iron		0.017	mg/L	0.0050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Manganese		0.00050 U	mg/L	0.00050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Nickel		0.00050 U	mg/L	0.00050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Silver		0.00050 U	mg/L	0.00050	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Sodium		13	mg/L	0.50	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Zinc		0.0020 U	mg/L	0.0020	EPA 200.7	META9499		07/31/09 12:06	SP	E96080
Uranium		0.2 U	ug/L	0.2	EPA 200.8	SAL1146		07/22/09 0:00	KF	E87604
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META9483		07/23/09 12:23	DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	META9482		07/23/09 10:00	DM	E96080
Lead		0.00070 U	mg/L	0.00070	EPA 200.9	META9500		07/31/09 15:45	SP	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9476		07/22/09 19:12	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9487		07/23/09 15:33	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9475	07/21/09 9:34	07/21/09 17:44	DM	E96080
Chloride		18	mg/L	5.0	EPA 300.0	IC8116		07/21/09 11:19	JL	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC8110		07/16/09 13:24	JL	E96080
Nitrate as N		0.0081	mg/L	0.0030	EPA 300.0	IC8110		07/16/09 13:24	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8110		07/16/09 13:24	JL	E96080
Sulfate		7.3	mg/L	1.4	EPA 300.0	IC8116		07/21/09 11:19	JL	E96080
1,2-Dibromo-3-chloropropane		0.0036 U	ug/L	0.0036	EPA 504.1	PEST5389	07/27/09 11:43	07/27/09 22:30	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST5389	07/27/09 11:43	07/27/09 22:30	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST5388	07/21/09 11:00	07/21/09 21:58	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2135265]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5390	07/27/09 7:50	07/28/09 18:04	JL	E96080
1,1,1-Trichloroethane		0.31 U	ug/L	0.31	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,1,2-Trichloroethane		0.22 U	ug/L	0.22	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,1-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,2,4-Trichlorobenzene		0.12 U	ug/L	0.12	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,2-Dichlorobenzene		0.15 U	ug/L	0.15	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,2-Dichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,2-Dichloropropane		0.24 U	ug/L	0.24	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
1,4-Dichlorobenzene		0.18 U	ug/L	0.18	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Benzene		0.15 U	ug/L	0.15	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Carbon tetrachloride		0.36 U	ug/L	0.36	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Chlorobenzene		0.17 U	ug/L	0.17	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
cis-1,2-Dichloroethene		0.25 U	ug/L	0.25	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Ethylbenzene		0.17 U	ug/L	0.17	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Methylene chloride		0.43 U	ug/L	0.43	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Styrene		0.17 U	ug/L	0.17	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Tetrachloroethene		0.26 U	ug/L	0.26	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Toluene		0.26 U	ug/L	0.26	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Total Xylenes		0.41 U	ug/L	0.41	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
trans-1,2-Dichloroethene		0.30 U	ug/L	0.30	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Trichloroethene		0.17 U	ug/L	0.17	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Vinyl chloride		0.25 U	ug/L	0.25	EPA 524.2	VOC3128		07/28/09 1:39	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Carbofuran		0.41 U	ug/L	0.41	EPA 531.1	HPLC2619		07/21/09 17:45	JJM	E96080
Oxamyl		0.13 U	ug/L	0.13	EPA 531.1	HPLC2619		07/21/09 17:45	JJM	E96080
Glyphosate		13 U	ug/L	13	EPA 547	HPLC2620		07/22/09 12:40	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2793	07/22/09 10:20	07/24/09 23:02	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2622	07/22/09 10:25	07/29/09 12:35	JJM	E96080
Gross Alpha		2.0 U +/- 1.7	pCi/L		EPA 900.0	SAL1146		07/28/09 8:19	SAL	E84129
Radium 226		0.6 +/- 0.2	pCi/L		EPA 903.1	SAL1146		07/28/09 14:51	SAL	E84129
Radium 228		0.3 U +/- 0.2	pCi/L		RA-05	SAL1146		07/30/09 16:22	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE31314		07/16/09 16:30	TCL	E96080
Total Dissolved Solids		180	mg/L	16	SM2540 C	WCGE31320		07/17/09 14:30	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE31358	07/23/09 11:30	07/24/09 10:10	GG	E96080
Surfactants as LAS, Mol.wt.340		0.023	mg/L	0.022	SM5540 C	WCGE31333	07/17/09 8:00	07/17/09 9:54	GG	E96080

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2135265]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2135265002					Sampled:		Received: 07/15/09 12:36			
Sample ID: Trip Blank-de					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane	0.31 U		ug/L	0.31	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,1,2-Trichloroethane	0.22 U		ug/L	0.22	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,1-Dichloroethene	0.35 U		ug/L	0.35	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,2,4-Trichlorobenzene	0.12 U		ug/L	0.12	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,2-Dichlorobenzene	0.15 U		ug/L	0.15	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,2-Dichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,2-Dichloropropane	0.24 U		ug/L	0.24	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
1,4-Dichlorobenzene	0.18 U		ug/L	0.18	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Benzene	0.15 U		ug/L	0.15	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Carbon tetrachloride	0.36 U		ug/L	0.36	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Chlorobenzene	0.17 U		ug/L	0.17	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
cis-1,2-Dichloroethene	0.25 U		ug/L	0.25	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Ethylbenzene	0.17 U		ug/L	0.17	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Methylene chloride	0.43 U		ug/L	0.43	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Styrene	0.17 U		ug/L	0.17	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Tetrachloroethene	0.26 U		ug/L	0.26	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Toluene	0.26 U		ug/L	0.26	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Total Xylenes	0.41 U		ug/L	0.41	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
trans-1,2-Dichloroethene	0.30 U		ug/L	0.30	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Trichloroethene	0.17 U		ug/L	0.17	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080
Vinyl chloride	0.25 U		ug/L	0.25	EPA 524.2	VOC3128		07/28/09 2:12	WR	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.
Q Sample held beyond the accepted holding time.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



Page 5 of 6



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

FD0H # E98080
5600 U.S. 1 North
Fort Pierce, FL 34946

FD0H # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

FD0H # E83509
4155 St. Johns Pkwy.
Suite 1300
Sanford, FL 32771

FD0H # E84418
16331 Cortez Blvd.
Brooksville, FL 34601



Company: A. J. F.

Address: 140 HOPE ST

LONGWOOD FL Zip: 32750

Phone: 407-339-5424 Fax: _____

Client Contact: BILL T

Project Name: TANGERINE

Sampled By: T. MCCARTHY

Method(s) of
Shipment: _____

e-mail: _____
Standard Laboratory
Turn Around Time

Or

Rush in _____ Business Days
Requires Laboratory Approval

For Lab Use Only

Temperature Checked	Custody Seals Intact	pH Checked
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PRESERVATIVE

--	--	--	--	--	--	--	--

ANALYSES REQUESTED

<input checked="" type="checkbox"/> G	<input checked="" type="checkbox"/> H	<input checked="" type="checkbox"/> J	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> M		
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	--	--

LAB # 2135265

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thiosulfate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report								COMMENTS
	DATE	TIME												
0051	7/15/09	1030	G	DW	6	TANGERINE P.O.E	X							CL2 RES 2.0
0081	7/15/09	1000	G	DW	1	" "		X						PH 7.4
0091	7/15/09	1000	G	DW	1	" "			X					TEMP 24.0
0100	7/15/09	1000	G	DW	1	" "				X				
0110	7/15/09	1000	G	DW	1	" "					X			
0120	7/15/09	1000	G	DW	1	" "						X		
0130	7/15/09	1000	G	DW	1	" "							X	
0130				DW	3	Triple Blank								

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 6 of 6	RELINQUISHED BY <u>T. McCarthy</u>	RELINQUISHED BY <u>Shouly to Feder</u>	RELINQUISHED BY
	DATE/TIME <u>7/15/09 1236</u>	DATE/TIME <u>07/15/09 1000</u>	DATE/TIME
	RECEIVED BY <u>Shouly</u>	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY <u>Shouly</u>
	DATE/TIME <u>07/15/09 1236</u>	DATE/TIME	DATE/TIME <u>7/16/09 1236</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 201 2

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

Address: _____

E-Mail Address:

Sample Location (be specific): Tangerine POE Grab

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <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 of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or 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 62-550.550(4) for requirements and attach a results page for each site.

Sampler's E-Mail Address:

Signature: _____ Date: _____

**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 A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2010
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/15/09

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

Lab Assigned Report Number or Job ID: 2135265001

Group(s) Analyzed and 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 checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<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 checked="" type="checkbox"/> Partial

Were any analyses subcontracted? ☒ Yes ☐ No


If yes, please provide DOH certification numbers: E84129 E87604

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 07-Aug-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HBEL, Inc.

5500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc.

Workorder: Tangerine Triannual

Sample Location: Tangerine POE Grab

Sample Number: 2135265001

Sampling Date: 7/15/09 10:30

PWS ID (From Page 1): _____

Date Received: 7/15/09 12:36

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.0081		EPA 300.0	0.0030	7/16/09 13:24	E96080
1041	Nitrite as N	[1]	mg/L	0.0022 U		EPA 300.0	0.0022	7/16/09 13:24	E96080
1005	Arsenic	[0.01]	mg/L	0.0010 U		EPA 200.9	0.0010	7/23/09 10:00	E84129
1010	Barium	[2]	mg/L	0.020		EPA 200.7	0.00050	7/31/09 12:06	E96080
1015	Cadmium	[0.005]	mg/L	0.00030 U		EPA 200.7	0.00030	7/31/09 12:06	E96080
1020	Chromium	[0.1]	mg/L	0.00040 U		EPA 200.7	0.00040	7/31/09 12:06	E96080
1024	Cyanide	[0.2]	mg/L	0.0047 U		SM4500CN E	0.0047	7/24/09 10:10	E96080
1025	Fluoride	[4]	mg/L	0.11		EPA 300.0	0.011	7/16/09 13:24	E96080
1030	Lead	[0.015]	mg/L	0.00070 U		EPA 200.9	0.00070	7/31/09 15:45	E96080
1035	Mercury	[0.002]	mg/L	0.000060 U		EPA 245.1	0.000060	7/21/09 17:44	E96080
1036	Nickel	[0.1]	mg/L	0.00050 U		EPA 200.7	0.00050	7/31/09 12:06	E96080
1045	Selenium	[0.05]	mg/L	0.0022 U		EPA 200.9	0.0022	7/22/09 19:12	E96080
1052	Sodium	[160]	mg/L	13		EPA 200.7	0.50	7/31/09 12:06	E96080
1074	Antimony	[0.006]	mg/L	0.00082 U		EPA 200.9	0.00082	7/23/09 12:23	E96080
1075	Beryllium	[0.004]	mg/L	0.00050 U		EPA 200.7	0.00050	7/31/09 12:06	E96080
1085	Thallium	[0.002]	mg/L	0.0010 U		EPA 200.9	0.0010	7/23/09 15:33	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* 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.

US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



HBEL, Inc.

800 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc.

Workorder: Tangerine Triannual

Sample Location: Tangerine POE Grab

Sample Number: 2135265001

Sampling Date: 7/15/09 10:30

PWS ID (From Page 1): _____

Date Received: 7/15/09 12:36

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0036		EPA 200.7	0.0024	7/31/09 12:06	E96080
1017	Chloride	[250]	mg/L	18		EPA 300.0	5.0	7/21/09 11:19	E96080
1022	Copper	[1]	mg/L	0.00090		EPA 200.7	0.00070	7/31/09 12:06	E96080
1025	Fluoride	[2]	mg/L	0.11		EPA 300.0	0.011	7/16/09/7/16/09	E96080
1028	Iron	[0.3]	mg/L	0.017		EPA 200.7	0.0050	7/31/09 12:06	E96080
32	Manganese	[0.05]	mg/L	0.00050 U		EPA 200.7	0.00050	7/31/09 12:06	E96080
1050	Silver	[0.1]	mg/L	0.00050 U		EPA 200.7	0.00050	7/31/09 12:06	E96080
1055	Sulfate	[250]	mg/L	7.3		EPA 300.0	1.4	7/21/09 11:19	E96080
1095	Zinc	[5]	mg/L	0.0020 U		EPA 200.7	0.0020	7/31/09 12:06	E96080
1905	Color	[15]	CU	4.0		SM2120 B	1.8	7/16/09 16:30	E96080
1925	pH	[6.5-8.5]	SU	8.16	Q	EPA 150.1	0.200	7/18/09 12:07	E96080
1930	Total Dissolved Solids	[500]	mg/L	180		SM2540 C	16	7/17/09 14:30	E96080
2905	Foaming Agents	[0.5]	mg/L	0.023		SM5540 C	0.022	7/17/09 9:54	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* 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.

800 U.S. 1 North
Fort Pierce, FL 34946
FDOH # E96080

Printed: 8/7/09

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.

Workorder: Tangerine Triannual

Sample Location: Tangerine POE Grab

Sample Number: 2135265001

Sampling Date: 7/15/09 10:30

PWS ID (From Page 1): _____

Date Received: 7/15/09 12:36

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10 U		EPA 505	0.10	0.01	7/21/09	7/21/09 21:58	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020 U		EPA 505	0.020	0.02	7/21/09	7/21/09 21:58	E96080
2015	Methoxychlor	[40]	ug/L	0.044 U		EPA 505	0.044	0.1	7/21/09	7/21/09 21:58	E96080
2020	Toxaphene	[3]	ug/L	0.61 U		EPA 505	0.61	1	7/21/09	7/21/09 21:58	E96080
2031	Dalapon	[200]	ug/L	2.3 U		EPA 515.1	2.3	1	7/27/09	7/28/09 18:04	E96080
2032	Diquat	[20]	ug/L	1.9 U		EPA 549.2	1.9	0.4	7/22/09	7/29/09 12:35	E96080
2033	Endothall	[100]	ug/L	2.8 U		EPA 548.1	2.8	9	7/22/09	7/24/09 23:02	E96080
2034	Glyphosate	[700]	ug/L	13 U		EPA 547	13	6		7/22/09 12:40	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68 U		EPA 525.2	0.68	0.6	7/23/09	7/29/09 15:37	E96080
2036	Oxamyl	[200]	ug/L	0.13 U		EPA 531.1	0.13	2		7/21/09 17:45	E96080
2037	Simazine	[4]	ug/L	0.63 U		EPA 525.2	0.63	0.07	7/23/09	7/29/09 15:37	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.85 U		EPA 525.2	0.85	0.6	7/23/09	7/29/09 15:37	E96080
2040	Picloram	[500]	ug/L	0.23 U		EPA 515.1	0.23	0.1	7/27/09	7/28/09 18:04	E96080
2041	Dinoseb	[7]	ug/L	0.23 U		EPA 515.1	0.23	0.2	7/27/09	7/28/09 18:04	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24 U		EPA 525.2	0.24	0.1	7/23/09	7/29/09 15:37	E96080
2046	Carbofuran	[40]	ug/L	0.41 U		EPA 531.1	0.41	0.9		7/21/09 17:45	E96080
2050	Atrazine	[3]	ug/L	0.48 U		EPA 525.2	0.48	0.1	7/23/09	7/29/09 15:37	E96080
2051	Alachlor	[2]	ug/L	0.61 U		EPA 525.2	0.61	0.2	7/23/09	7/29/09 15:37	E96080
2065	Heptachlor	[0.4]	ug/L	0.036 U		EPA 505	0.036	0.04	7/21/09	7/21/09 21:58	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.028 U		EPA 505	0.028	0.02	7/21/09	7/21/09 21:58	E96080
2105	2,4-D	[70]	ug/L	0.22 U		EPA 515.1	0.22	0.1	7/27/09	7/28/09 18:04	E96080
2110	2,4,5-TP	[50]	ug/L	0.19 U		EPA 515.1	0.19	0.2	7/27/09	7/28/09 18:04	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.31 U		EPA 525.2	0.31	0.1	7/23/09	7/29/09 15:37	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070 U		EPA 525.2	0.070	0.02	7/23/09	7/29/09 15:37	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39 U		EPA 515.1	0.39	0.04	7/27/09	7/28/09 18:04	E96080
2383	PCB	[.5]	ug/L	0.14 U		EPA 505	0.14	0.1	7/21/09	7/21/09 21:58	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0036 U		EPA 504.1	0.0036	0.02	7/27/09	7/27/09 22:30	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047 U		EPA 504.1	0.0047	0.01	7/27/09	7/27/09 22:30	E96080
2959	Chlordane	[2]	ug/L	0.13 U		EPA 505	0.13	0.2	7/21/09	7/21/09 21:58	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

* 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.

5 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: Tangerine Triannual

Sample Location: Tangerine POE Grab

Sample Number: 2135265001

Sampling Date: 7/15/09 10:30

PWS ID (From Page 1): _____

Date Received: 7/15/09 12:36

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.12 U		EPA 524.2	0.12	0.5	7/28/09 1:39	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.25 U		EPA 524.2	0.25	0.5	7/28/09 1:39	E96080
2955	Total Xylenes	[10000]	ug/L	0.41 U		EPA 524.2	0.41	0.5	7/28/09 1:39	E96080
2964	Dichloromethane	[5]	ug/L	0.43 U		EPA 524.2	0.43	0.5	7/28/09 1:39	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.15 U		EPA 524.2	0.15	0.5	7/28/09 1:39	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.18 U		EPA 524.2	0.18	0.5	7/28/09 1:39	E96080
2976	Vinyl chloride	[1]	ug/L	0.25 U		EPA 524.2	0.25	0.5	7/28/09 1:39	E96080
77	1,1-Dichloroethene	[7]	ug/L	0.35 U		EPA 524.2	0.35	0.5	7/28/09 1:39	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.30 U		EPA 524.2	0.30	0.5	7/28/09 1:39	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.21 U		EPA 524.2	0.21	0.5	7/28/09 1:39	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.31 U		EPA 524.2	0.31	0.5	7/28/09 1:39	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.36 U		EPA 524.2	0.36	0.5	7/28/09 1:39	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.24 U		EPA 524.2	0.24	0.5	7/28/09 1:39	E96080
2984	Trichloroethene	[3]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 1:39	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.22 U		EPA 524.2	0.22	0.5	7/28/09 1:39	E96080
2987	Tetrachloroethene	[3]	ug/L	0.26 U		EPA 524.2	0.26	0.5	7/28/09 1:39	E96080
2989	Chlorobenzene	[100]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 1:39	E96080
2990	Benzene	[1]	ug/L	0.15 U		EPA 524.2	0.15	0.5	7/28/09 1:39	E96080
2991	Toluene	[1000]	ug/L	0.26 U		EPA 524.2	0.26	0.5	7/28/09 1:39	E96080
2992	Ethylbenzene	[700]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 1:39	E96080
2996	Styrene	[70]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 1:39	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* 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, ?, *, 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.

US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

August 3, 2009
Project No: 93623

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2135265

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
93623.01	2135265 001EF	07/15/09 10:30	07/17/09 08:40

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

A handwritten signature in black ink, appearing to read "Francis I. Daniels".

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, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Environmental Laboratory

2135265

Sample ID: 2135265 001EF

August 3, 2009

Sample No.: 93623.01

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	2.0	U1	EPA 900.0	2.0	3	1.7	07/28/09	08:19	E84129
4006	Combined Uranium	30	ug/L	0.2	U,S32	EPA 200.8	0.2	---	---	07/22/09		E87604
4006	Combined Uranium	20	pCi/L	0.1	U,S32	EPA 200.8	0.1	---	---	07/22/09		E87604
4020	Radium-226	5*	pCi/L	0.6		EPA 903.1	0.03	1	0.2	07/28/09	14:51	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2	07/30/09	16:22	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:**

U,S32 Analyte was undetected. Indicated concentration is MDL. Analysis subcontracted to Katahdin Analytical Services, FDOH Cert. No. E87604. Uranium analysis run by EPA 200.8.

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

Receiving Laboratory: JAL

The samples are to be shipped by FEDEX to arrive on 7/10/09. TAT: STD

[illegible]

0.6



REPORT OF ANALYTICAL RESULTS

Client: Kathryn Nordmark
 Southern Analytical Laboratories, Inc
 110 Bayview Blvd.
 Oldsmar, FL 34677

Lab Sample ID: SC4047-002
 Report Date: 7/24/2009
 PO No.: 12554
 Project: Uranium Project

Sample Description						Matrix	Filtered	Date Sampled			Date Received		
93623.01						AQ	No(Total)	07/15/2009			07/20/2009		
Parameter	Result	Units	Adjusted PQL	Dilution Factor	PQL	Analytical Method	Analysis Date	By	Prep Method	Prepped Date	By	QC	Notes
URANIUM	U 0.000200	mg/L	0.000200	1	0.0002	EPA 200.8	7/22/09	EAM	EPA 200.8	7/21/09	AJB	ZG21HCW1	

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

Address: _____

E-Mail Address:

Sample Location (be specific): Trip Blank-de

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <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 of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or 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 exceedences.

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

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

Signature: _____ Date: _____

**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 A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2010
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/15/09

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

Lab Assigned Report Number or Job ID: 2135265002

Group(s) Analyzed and 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 checked="" 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 Acids
<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 type="checkbox"/> Single Sample	<u>Secondaries</u>
		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129 E87604

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest, Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 07-Aug-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: Tangerine Triannual

Sample Location: Trip Blank-de

Sample Number: 2135265002

Sampling Date:

PWS ID (From Page 1): _____

Date Received: 7/15/09 12:36

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.12 U		EPA 524.2	0.12	0.5	7/28/09 2:12	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.25 U		EPA 524.2	0.25	0.5	7/28/09 2:12	E96080
2955	Total Xylenes	[10000]	ug/L	0.41 U		EPA 524.2	0.41	0.5	7/28/09 2:12	E96080
2964	Dichloromethane	[5]	ug/L	0.43 U		EPA 524.2	0.43	0.5	7/28/09 2:12	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.15 U		EPA 524.2	0.15	0.5	7/28/09 2:12	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.18 U		EPA 524.2	0.18	0.5	7/28/09 2:12	E96080
2976	Vinyl chloride	[1]	ug/L	0.25 U		EPA 524.2	0.25	0.5	7/28/09 2:12	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.35 U		EPA 524.2	0.35	0.5	7/28/09 2:12	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.30 U		EPA 524.2	0.30	0.5	7/28/09 2:12	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.21 U		EPA 524.2	0.21	0.5	7/28/09 2:12	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.31 U		EPA 524.2	0.31	0.5	7/28/09 2:12	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.36 U		EPA 524.2	0.36	0.5	7/28/09 2:12	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.24 U		EPA 524.2	0.24	0.5	7/28/09 2:12	E96080
2984	Trichloroethene	[3]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 2:12	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.22 U		EPA 524.2	0.22	0.5	7/28/09 2:12	E96080
2987	Tetrachloroethene	[3]	ug/L	0.26 U		EPA 524.2	0.26	0.5	7/28/09 2:12	E96080
2989	Chlorobenzene	[100]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 2:12	E96080
2990	Benzene	[1]	ug/L	0.15 U		EPA 524.2	0.15	0.5	7/28/09 2:12	E96080
2991	Toluene	[1000]	ug/L	0.26 U		EPA 524.2	0.26	0.5	7/28/09 2:12	E96080
2992	Ethylbenzene	[700]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 2:12	E96080
2996	Styrene	[70]	ug/L	0.17 U		EPA 524.2	0.17	0.5	7/28/09 2:12	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* 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, ?, *, 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.

US 1 North
Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 8/7/09



**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: Aqua Utilities of Florida PWS I.D.#: 3481329

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

Address: 140 Hope Street

City: Longwood ⁹¹⁰ State: FL ZIP Code: 32750

Phone #: 407-509-8398 Fax #: 407339-7490

E-Mail Address: PA

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A0905899001 Location Code (if known): _____

Sample Date: 11/05/2009 Sample Time: 15:30 AM ☒ PM (circle one)

Sample Location (be specific): Trangerine POE

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

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

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: betrendel@aq1namerica.com

CERTIFICATION (to be completed by sampler)

I, Terry McCarthy (Print Name), Oper. I (Print Title)

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

Signature: _____ Date: _____

**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: Advanced Environmental Laboratories, Inc

Florida Certification #: E53076

Address: 528 S. North Lake Blvd, Suite 1016

Certification Expiration Date: 08/30/2010

Altamonte Springs, FL 32701

Phone #: (407)937-1594

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 11/08/2009

PWS ID (From Page 1): 3481359

Sample Number (From Page 1): A0905699001

Lab Assigned Report Number or Job ID: A0905699001

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☐ All 21
☐ Partial

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☒ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB *

CERTIFICATION

I, Sheila Wilcox

(Print Name)

Project Manager

(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: Sheila Wilcox Date: 11-12-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

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

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

Reason(s): ☐ MCL(s) Exceeded

☐ Detection(s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: A0905699001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1920	Odor	3	T.O.N. @	8		SM 2150B	1.0	11/06/2009	09:20	E53076

78



LAB N1

A0905699

- ☐ 0501 Southpoint Pkwy. - Jacksonville, FL 32216 - 904.363.8450 - Fax 904.363.9354 - E825
☐ 0610 Princess Palm Ave. - Tampa, FL 33618 - 813.630.9616 - Fax 813.630.4327 - E8468
☐ 0615 SW Archer Road - Gainesville, FL 32608 - 352.377.2348 - Fax 352.386.0530 - E82001
☒ 828 S. Morris Lane Blvd., Ste. 101B - Altamonte Springs, FL 32701 - 407.371.1694 - Fax 407

[illegible]Received on ice ☒ Yes ☐ No ☒ Temp taken from sample ☐ Temp from block

☐ Where required, pH checked Temperature when received 3 (in degrees Celsius)

Form revised 2/8/08

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: BA G: LT-1 LT-2 T: 10A E: 3A

Redeemed by:		Date	Time	Received by:		Date	Time
1	Lynette C. Calkins	4/4/09	0800	Barbara R. R.	4/6	0800	
2							
3							
4							

FOR DRINKING WATER USE:

Bitte eine kurze Zusammenfassung mit anderen Worten schreiben: **Punkt 12:**

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site Address: _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Parkway
Suite 1300
Sanford, FL 32771
FDOH # E83509



HBEL Report Number: 2136982 Sub-Contract Lab ID: _____

Analysis Method Requested:

☒ Colilert ☐ Membrane Filtration PWS I.D. 3 4 8 1 3 2 9

System Name: TANGERINE # 6428

System Address: 5551 HURON ST

City: MOUNT DORA System or Owner's Phone #: 352-787-0980 Fax #: _____

Collector: T. MCCARTHY Collector's Phone #: SAME

Relinquished By: Aug McCarthy Received By: _____ Relinquished By: _____

Date/Time: 4/13/10 1143 Date/Time: _____ Date/Time: _____

Type of Supply: ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient-Noncommunity Water System ☐ Limited Use System
(check only one) ☐ 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(s): 4/13/10

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B

E. coli Analysis Method (MF) EC-MUG (Colilert) SM9223B

Non Coliform	Total Coliform	E. Coli	Data Qual. ²	Lab Sample Number
	A			2136982001
	A			002
	A			003
	A			2136982004

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
	WELL # 1	1005	R	/	7.3
2	WELL # 2	0930	R	/	7.1
3	7045 EARLWOOD	0945	D	1.6	7.2
4	7016 WRIGHT	0955	D	1.7	7.2

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

1.7

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other
Person performing analysis is:
☒ A certified operator (# C-4617) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

AQUA UTIL. FL.
P.O. Box 490310
LEESBURG, FL. 34749



Page 1 of 1

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid

Analyst: JS

Report authorized by: JS Technical Director or Designee

Date: 4/14/10 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

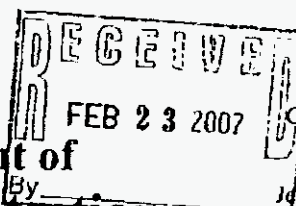
¹ DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

² Defined in Florida Administrative Code Rule 62-160



**Florida Department of
Environmental Protection**

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767



Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 15, 2007

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

OCD-PW-SS-07-0088

Attention: Jack Lihvarcik

Orange County - PW
Tangerine Water Company
PWS ID Number 3481329

Dear Mr. Lihvarcik:

The Department conducted a sanitary survey of your public water system on February 1, 2007. This inspection was conducted by Chris Rossing. A copy of the Sanitary Survey Report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

If you have any questions, please contact Chris Rossing at the above address or by phone at (407) 893-3318, extension 2294.

Sincerely,

Kim M. Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/cr
Enclosure (Tank Cleaning Document)

cc: William Fontaine, Aqua Utilities of Florida
Chris Rossing, Drinking Water Compliance and Enforcement

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name TANGERINE WATER COMPANY County Orange PWS ID # 3481329
Plant Location 5539 Huron Street, Tangerine, FL 32777 Phone 352/732-6027
Owner Name Aqua Utilities of Florida, Attn: Jack Lihvarcik Phone 352/732-6027
Owner Address P.O. Box 490310, Leesburg, FL 34749
Contact Person Jerry Connolly Title Manager of Operations Phone 352/787-0980
This Survey Date 2/1/07 Last Survey Date 4/28/04 Last C.I. Date 10/4/01

PWS TYPE & CLASS

- ☒ Community (SC)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
3302, 4/28/59
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Municipality/City _____

Food Service: ☐ Yes ☒ No ☐ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
William Fontaine C-6813

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Visit _____ Actual _____ Visit _____

Days/wk: Required 6 Actual 6

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 243

Population Served 851 Basis Operator

Average Day (from MORs) 135,314 gpd

Max. Day (from MORs) 288,000 gpd 5/06

Max-day Design Capacity 360,000 gpd

Comments _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 2
☐ SURFACE/UDI, Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required
Source Katolight Generator
Capacity of Standby (kW) 80
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps _____
☐ High Service Pumps N/A
☒ Treatment Equipment _____
Satisfy average day demand? ☒ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection _____

What additional treatment is needed?

None

For control of what deficiencies?

N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type 4" Master

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections None observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1945	1959		
Depth Drilled	438'	413'		
Drilling Method	Cable tool	Cable tool		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	Unknown		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	None	None		
Length (outside casing)	130'	176'		
Diameter (outside casing)	6"	6"		
Material (outside casing)	Black iron	Black iron		
Well Contamination History	None	*None - see comments		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	N/A	N/A	
PUMP	Type	Vertical turbine	Vertical turbine	
	Manufacturer Name	Goulds	Peerless	
	Model Number	6DH2	Unknown	
	Rated Capacity (gpm)	250	250	
	Motor Horsepower	25	25	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	Yes	N/A		

COMMENTS Provide information for items marked "unknown." *Well #2: Due to repeated total coliform positive raw water samples, disinfection and a 20-sample survey was required to determine if the well is susceptible to microbial contamination. Results of the January 2006 bacteriological survey were satisfactory.

CHLORINATION (Disinfection)Type: ☐ Gas ☒ Hypo

Make Chem-Tech (3) Capacity 30 gpd

Chlorine Feed Rate 65% stroke

Avg. Amount of Cl₂ gas used N/A

Chlorine Residuals: Plant 2.02 Remote >2.2

Remote tap location 5107 Dora Drive

DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily

Injection Points Prior to hydropneumatic tank

Booster Pump Info N/A

Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Capacity

Aerator Condition

Bloodworm Presence

Visible Algae Growth

Protective Screen Condition

Comments

STORAGE FACILITIES(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	20,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	35/60		
Access Padlocked	Yes		

Comments

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3481329
Date 2/1/07

DEFICIENCIES:

No deficiencies noted during this inspection. Nice work!

COMMENTS/REMINDERS:

- Monitoring for nitrate and nitrite must be conducted at the point of entry to the distribution system no later than December 31, 2007. Early sampling is recommended.
Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2007, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2007.
- Provide date of last cleaning for finished drinking water storage tank. A document explaining some requirements for tank maintenance is enclosed.

Inspector 

Title Env. Specialist I Date 2/5/07

Approved by 

Title Environmental Manager Date 2/15/07

FINISHED-DRINKING-WATER STORAGE TANK CLEANING & INSPECTION

Provide documentation of cleaning for finished water storage tanks.

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired.

Provide documentation of inspection and cleaning of finished water storage tanks.

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

Provide documentation showing proper disinfection following cleaning and/or inspection of the finished-drinking-water storage tank.

Before new or altered storage facilities and storage facilities taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with American Water Works Association (AWWA) Standard C652. [Rule 62-555.340(1), F.A.C.]

Note: Disinfection methods allowing discharge of the initially heavily chlorinated water that may contain various chlorinated organic compounds into the distribution system are discouraged. It is advised that the free chlorine residual in the storage facility be reduced to a concentration appropriate for distribution by completely draining the storage facility and refilling with potable water.

Prior to disposal of heavily chlorinated water from the tank disinfection process, the environment into which the chlorinated water is being discharged shall be inspected, and if there is any likelihood that the chlorinated discharge will cause damage, then a reducing agent shall be applied to the water to be wasted to thoroughly neutralize the chlorine residual in the water. Federal, state, or local environmental regulations may require special provisions or permits prior to disposal of highly chlorinated water. The proper authorities should be contacted prior to disposal of highly chlorinated water.

Provide results of a bacteriological evaluation following disinfection.

Bacteriological evaluations to verify proper disinfection of storage facilities shall be conducted. A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities shall be no more than four milligrams per liter. Samples containing more than four milligrams per liter of total chlorine shall be considered invalid. [Rule 62-555.340(2)(a), F.A.C.]

If any sample shows the presence of total coliform, the facilities shall be redisinfecting and resampled until two consecutive samples at each sampling location show the absence of total coliform. [Rule 62-555.340(2)(b), F.A.C.]

Bacteriological test results shall be considered unacceptable if the tests were completed more than 60 days before the Department received the results. [Rule 62-555.340(2)(c), F.A.C.]

FINISHED-DRINKING-WATER STORAGE TANK CLEANING & INSPECTION

Page 2 of 2

Except as allowed under the next paragraph and except as allowed under special construction permit conditions established in accordance with paragraph 62-555.533(2)(f), F.A.C., no disinfected storage facilities shall be placed into, or returned to, operation until a bacteriological evaluation has been satisfactorily completed, results of the evaluation have been submitted to the appropriate Department of Environmental Protection (DEP) District Office, and said DEP District Office has approved the facilities for operation. [Rule 62-555.340(3), F.A.C.]

When constructing or altering storage facilities, for which a public water system construction permit is not required per subsection 62-555.520(1), F.A.C., and when taking storage facilities out of operation for repair or maintenance that might lead to contamination of water, the facilities may be placed into, or returned to, operation without the Department's approval after disinfection and satisfactory completion of a bacteriological evaluation. The results of the bacteriological evaluation shall be submitted to the appropriate DEP District Office along with the next monthly operation report(s), or if no monthly operation report is required, within ten days after the end of the month during which the bacteriological evaluation was completed. [Rule 62-555.340(4), F.A.C.]

Ensure proper notification to affected customers and the Department.

Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television by no later than the previous business day before taking public water system (PWS) components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality or interrupt water service to any service connection [Rule 62-555.350(10)(d), F.A.C.]

Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's (DOH) "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the DOH's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Suppliers of water shall describe in the monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

Suppliers of water shall describe in the operation and maintenance logs all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]