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.

0000MENT NUMBER-DATE

FPSC-COMMISSION OF ERE



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

Agua Utilities of Florida 6960 Professional Parkway East, Suite 400 Sarasota, FI 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 Supervisol

GOVERNING BOARD ----

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 Rar

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

Bv:

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 permitee 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



900/3\Alternate

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See Pages 4 for Instructions. 1. General Information for the Month/Year of: May, 2008 A. Public Water System (PWS) Information PWS Identification Number: 3481329 Tangerine Park PWS Name: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Total Population Served at End of Month 1,253 Number of Service Connections at End of Month: 358 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person: Brian Heath Zip Code: 34749 State: Florida PO Box 490310 City: Leesburg Contact Person's Mailing Address: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's Telephone Number: beheath@aguaamerica.com Contact Person's E-Mail Address: Water Treatment Plant Information 352-787-0980 Plant Telephone Number: Jant Name: Tangerine Park City: Mt. Dora State: Florida Zip Code: 32757 5551 Huron Street Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000 Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): Dav(s) / Shift(s) Worked License Class | License Number Licensed Operators Name Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift 10027 Days 1st Shift Other Operators: Marty Neal 6597 Days 1st Shift John Worrell 4617 Days 1st Shift Terry McCarthy Days 1st Shift 6411 William Trendel 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 C-6813 Will Fontaine License Number Printed or Typed Name Signature and Date

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

W 3 10	lentification	n Number:	3481329		Plant Name:	Tangerine Park	(***************************************		
		for the M		r of:	May, 2008									
eans	Contract of the last of the la	ng Four-Log	Virus Inac	tivation/Removal: ner (Describe):	▼ Free Chl	orine Γ C	hlorine Diox	ide [Ozone	☐ Combin	ned Chlorin	e (Chloramines))	
				ained in Distribution	on System: 1	▼ Free Chlori	ne f	Combined	Chlorine (C	hloramines)) [Chlorine Dioxio	le	
peo	1 Distilled	tant Kesidi	uai iviailite			The second control of								
				CT	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if		V Dose		
	History and					CT Calcula	itions				U	V Dose	Add State of the	
							Lowest CT						TOBALL COMP	
						Disinfectant	Provided	1404.4	3.00			1.0900 00 00 00		
	Days Plant		Net		Lowest Residual	Contact Time	Before or at				1000		Lowest Residual	
	Staffed or		Quantity of	计可是型型分析	Disinfectant	(T) at C	First				Lowest	a constitution of	Disinfectant	Emergency of Abnormal Opera
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum CT	Operating UV Dose,	Minimum UV	Concentration at Remote Point in	Conditions, Repair or Maintena Work that Involves Taking Wa
ay of	Operator		Water		Before or at First	Point During	During Peak	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
the	(Place	Hours plant		b 1 ** b	Customer During	Peak Flow,	Flow, mg- min/L	Water OC	if Applicable		sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1th		in Operation		Peak Flow Rate, gpd.		minutes	min/L	water, C	п Аррисаове	mg-min L	SCOUTT	III W-SCC/CIII	1.7	Operation
J.	X	24.0	167,000		2.1		1						1.8	
2	X	24.0	188,000		1.7		 						1.4	
3	X	24.0 24.0	186,000		1.7		 							
4	- 3/	24.0	237,000		1.3		-						0.8	
5	X	24.0	181,000		1.7								1.3	
6 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	- 11	24.0	255,000											
12	Х	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	Х	24.0	246,000		2.7								2.2	
16	Х	24.0	245,000		2.3								1.8	
17	Х	24.0	226,000		2.1									
18		24.0	253,000											
19	Х	24.0	253,000		2.2								1.6	
30	Х	24.0	165,000		1.8								14	
21	Х	24.0	174,000		1.7								14	
22	Х	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										1.2	
26	X	24.0	132,000		1.5								1.3	
27	X	24.0	161,000		1.7		 						1.9	
28	X	24.0	166,000		2.4		-						1.7	
29	X	24.0	177,000		2.0								1.7	
30	X	24.0	195,000		2.4								1.8	
31 tal	X	24.0	172,000 6,224,000		2.4		1			l			1	I
			0,224,000											

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

DEP Form 62 20(3)Alternate

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



DEP Form 5 .900(3)Alternate

Effective At ... 28,2003

See Pages 4 for Instr					
. 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:	✓ Community Non-Transient Non-Commun	ty Transient Non-Co	mmunity	Consecutive	
Number of Service Connect		in indicate their ex		Population Served at End of Mor	nth: 1,253
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Conta	ct Person's Title: Are	ea Manager
Contact Person's Mailing A			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone				ct Person's Fax Number: (35	2) 787-6333
Contact Person's E-Mail Ac					
Water Treatment Pla			***************************************		
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		Purchased Finished Water			
	Operating Capacity of Plant, gallons per day:	360,000			
	ion 62-699.310(4), F.A.C.): V		Plant C	lass (per subsection 62-699.310)	(4), F.A.C.): C
Licensed Operators		License Cla	ss License Number	Day(s)	/ Shift(s) Worked
Lead/Chief Operator:		C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	
Active Company (1994)	Terry McCarthy	C	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	
I. Certification by Lead	I/Chief Operator				
I, the undersigned wat	er treatment plant operator licensed in Florida, an	n the lead/chief operator of t	the water treatment p	lant identified in part I of	this report. I certify that the
information provided	in this report is true and accurate to the best of m	y knowledge and belief. I co	ertify that all drinkin	g water treatment chemica	Is used at this plant conform to NSF
International Standard	60 or other applicable standards referenced in su	ibsection 62-555.320(3), F.A	A.C. I also certify th	at the following additional	operations records for this plant
were prepared each da	y that a licensed operator staffed or visited this p	lant during the month indica	ited above: (1) recor	ds of amounts of chemical	Is used and chemical feed rates; and
(2) if applicable, appro	opriate treatment process performance records. F	furthermore, I agree to provi	de these additional of	perations records to the P	WS owner so the PWS owner can
retain them, together v	with copies of this report, at a convenient location	for at least ten years.			
1		All a tressor were transful affiliation with a			
MASS	7-3-10	Will Fontaine			C-6813
- 10		Printed or Typed Name			License Number
Signature and Date		ramed or Typed rame			Programme Transfer St.

Page (

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

PWS I	dentification	n Number:	3481329		Plant Name:	Tangerine Park								
II. D	aily Data	for the M	onth/Yea	r of:	June, 2008									
AND DESCRIPTION OF THE PERSON NAMED IN				tivation/Removal:	▼ Free Chl	orine F C	hlorine Diox	ide [Ozone	Combin	ned Chlorin	e (Chloramines)		
	traviolet R			her (Describe):	***	1 ~	11101 1110 12 1077	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 MILITAR B 1 MIL.	1 Comon	ica cinorni	c (Cinorumius)		
				ained in Distribution	on System:	▼ Free Chlorii	ie I ("ombine	Chlorine (C	'hloramines'	-	Chlorine Dioxid	le .	
ype (of Disinfec	ciant Kesio	uai Mann	I a second a second a	•								r e	
	3.5	ntopor si-	per a sess	CT (Calculations, or	UV Dose, to I	Demostate F	our-Log	Virus Inact	ivation, if	Applicable	*		
						CT Calcula	tions				U	V Dose		
							Lowest CT							
						Disinfectant	Provided		T - Table Ca			a sa a sa s		
	Days Plant	1470/04/5	Net		Lowest Residual	Contact Time	Before or at			A ann			Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operation
1000	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating	and the facilities	Concentration at	Conditions; Repair or Maintenan
Day of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the		Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
'onth		in Operation	gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1		24.0	211,000							***************************************				
2	Х	24.0	211,000		2.2								1.5	
- 3	X	24.0	179,000		1.9								1.5	
4	Х	24.0	204,000		2.1								1.7	
-5	Х	24.0	221,000		1.7								1.4	
6	X	24.0	250,000		1.7								1.4	
8	X	24.0 24.0	267,000 205,000		1.8								1.4	
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	Х	24.0	124,000		1.7								1.3	
14	X	24.0	137,000		1.8								1.4	
15		24.0	168,000											
16	Х	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 21	X	24.0 24.0	133,000 143,000		1.5								1.2	
22	X	24.0	132,000		1.3								1.2	
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	Х	24.0	119,000		1.8								1.3	
28	Х	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										<u> </u>		
otal			4,817,000	The same and the s										
verage			155,387											
aximu	ım	213-255-76% ST	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 3481329 PWS Identification Number: Tangerine Park PWS Name: Consecutive Non-Transient Non-Community Transient Non-Community ✓ Community PWS Type 1,253 Total Population Served at End of Month: 358 Number of Service Connections at End of Month Aqua Utilities Florida PWS Owner Contact Person's Title: Area Manager Brian Heath Contact Person: Zip Code: 34749 City: Leesburg State: Florida PO Box 490310 Contact Person's Mailing Address: Contact Person's Fax Number: (352) 787-6333 (352) 787-0980 Contact Person's Telephone Number: beheath@aguaamerica.com Contact Person's E-Mail Address: Water Treatment Plant Information 352-787-0980 Plant Telephone Number Tangerine Park Plant Name: Zip Code: City: Mt. Dora State: Florida 32757 5551 Huron Street Plant Address: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Licensed Operators Name The second second License Class License Number 6813 Days 1st Shift Lead/Chief Operator: Will Fontaine 6597 Days 1st Shift Other Operators: John Worrell 4617 Days 1st Shift C Terry McCarthy 6411 Days 1st Shift C William Trendel

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 Printed or Typed Name C-6813

Signature and D

License Number

355, 900(3)Alternate Effective August 28,2003

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

WS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Park								
II. D	aily Data	for the M	onth/Yea	r of:	July, 2008								,	
-		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1		tivation/Removal:	▼ Free Chl	orine E C	Marina Dia	il. T	- 0	F 6 1:	1011	(6)		
	traviolet R			her (Describe):	IV TICC CIT	orme 1 C	niorine Dio	age 1	Ozone	Combu	ned Chlorin	e (Chloramines))	
				***************************************				C 11	1.011.1.00					
ype c	of Disinfec	ctant Resid	ual Maint	ained in Distributi	on System:	Free Chloris	ne I	Combinec	Chlorine (C	Chloramines)]	Chlorine Dioxio		
		2.4		CT	Calculations, or	UV Dose, to I	Demostate 1	our-Log	Virus Inact	ivation if	Applicable			
	6.44	Acceptance		age that the actual	Sauth Sauth	CT Calcula	tions	AL CONTRACT	ta protein	and constants	Co. 37(11)	V-Dose	and strongers	
	1545325			Company of the		STANDAY TO	***************************************	\$55,4000 et 1	STATE OF STATE		7277 (1978)	and the engineer will be a	and hearth a	er and constitution
	1000			and the second		DEPART .	Lowest CT						Section of	
	Days Plant				A STATE OF THE PARTY OF THE PAR	Disinfectant	Provided						Lowest Residual	
			Net		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at				Lowest		Disinfectant	F-2
6464	Staffed or Visited by		Quantity of Finished		Concentration (C)	A CONTRACTOR OF THE PARTY OF TH	Customer	17.77		Minimum	Operating			Emergency or Abnormal Opera Conditions, Repair or Maintena
ay of	Operator		Water	Service Control	Before or at First		During Peak			CT	UV Dose	Minimum UV	Remote Point in	Work that Involves Taking Wa
the		Hours plant		5510 5710 5765	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
onth		in Operation		Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²		System, mg/L	Operation Operation
11/4	X	24.0	102,000	7,91	1.8					6			1.3	- Operation
2	X	24.0	139,000		2.4								1.6	
3.4	X	24.0	121,000		2.0								1.6	
4		24.0	131,000		***************************************									
35 T.	Х	24.0	131,000		2.3								1.7	
6		24.0	154,000											
7.	Х	24.0	154,000		2.0								1.5	
8 0	X	24.0	104,000		2.0								1.6	
9	X	24.0	130,000		2.3								1.7	
10		24.0	169,500									3.		
11	Х	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 16	X	24.0 24.0	100,000 157,000		1.0								0.7	
17	X	24.0	81,000		1.3								0.8	
18	X	24.0	113,000		1.5) 							1.0	
19	X	24.0	133,000		2.3								1.8	
202		24.0	169,000											
21.	Х	24.0	169,000		2.0								1.5	
22	Х	24.0	149,000		2.4								1.9	
23	X	24.0	152,000		2.5								1.9	
24	Х	24.0	97,000		2,5								1.9	
25	Х	24.0	118,000		1.8								1.6	
26	Х	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	Х	24.0	115,000		2.0								1.4	
31	X I	24.0	85,000		1.9								1.4	
tal	The state of the s	96,160,000	4,045,000											

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

170,000

Maximum

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



See Pages 4 for Instructions.

Effective A

WS Type:	WS Name:	tem (PWS) Informa Tangerine Park				Anna San and a san a	PWS Identification Number:	3481329
Total Population Service Connections at End of Month: 1,253			Non-Transient Non-C	ommunity	Transient Non-Com	munity	Consecutive	
Intex Person's Brian Heath PO Box 490310 City Leesburg State Florida Zip Code 34749 intex Person's Malling Address PO Box 490310 City Leesburg State Florida Zip Code 34749 intex Person's Florida Contact Person's Florida City Response Policy Response Poli		nections at End of Month	358			Total	Population Served at End of Month:	1,253
mate Person's Mailing Address: PO Box 490310 City Leesburg State Florida Zip Code 34749 mate Person's Telephone Number: (352) 787-0830 Contact Person's Fax Number: (352) 787-0833 mate Person's Fe hall Address: beheath@aquaamerica.com after Treatment Plant Information mit Name: Tangerine Park Plant Telephone Number: 352-787-0980 mit Name: Tangerine Park Plant Telephone Number: 352-787-0980 mit Address: 5551 Huron Street Plant Telephone Number: 352-787-0980 mit Address: 5551 Huron Street Plant Replace Finished Water	VS Owner:	Aqua Utilities Florid	la					
Intact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number (352) 787-0980 Deheath@aquaamerica.com Section 1.0 Sectio	entact Person:	Brian Heath				Conta	ct Person's Title: Area Man	ager
Treatment Plant Information atter Treatment Plant Information It Name: Tangerine Park Tang	ntact Person's Mailin	ng Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
And the treatment Plant Information If Name: Tangerine Park	ntact Person's Teleph	ione Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 787-	-6333
In Name: Tangerine Park In Address: \$551 Huron Street Story Mt. Dora State Florida Zip Code 32757 Early Capacity of Plant, gallons per day. In Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): C Idensed Operators: V Idensed Operator Operators: V Idensed Operators: V Idensed Operator Oper	ntact Person's E-Mai	l Address:	beheath@aquaameric	a.com	•			
Address: 5551 Huron Street City: Mt. Dora State Florida Zip Code: 32757	ater Treatment	Plant Information						
e of Water Treatment by Plant: Asw Ground Water Purchased Finished Water	nt Name:	Tangerine Park					Plant Telephone Number:	
Interest of Degrators V Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Consensed (operators) Category (per subsection 62-699.310(4), F.A.C.): C Consensed (operators) Category (per subsection 62-699.310(4), F.A.C.): C Consensed (operators) Category (per subsection 62-699.310(4), F.A.C.): C Category (per subsection 62-699.310(4), F.A.C.]: C Category (per subsection 62-699.	it Address:	5551 Huron Street			3.6.	City: Mt. Dora	State: Florida	Zip Code: 32757
Name License Class Days 1st Shift	e of Water Treatmen	nt by Plant:	✓ Raw Ground Water	Purchased	Finished Water			
License Class License Number Day(s)/Shift(s) Workeds ad/Chief Operators Will Fontaine C 6813 Days 1st Shift License Class License Number Day (s)/Shift(s) Workeds Day (s)/Shift(s) Pays (s)/Shift(s) Workeds Day (s)/Shift(s) Pays (s)/Shift(s	nitted Maximum Da	ay Operating Capacity of	Plant, gallons per day:		360,000			
Ad/Chief Operators: John Worrell C 6597 Days 1st Shift	nt Category (per sub-	section 62-699.310(4), F.	A.C.):	٧				
Inter Operators: John Worrell Terry McCarthy C 4617 Days 1st Shift William Trendel C 6411 Days 1st Shift Days 1st Shift Days 1st Shift C 6411 Days 1st Shift C rtification by Lead/Chief Operator The undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the formation 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 conformentational 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 reported 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 reif applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owners on the PWS owners in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813			- Name	45347589	License Class	License Number		ft(s) Worked
Terry McCarthy William Trendel C 6411 Days 1st Shift Days 1st Shift C 6411 Days 1st Shift Prification by Lead/Chief Operator The undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the ormation 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 conformernational 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 reported 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 represented and the process performance records. Furthermore, I agree to provide these additional operations records to the PWS owners on the PWS owners in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813					C	6813	Days 1st Shift	
William Trendel C 6411 Days 1st Shift C William Trendel C 6411 Days 1st Shift Days 1st Shift C C 6411 Days 1st Shift C Re 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 ormation 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 the 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 reif applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owners on the PWS own in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	er Operators:	John Worrell				6597	· · · · · · · · · · · · · · · · · · ·	
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rmation 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 conformational 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 e 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 r if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS own in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813				rida, am the lead/c	hief operator of the	water treatment p	lant identified in part I of this re	eport. I certify that the
ernational 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 reprepared 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 r if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS own in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813								
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if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	mational Stand	dru oo or other appli	aparetar staffed or visites	this plant during	the month indicate	dahove: (1) recor	de of amounts of chemicals uses	d and chemical feed rates:
tin them, together with copies of this report, at a convenient location for at least ten years. C-6813	e prepared each	day mai a ncensed	operator statted of visited	i mis piant during	the month mulcated	these additional a	as of amounts of ellermeats used	uman so the DWS owner of
Men 7 - 8 - 28 Will Fontaine C-6813						these additional o	perations records to the PWS of	whet so the PWS owner ca
	ain them, togeth	er with copies of this	report, at a convenient le	ocation for at least	t ten years.			
	1.		1 2 00					
	Illen It		4-8-08	Will Font	aine			C-6813
	nature and Date			Printed or	Typed Name			License Number
DEP Form 75, 900(3)Alternate		D(3)Alternate			Page (

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

WS I		n Number.		RATION KER	Plant Name:	Tangerine Park					***************************************			
II. D	aily Data	for the M	onth/Yea	r of:	August, 2008									
				tivation/Removal:	▼ Free Chl	orine F C	hlorine Diox	ide [Ozone	☐ Combin	ned Chlorin	e (Chloramines)	í	
	traviolet R	177		her (Describe):		, 50			0.000	, comon	area Cinorui	· (· moraamies)	,	
				ained in Distributi	on System:	▼ Free Chlorin	ne T	Combine	l Chlorine (C	'hloramines') [Chlorine Dioxid	le	
	I Disinic	I - Cord	uai iviaina							A			I was to the same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				CT	Calculations, or	UV Dose, to I	Demostate 1	our-Log	Virus Inact	ivation, if	Applicable	*5,685,019.95	2555	
					1.4.1.	CT Calcula					U	V Dose		
					11 S. 22 (2004) 21 10 July 2014	GALFARAS.	Lowest CT					SEE QN		
					10 10 F 30	Disinfectant	Provided	1 5 5		4.47		400 00 00 00 00 00 00 00 00 00 00 00 00	desire de la constitución de la	4. 计算数据数据数据数据
3061	Days Plant	P. C 124	Net		Lowest Residual	Contact Time	Before or at	S. C. C. WK.		TO THE	100 A 100 M		Lowest Residual	
Ho.	Staffed or		Quantity of		Disinfectant	(T) at C	First			Section 1	Lowest	Park Property	Disinfectant	Emergency or Abnormal Operat
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating			Conditions, Repair or Maintena
ay of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Company of the Compan	Work that Involves Taking Wat
the 🦠		Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
onth:		in Operation		Peak Flow Rate, gpd.		minutes	min/L	Water, C	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1	X	24.0	84,000		2.0								1.6	
2	X	24.0	97,000		2.0								1.5	
3	3/	24.0	107,000		20								1.3	
4) - 5≤ :	X	24.0 24.0	76,000		2.0								1.3	
6	X	24.0	89,000		2.0			1104.1					1.3	
7.4	X	24.0	165,000		1.9								1.1	
8	X	24.0	93,000		2.0								1.3	
9 4	X	24.0	88,000		1.8								1.2	
10		24.0	122,500											
11.5%	Х	24.0	122,500		1.7								1.2	
124	Х	24.0	103,000		1.7								1,2	
13	Х	24.0	74,000		2.9				Lawrence and the second				2.2	
14	Х	24.0	90,000		2.3								1,7	
15	Х	24.0	125,000		2.3								1.7	
16,	Х	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 25	N/	24.0 24.0	110,000		1.7								1,0	
25 26	X	24.0	110,000 67,000		1.7								1.0	
26 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	-2.	24.0	96,000										• • • • • • • • • • • • • • • • • • • •	
	37.4.5.5.5.		2,984,000								L			
			96,258											

^{*} Refer to the instructions for this report to determine which plants must provide this information DEP Form 62 755 900(3)Alternate

165,000

Maximum

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



		_		
See	Pages	4	for	Instructions.

Effective A __8,2003

lumber of Service Connections at	Utilities Florida Heath PO Box 490310		Total	Consecutive Population Served at End of Month: ct Person's Title: Area M	1,253
WS Owner: Aqua to ontact Person: Brian Fontact Person's Mailing Address: ontact Person's Telephone Number	Utilities Florida Heath PO Box 490310		Conta		1,253
ntact Person's Mailing Address: ntact Person's Telephone Number	Heath PO Box 490310			ct Person's Title: Area M	
ntact Person's Mailing Address: ntact Person's Telephone Numbe	PO Box 490310			ct Person's Title: Area M	
ntact Person's Telephone Numbe					anager
	r: (352) 787-0980		City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's E-Mail Address:			Conta	ct Person's Fax Number: (352) 7	87-6333
	beheath@aquaamerica.co	om analis a			
ater Treatment Plant In	formation				
nt Name: Tanger	ine Park			Plant Telephone Number:	352-787-0980
int Address: 5551 F	Turon Street		City: Mt. Dora	State: Florida	Zip Code: 32757
e of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water			
mitted Maximum Day Operating	g Capacity of Plant, gallons per day:	360,000			
nt Category (per subsection 62-6	599.310(4), F.A.C.): V			ass (per subsection 62-699.310(4), I	
icensed Operators	Name	License Class	License Number	Day(s) / S	hift(s) Worked
ad/Chief Operator: Will Fo		C Table 4	6813	Days 1st Shift	
ner Operators: John W	/orrell	C	6597	Days 1st Shift	13A,
	McCarthy	C	4617	Days 1st Shift	
William	m Trendel	C	6411	Days 1st Shift	
有种型的特别的基础设施的					
	And the state of t	· .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Management of the Control of the Con				
					Name of the last o

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

WS Id	dentificaito	n Number:	3481329		Plant Name:	Tangerine Park	(
I, D	aily Data	for the M	onth/Yea	r of:	September, 2008	}								
				ctivation/Removal:	L		bloring Diss	ride F	07000	Combi	nad Chlasi-	e (Chloramines)		
	traviolet R			her (Describe):	iv rice ch	iornic 1 C	niorine Diox	ade 1	Ozone	1 Combi	nea Cniorin	e (Chioramines)	1	
					S - +	▼ Free Chlori		Combine	Chlorine (C	Thlorominae	·	Chlorine Dioxid	La	
ype c	of Disinfe	ctant Resid	ual Maint	ained in Distributi						A			le I	
300	Secretary.	表示与特	40 400	CICIO	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	tivation, if	Applicable	***	100	
100			28716	20 CONTRACTOR SOMEON	AMERICAN AND AND AND AND AND AND AND AND AND A	CT Calcula	ations	A HAVION	" 我没没没了		经原建U	V Dose	us de la	10000000000000000000000000000000000000
						V-5-1	Lowest CT	1918 3			14.50			
						D	Provided						(FILES)	
	Days Plant		Net		Lowest Residual	Disinfectant Contact Time	Before or at					110	Lowest Residual	
a degrada	Staffed or		Quantity of	2.72.50	Disinfectant	# 100 M 100	First			3.5.45	Lowest	100	Disinfectant	Emergency or Abnormal Oper
	Visited by	8-48-2	Finished	7 10 2 10 2 13 6	Concentration (C)		Customer		55930	Minimum	Operating	A. A. M. A. B. S. L.		Conditions; Repair or Mainter
ay of	Operator		Water	200000000000000000000000000000000000000	Deloie of at Litst	Point During	During Peak	1000		CIG	UV Dose,		Remote Point in	
the	(Place	Hours plant			Customer During		Flow, mg-	Temp Or	pri oi water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
nth.	"X")	in Operation		Peak Flow Rate, gpd.			min/L	Water, C	if Applicable	mg-min/L	sec/cm*	mW-sec/cm ²	System, mg/L	Operation
1	Х	24.0			2.0	A CONTRACTOR OF THE PARTY OF TH				100			1.4	
2	X	24.0	121,000	6.30	2.0		<u> </u>		***************************************				1.5	
3	X	24.0 24.0	94,000 125,000		2.0 1.9								1.5	Outage - New Main Tie Ins
5	X	24.0	150,000		1.9	4							1.3	Oddage - New Main Tie Itis
6.	X	24.0	148,000		1.8		<u> </u>						1.3	
7.7	A	24.0	191,000		***	1								
8	Х	24.0	191,000	12271	1.7								1.2	
9	Х	24.0	126,000		1.6	<u></u>			NAME OF THE OWNER, THE				1.2	
10.	Х	24.0	164,000		1.9								1,4	
11 :	Х	24.0	77,000		1.8								1.2	
12 🛬	Х	24.0	95,000		1.9								1,4	
13	Х	24.0	100,000		1.8								1.4	
14 🖘	v	24.0	148,000		0.1	 							0.7	
15 :: 16 ::	X	24.0 24.0	148,000 83,000		0.4	-					<u> </u>		0.7	
17.	X	24.0	158,000		1.8								1.2	
18	X	24.0	103,000		2.0								1.5	
1956	X	24.0	145,000		2.0								1.5	
'0	Х	24.0	152,000		1.8								1.4	
41(6)		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 28	X	24.0 24.0	110,000 169,000		2.0	<u> </u>								
29 29	X	24.0	169,000		1.7	-							12	Tank Cleaning and Inspection
30	X	24.0	92,000		1.7	 							1.0	The state of the s
31-	- /,	24.0	24,5000		****								***	
	1		3,966,000		<u> </u>	A				<u> </u>	A			<u> </u>
		100	127,935											
		2012/2016	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



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See	Pages	4	for	Instructions.							

28,2003

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General Informatio	n for the Month/Year of:	October, 2008				
	m (PWS) Information				T	2401220
WS Name:	Tangerine Park			77	PWS Identification Number:	3481329
WS Type:		insient Non-Community	Transient Non-Com	Table 1	Consecutive	
umber of Service Conne	ctions at End of Month:	358		Total	Population Served at End of Month:	1,253
WS Owner:	Aqua Utilities Florida					
ontact Person:	Edward Pellenz			Conta	ct Person's Title: Manage	er of Operations
ontact Person's Mailing	Address: PO Box 490310)		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephor	ne Number: (352) 787-0980			Conta	ct Person's Fax Number: (352) 7	87-6333
ontact Person's E-Mail A	Address: ejpellenz@	aquaamerica.com				
Vater Treatment P	lant Information					
ant Name:	Tangerine Park				Plant Telephone Number:	352-787-0980
ant Address:	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code: 32757
pe of Water Treatment	by Plant:	und Water Purchased	d Finished Water			
	Operating Capacity of Plant, gallons pe		360,000	III. Charles and the control of the		
	ction 62-699.310(4), F.A.C.):	V		Plant C	lass (per subsection 62-699.310(4), 1	F.A.C.): C
	The state of the s	lame	License Class	License Number	Day(s) / S	hift(s) Worked
ead/Chief Operator			C	6813	Days 1st Shift	
ther Operators:	John Worrell		C	6597	Days 1st Shift	
	Terry McCarthy		C	4617	Days 1st Shift	
	William Trendel		lc lc	6411	Days 1st Shift	
	William Tronder					
					1	
	\$ 					
A STATE OF	<u> </u>				L.	
artification by Le	nd/Chief Operator					
	iter treatment plant operator lice	ensed in Florida am the lead	chief operator of the	water treatment n	lant identified in part I of this	report. I certify that the
the undersigned wa	I in this report is true and accura	to to the best of my knowled	as and haliof I south	for that all drinking	water treatment chemicals u	sed at this plant conform to h
tormation provided	in this report is true and accura	the to the best of my knowled	ge and benef. I cert	ny macan dimeni	g water treatment enclined s u	tions plant contoins to
ternational Standar	d 60 or other applicable standar	ds referenced in subsection 6	52-555.320(3), F.A.C	. I also certify th	at the following additional op	erations records for this plan
	lay that a licensed operator staff	ed or visited this plant during	g the month indicated	d above: (1) recor	ds of amounts of chemicals u	sed and chemical feed rates;
ere prepared each d		n d	e. I agree to provide	these additional of	perations records to the PWS	owner so the PWS owner ca
ere prepared each d	ropriate treatment process perfo	rmance records. Furthermor	, 0			
ere prepared each d 2) if applicable, app	ropriate treatment process perfo					
ere prepared each d 2) if applicable, app	ropriate treatment process perfo with copies of this report, at a c	convenient location for at leas				
vere prepared each d 2) if applicable, app	ropriate treatment process perfo with copies of this report, at a c	convenient location for at leas	st ten years.			C-6813
vere prepared each d 2) if applicable, app	ropriate treatment process perfo	onvenient location for at leas	st ten years.			C-6813 License Number

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

PWS I	lentificaito	n Number:	3481329		Plant Name	Tangerine Parl	ĸ							
III. D	aily Data	for the N	Ionth/Yea	r of:	October, 2008									
				ctivation/Removal:	▼ Free Chl	orine F C	hlorine Dio	ride [Ozone	Combin	and Chlorin	e (Chloramines)	
	traviolet R			her (Describe):	1	1 0	morne 17102	ade i	Ozone	Compi	ica Chorin	e (Choramnes	,	
-				ained in Distributi	ion System:	▼ Free Chloris	n., [Combine	d Chlorine (C	bloramines	· F	Chlorine Dioxic	le	
Type C	Distille	Ctarii Kesic	luai iviaiin	T			33 Maria 64 Maria			·			I and the same of	
6.5	1.0		1	CT	Calculations, or			Four-Log	Virus Inact	ivation, if				
						CT Calcula	itions				, U	V Dose	2.000	
		5 (2.15)			100 400 100 1756	and the second	Lowest CT	(14,17a)					CALLED TEACH	
100	940 A. G	\$165 March				Disinfectant	Provided				150	Descripting		
2 5 2 7 6	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operating
465,000	Visited by		Finished		Concentration (C)	Measurement	Customer	48-14		Minimum	Operating UV Dose,	Minimum UV	Concentration at	Conditions, Repair or Maintenance
Day of the	Operator (Place	Hours plant	Water		Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water,	CT Required,	mW-	Dose Required,	Remote Point in Distribution	Work that Involves Taking Water System Components Out of
nth	(Flace	in Operation		Peak Flow Rate, gpd.		minutes	min/L		if Applicable		sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1.00	X	24.0		15	2.0					-			1.5	
4 (2) (2)	X	24.0			2.1								1.3	
Maria Barrer	X	24.0			2.1								1.4	
4.	Х	24.0			2.6				ļ				1.9	
5.5.8		24.0			2.2								, ,	
7.5	X	24.0	<u> </u>		2.3		-						1.3	
8	X	24.0			2.3		 						1.7	
9**	X	24.0			2.0		 						1,4	
10	Х	24.0	118,000		2.2								1.6	
1.1	X	24,0			1.9	***************************************							1.3	
12		24.0												
13	X	24.0 24.0			1.7 2.1		ļ						1.1	
15	X	24.0			1.6	***************************************	-						1.5	
16	X	24.0			2.8								2.0	
-17	Х	24.0	175,000		2.6								1.9	
18	Х	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 24.0			3.3								1.9	
23	X	24.0			3.7								2.5	
24	X	24.0	134,000		2.9								2.2	
25	X	24.0			2.6								1.9	
26		24.0	121,000											
27	X	24,0			2.5								1.5	
28	X	24.0	89,000		2.6								1,6	
29	X	24.0 24.0			3.1								2.2	
31	X	24.0			3.5								2.5	
Total		24.0	4,372,000									L	2.3	
		A Section 6	141,032											
		A CONTRACTOR	204,000											

^{*} 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



1 555, 900(3)Alternate

28,2003

DEP Form

Effective

SITORDA								
See Pages 4	for Instructions.							
I. General Info	ormation for the Month/	Year of: November	er, 2008					
A Dublic Wate	er System (PWS) Informa	ition						
PWS Name:	Tangerine Park	.ttoti		····		PWS Identification Num	nber: 3481329	,
PWS Type:	✓ Community	Non-Transient Non-Com	munity Ti	ransient Non-Com	munity L	Consecutive		
1	ice Connections at End of Month				Total	al Population Served at End	of Month: 920	
PWS Owner:	Agua Utilities Florio							
Contact Person	Edward Pellenz		***************************************		Cor	ntact Person's Title:	Manager of Operations	
	s Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Cod	e: 34749
	s Telephone Number:	(352) 787-0980			Cor	ntact Person's Fax Number:	(352) 787-6333	
	s E-Mail Address:	ejpellenz@aquaamerica.	com					
	tment Plant Information							
lant Name:	Tangerine Park					Plant Telephone Number	r: 352-787	-0980
Plant Address:	5551 Huron Street				City: Mt. Dora	State: Florida	Zip Cod	e: 32757
Type of Water 1	reatment by Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Max	mum Day Operating Capacity of	Plant, gallons per day:		360,000				
	per subsection 62-699.310(4), F.					Class (per subsection 62-69		
Licensed O	perators	Name	1985 ASHA (\$125-150)	License Class	License Numb	er E	Day(s)/Shift(s) Worke	d = 3.5 - 2.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5 - 3.5
Lead/Chief (Operator: Will Fontaine			С	6813	Days 1st Shift	<u>., </u>	
Other Operat	tors; John Worrell		. 15	C	6597	Days 1st Shift	3, 2	
105 5000	Terry McCarthy			С	4617	Days 1st Shift	As he is	
111111111111111111111111111111111111111	William Trendel			С	6411	Days 1st Shift		
	(4.02)							
a management								
					<u> </u>			
Cartification	hu Lood/Chiof Onewate							
	by Lead/Chief Operato		db - l l /-b is	Campustan of the	a supragramant	plant identified in par	t Lofthic report Logg	tify that the
I, the undersi	igned water treatment plan	t operator licensed in Florida	a, am the lead/chie	t operator of the	e water treatment	piant identified in par	t i of this report. I cer	nt conform to NSE
information	provided in this report is tr	rue and accurate to the best of	it my knowledge a	nd belief. I cen	niy that an drink	ing water treatment che	emicais used at this pia	A. C thislant
International	Standard 60 or other appli	icable standards referenced i	n subsection 62-5.	55.320(3), F.A.	C. I also certify	that the following addi	tional operations recoi	ds for this plant
were prepare	d each day that a licensed	operator staffed or visited th	is plant during the	month indicate	d above: (1) rec	ords of amounts of che	emicals used and chemi	ical feed rates; and
		process performance record			these additional	l operations records to	the PWS owner so the	PWS owner can
retain them, t	together with copies of this	s report, at a convenient loca	tion for at least ter	n years.				
1	2	0						
Here	12-	12.9-08	Will Fontaine	and was used and	A plane words to		C-6813	
Signature and D			Printed or Typ	ed Name			License	Number

Page,

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

PWS Io	lentificaito	n Number:	3481329		Plant Name:	Tangerine Park								
II. D	aily Data	for the M	onth/Yea	r of:	November, 2008									
				ctivation/Removal:		orine [C	hlorine Diox	ide Γ	Ozone	☐ Combin	ned Chlorine	e (Chloramines))	
	traviolet R			her (Describe):				70.77				5 38.55		
				ained in Distributi	on System:	Free Chloria	пе Г	Combined	Chlorine (C	hloramines)	Г	Chlorine Dioxic	le	
				T							A 1: . 1-1 .			Commission of the state of
		7.52	1124		Calculations, or			our-Log	Virus Inact	ivation, ii	Applicable	V Dose		
			SHAPE SA	2.7	aceron years	CT Calcula	tions (Between the second			- U	v Dose		A transmission
		44.75	5.44		90.1000.000	t Praulish	Lowest CT			to de		elian Heli	Delibert S	
	Survey:	43.00000	G0000000000000000000000000000000000000	Secretary of the second	-515 6 A	Disinfectant	Provided		Ba all		Add to the		3-13-6-6-6-6	DOMESTICAL
	Days Plant		Net		Lowest Residual	Contact Time	Before or at	A CONTRACTOR MANAGEMENT	Ma.				Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First			1974	Lowest		The second secon	Emergency or Abnormal Operat
	Visited by		Finished)		Concentration (C)	Measurement	Customer		reservos	Minimum	Operating UV Dose,	Minimum UV	Concentration at	Conditions, Repair or Maintena Work that Involves Taking War
Day of	Operator	Carrier of the	Water		Before or at First	Point During	During Peak	Temp of	pH of Water,	CT	mW-	Dose Required,	Remote Point in	System Components Out of
the		Hours plant			Customer During	Peak Flow,	Flow, mg-	W 0	pH of Water, if Applicable	Required,	scc/cm ²	mW sec/cm ²	System, mg/L	Operation
'onth	X")	in Operation 24.0		Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	matel, &C	и гаррисаове	oging-minch	SCC/CIII	min bootin	2.3	The state of the s
2		24.0	141,000		3.1									
3	Х	24,0	141,000		2.7								2.0	
4 -	X	24.0	120,000		2.5								1.5	
15	Х	24.0	125,000		2.7								1.9	
6	X	24.0	87,000		3.1								2.3	
7	Х	24.0	115,000		2.9								2.2	
8	X	24.0	119,000		3,4								2.7	#4/0K
9.		24.0	155,000										2.	
10 🐇	X	24.0	155,000		2.9								2.1	
11 %	X	24.0	112,000		2.6								1.8	
12	X	24.0 24.0	148,000 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	- 1	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	
1489	X	24.0	136,000		2.9								2.2	
. 22	X	24.0	122,000		2.8								2.2	
23		24.0	125,000		2.5								1.5	
24	X	24.0 24.0	125,000 106,000		3.0								2.2	
25	X	24.0	124,000		3.0								2.5	
27.	X	24.0	110,000		2.9								2.5	
28	Α	24.0	135,500		2.7									
29 =	Х	24.0	135,500		2.7								1.8	
30	X	24.0	100,000		2.5									
31		24.0												
	513150		3,685,000										-	
verage	epopolis e		118,871											
/aximu	m	April 199	155,000											

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

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



DEP Form 52-555, 900(3)Alternate

Polymer Page 3 Due in December

See Pages 4 for Instr	ructions.							
I. General Information		Year of: Decem	ber, 2008					
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Tangerine Park					PWS Identification Number	r: 3481329	
PWS Type:	Community	Non-Transient Non-Con	nmunity Tr	ansient Non-Comr	munity	Consecutive		A. C.
Number of Service Connec						Population Served at End of	Month: 920	
PWS Owner:	Agua Utilities Florid					1		
Contact Person:	Edward Pellenz	*			Conta	act Person's Title:	Manager of Operations	
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		(352) 787-0980				act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		ejpellenz@aquaamerica	a.com					
Water Treatment Pl	ant Information				~ <u></u>			
ant Name:	Tangerine Park					Plant Telephone Number:	352-787-09	980
Plant Address:	5551 Huron Street				City: Mt. Dora	State: Florida	Zip Code:	32757
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		360,000				
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.): Joseph 1	V		Plant C	lass (per subsection 62-699.)	310(4), F.A.C.): C	
Licensed Operators			Marie Marie (September 1997)	License Class	License Number	Day	y(s)/Shift(s) Worked	
Lead/Chief Operator:				C	6813	Days 1st Shift		
Other Operators:	John Worrell	() ₄ .		С	6597	Days 1st Shift		
	Terry McCarthy	(f):		С	4617	Days 1st Shift		
	William Trendel	ļį t		С	6411	Days 1st Shift		
	UChiac O							
II. Certification by Lead			1 1 1/1:	C (1			Calling of Torontic	All at the
		t operator licensed in Florid						
		ue and accurate to the best						
		icable standards referenced						
		operator staffed or visited t						
(2) if applicable, appre	opriate treatment	process performance record	ds. Furthermore, I a	gree to provide	these additional of	perations records to the	e PWS owner so the P'	WS owner can
retain them, together v	with copies of this	report, at a convenient loc	ation for at least ten	years.				
1621								
Musto		1-1-29	Will Fontaine				C-6813	
Signature and Date			Printed or Type	ed Name			License Nu	ımber
- Sugar and Date			rimed of Type	- W. ARRITAN			21001100 110	

Page V

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

PWS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Parl	ζ							
Ш	aily Data	for the M	lonth/Yea	r of:	December 2008									
Parameter of the Parame				tivation/Removal:					^					
					▼ Free Chl	orine C	hlorine Dio	kide	Ozone	Combin	ned Chlorin	e (Chloramines))	
-	traviolet R			her (Describe):							-			
Type	of Disinfee	ctant Resid	lual Maint	ained in Distributi	on System:	₹ Free Chlori	ne /	Combine	d Chlorine (C	Chloramines)) [Chlorine Dioxic	le	
100	9.50.44		Maria Andrews	CT	Calculations or	LIV Dose to I	Demostate 1	Four-Log	Virus Inact	tivation if	Applicable	• 1000 C 1570	24 DE 98	创始的企业的企业企业
146000	4.4.4	Condition of the last	restaure in its	12.12.136.116.1								V Dose		3. 10 年 於至 7 任 前 序段等
A Security Sec	102.00	not a such	1.00	CONTRACTOR STATE	la estada	C1 Calcula			78. 19.53	l .		V 1203C		全国的特别是否要有多数是
							Lowest CT	200						
apolici Maria					Section 1	Disinfectant	Provided		50.000	Section 2015			545.145	KANDER CHARLES
	Days Plant Staffed or Visited by		Net	N. 40 1 1 5 1 1	Lowest Residual	Contact Time	Before or at	PERSONAL PROPERTY.	医头骨毛	A1 - 7-1	Lowest		Lowest Residual	personal property and the
1000	Migited by	100	Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First			Minimum	Operating			Emergency or Abnormal Operating Conditions, Repair or Maintenance
Day of	Operator		Water		Before or at First	Point During	During Peak	0.50		CT	UV Dose,	Minimum UV		Work that Involves Taking Water
the		Hours plant	SECTION SECTIO		Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water,		mW-	Dose Required,	Distribution	
' · · ¬th		in Operation		Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	
100	X	24.0	161,000		2.7								1.3	
22	X	24.0	83,000		2.2								1.5	
14.34	X	24.0	133,000		2.5								2.0	
4.00	X	24.0	85,000		3.1				Sec.				2.5	*
5-5	. X	24.0	115,000	*c**	3.1				a. or we all				. 2.6	age are all a
6	Х	24.0	100,000		2,9								2.5	and the second s
7.7		24.0 24.0	128,500	4	2.7								2.1	- LONG
8	X	24.0	128,500 139,000		2.7	· · · · · · · · · · · · · · · · · · ·			K. 84.				2.1	- Albertale
10	X	24.0	108,000		2.8								2.1	.151.000
0.81150	X	24.0	113,000	».	2.9				200.5				2.3	sec. 4.
0.512 S	Х	24.0	113,000	-	2.0								2.0	
- 13	Х	24.0	101,000		2.9								2.4	
. 14		24.0	116,000						***************************************					
15	Х	24.0	116,000		2.0								1.8	
16	Х	24.0	116,000		2.9								2.3	
Sec. 172	Х	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	
10 s	Х	24.0 24.0	91,000 97,000		2.7								2.0	
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 d	Х	24.0	112,000		2.2								2.0	
28		24.0	138,000											
29	Х	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	
	5445.Uz 64	4.000000	3,701,000											
Average	THE RESERVE	2010031172727450	119.387											

172,000

^{*} 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

	ymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2008 nonomer acrylamide used at the water treatment plant?
Polymer Dose ppm =	Acrylamide Level, %1=
3. Is any polymer containing the polymer are as follows:	monomer epichlorohydrin used at the water treatment plant? Yes, and the polymer dose and the epichlorohydrin level in the
Polymer Dose ppm =	Epichlorohydrin Level, % ^t =
. Is any iron or manganese sequ	strant used at the water treatment plant?
Type of Sequestrant (polyphos	phate or sodium silicate):
Sequestrant Dose, mg/L of pho	sphate as PO_4 or mg/L of silicate as $SiO_2 =$
If sodium silicate is used, the	mount 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.

33

t 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



Can	Dagge A	form	Instructions.

2003

WS Name:	em (PWS) Inform Tangerine Park		The second secon			PWS Identification Number:	3481329
WS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Com	munity [Consecutive	
	nections at End of Mont			***************************************	Total	Population Served at End of Month:	920
WS Owner:	Aqua Utilities Flori						
ontact Person:	Edward Pellenz				Conta	ct Person's Title: Manage	r of Operations
ontact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Teleph		(352) 787-0980			Conta	ct Person's Fax Number: (352) 78	37-6333
ontact Person's E-Mail		ejpellenz@aquaamer	ica.com				
	Plant Information	Constitution of the consti					
ant Name:	Tangerine Park					Plant Telephone Number:	352-787-0980
ant Address:	5551 Huron Street				City: Mt. Dora	State: Florida	Zip Code: 32757
pe of Water Treatmen		✓ Raw Ground Water	Purchased F	Finished Water			
	y Operating Capacity of	f Plant, gallons per day:		360,000			
	ection 62-699.310(4), F		V		Plant C	lass (per subsection 62-699.310(4), F	² .A.C.): C
icensed Operator	S	Name	and with service	License Class	License Number	Day(s) / S	hift(s) Worked
ad/Chief Operato				С	6813	Days 1st Shift	
ther Operators:	John Worrell			С	6597	Days 1st Shift	
r Arthur Gren	Terry McCarthy			С	4617	Days 1st Shift	
	William Trendel			С	6411	Days 1st Shift	
the miles and the second one of the							
25,250	2331						
ertification by Lo	ead/Chief Operato	r				。 《大学》的"新闻集",在第二条章的"自己"。	
the undersigned w	ater treatment plan	t operator licensed in Flo	orida, am the lead/cl	nief operator of the	water treatment p	lant identified in part I of this	report. I certify that the
						g water treatment chemicals us	
ternational Standa	ard 60 or other appl	icable standards reference	ed in subsection 62	-555 320(3), F.A.(Lalso certify the	at the following additional ope	erations records for this plan
era praparad aach	day that a licensed	operator staffed or visite	d this plant during t	the month indicate	dahove: (1) recor	ds of amounts of chemicals us	sed and chemical feed rates:
vice prepared each	ay mat a neemseu	operator statica or visite	a this plant during i	Lagran to provide	than additional o	perations records to the PWS	owner so the DWS owner c
					mese additional o	perations records to the rws	OWNER SO THE LAND OWNER C
tain them, togethe	with copies of thi	s report, at a convenient l	ocation for at least	ten years.			
14. 7		-1-1-0					
Menge		2-6-09	Will Fonta	ine			C-6813
110							

Page 1

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

PWS Id	lentification	n Number:	3481329		Plant Name:	Tangerine Parl								
II. D	aily Data	for the M	lonth/Yea	r of:	January, 2009									
				tivation/Removal:		orine \Box \subset	hlorine Diox	ide [Ozone	Combin	ned Chlorin	e (Chloramines)	1	
	raviolet R			her (Describe):	## # (2000)		inordic Dien	illo j		Comon	ica cinyin	e (emoramico,	,	
				ained in Distributi	on System:	Free Chloris	1e [[Combined	l Chlorine (C	'hloramines'		Chlorine Dioxid	le	
		Lant Nesiu	-	·								Commence of Commence Approximate	I	
				THE CT O	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if	Applicable	* Challen		
30.5						CT Calcula	tions	4 (2 EX			U	V Dose		
						2000	TO COT	S. C.						
						Districtores	Drovided							
	Days Plant				Lowest Residual	Contact Time	Before or at	Constitution of the	and continued	- 245	4.92		Lowest Residual	
	Staffed or		Net Quantity of		Disinfectant	(T) at C	First		3000 A. C		Lowest		Disinfectant	Emergency or Abnormal Operat
10 Cont.	Visited by	Stanta	Finished	Charlest Strategy Strategy	Concentration (C)	The state of the s	Customer	90 00 LOAD	and the second	Minimum	, Operating	Chapter Street	Concentration at	Conditions, Repair or Maintena
	Operator	dia Consti	Water		Before or at First	The factor to go to delicate the property of	During Peak	0.00		CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Wat
the		Hours plant		5000 FEB. 600	Customer During	The state of the s	Flow, mg-	1 emp of	pH of Water,	Required,	mW-	Dose Required,		System Components Out of
th		in Operation		Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
5. JL 700	X	24.0	123,000		3.4								2.4	
2.0	Х	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	
17	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	
411		24.0	163,500		2.2								10	
12 🖟	X	24.0			2.3								1.9	
13	X	24.0 24.0	85,000 121,000		2.3								2.0	
- 15	X	24.0	134,000		2.4								2.0	
16	X	24.0	79,000		2.8							marcon minimum and	2.3	
17	X	24.0	117,000		2.8								2.2	
1800		24.0	148,000		2.0									
19 %	Х	24.0	148,000		2.7								2.4	
7	X	24.0	112,000		2.5								2.2	
- 21- 4	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	Х	24.0	154,000		2.9								2.4	
25		24.0	185,000											
26	Х	24.0	185,000		2.7								2.1	
27	Х	24.0	152,000		3,1								2.6	
:28 🖖	Х	24.0	171,000		2.3								1.9	
29	X	24 0	131,000		2.5								2.1	
30	Х	24.0	96,000		2.7								2.4	
31	Х	24.0	165,000		2.5				The state of the s	New 10 10 10 10 10 10 10 10 10 10 10 10 10			2.0	
otal		Maria di La	4,136,000	100000										
verage	h-content of the	145125	133,419											

^{*} Refer to the instructions for this report to determine which plants must provide this information DEP Form 62 70(3)Alternate

185,000

Maximum

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



Effective Ay

28,2003

See Pages 4 for Inst.										
General Information	n for the Month/	Year of: February, 200	9							
. Public Water Syster	m (PWS) Informa	ation								
PWS Name:	Tangerine Park						PWS Identification Numb	per:	3481329	
PWS Type:	✓ Community	Non-Transient Non-Communit	y Tr	ansient Non-Com	munity	, <u> </u>	Consecutive			
Number of Service Connec						Total	Population Served at End of	of Month:	920	
PWS Owner:	Agua Utilities Florie									
Contact Person:	Will Fontaine					Conta	act Person's Title:	Field Coordin	ator	
Contact Person's Mailing		PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephon		(352) 787-0980				Conta	act Person's Fax Number:	(352) 787-633	33	
Contact Person's E-Mail A		wmfontaine@aquaamerica.co	om							
Vater Treatment P				manna						
r'lant Name:	Tangerine Park			The state of the s			Plant Telephone Number:		352-787-09	80
Plant Address:	5551 Huron Street				City:	Mt. Dora	State: Florida		Zip Code:	32757
Type of Water Treatment I		✓ Raw Ground Water	Purchased Finis	shed Water						
Permitted Maximum Day				360,000						
Plant Category (per subsec						Plant C	Class (per subsection 62-699	9.310(4), F.A.C.): C	
Licensed Operators	(Necessary)	Name	March 1994	License Class	Lice	nse Number	D	ay(s) / Shift(s) Worked	
Lead/Chief Operator:				С		6813	Days 1st Shift			
Other Operators:	John Worrell			С	-	6597	Days 1st Shift			
	Terry McCarthy			С		4617	Days 1st Shift			
Action (Control of the Control of th	William Trendel			С		6411	Days 1st Shift			
e Employment and the										
and recognition of the										
	*									
	3									
l. Certification by Lea	ad/Chief Operato			emen element kommune						
I, the undersigned wa	ater treatment plan	t operator licensed in Florida, am	the lead/chie	f operator of the	wate	er treatment p	plant identified in part	I of this repo	ort. I certify	that the
information provided	l in this report is to	rue and accurate to the best of my	knowledge ar	nd belief. I cert	ify tha	at all drinkin	g water treatment cher	micals used a	it this plant	conform to NSF
International Standar	d 60 or other appl	icable standards referenced in sul	section 62-55	55.320(3), F.A.0	C. la	lso certify th	at the following addit	ional operation	ons records	for this plant
were prepared each d	lay that a licensed	operator staffed or visited this pl	ant during the	month indicate	d abo	ve: (1) reco	rds of amounts of cher	nicals used a	nd chemica	I feed rates; and
(2) if annliable ann	ranciete treatment	process performance records. Fi	orthermore I	agree to provide	these	additional o	operations records to t	he PWS own	er so the PV	WS owner can
					111000	, additional (operations reverse			
	/ 1	s report, at a convenient location	ior at least ter	i years.						
Marie	15	J. 9.09	Will Fontaine					_	C-6813	
Signature and Date			Printed or Typ						License Nu	mber
DEP Form 62-555900(3				Page 1						(

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

PWS Id		n Number:				Tangerine Park	ζ							
III. D	aily Data	for the M	onth/Yea	r of:	February, 2009									
				tivation/Removal:	▼ Free Chle	orine [C	hlorine Diox	ide [Ozone	Combin	ed Chlorin	e (Chloramines)		
	traviolet R			ner (Describe):		•				, comon	ica cincini	c (c)		
Type o	of Disinfed	tant Resid	lual Mainta	ained in Distributi	on System:	₹ Free Chloria	ne F	Combined	Chlorine (C	Chloramines)	-	Chlorine Dioxid	e	
Total San													Brown Brown	
			141 4134	CI C	Calculations, or	UV Dose, to I	Jemostate 1	our-Log	Virus Inact	ivation, 11 /	Applicable	/ Dose		
					6000,0723,0123,0133 	CI Calcula					CONTRACTOR OF THE CONTRACTOR O	ViDose		44.
							Lowest CT							1.4
13.90			1400	2 C	PER NUMBER OF STREET	Disinfectant	Provided							was the same of th
	Days Plant	100	Net	ear and the Fades	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at				Lowest	AUGUST AND	Lowest Residual Disinfectant	Emergency or Abnormal Operating
	Staffed or Visited by		Quantity of Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions, Repair or Maintenance
Day of	Operator		Water	14 marin - 1 mar	Before or at First	Point During	During Peak	All Activities		CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	(Place	Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
1th	"X")	in Operation	gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	⊘ min/L ⊛	Water, C	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm	System, mg/L	Operation
1		24.0	129,333						*					
2.5	v	24.0 24.0	129,333 129,333		2.4								2.0	
+4**	X	24.0	115,000		3.1								2.5	
5	X	24.0	164,000		3.2								2.7	
4.46.7	X	24.0	155,000		3.5								3.0	
7.27	Х	24.0	184,000		2.6								2.2	
8	X	24.0	153,000		2.5								1.8	
9 -10	X	24.0 24.0	155,000 195,000		2.3								1.5 2.0	
10	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	447000000000000000000000000000000000000
15		24.0	164,500										2.2	
16 17	X	24.0 24.0	164,500 160,000		2.6								2.3	
18	X	24.0	162,000		2.6								2.1	
-19:10	X	24.0	177,000		2.7								2.2	
) A	X	24.0	115,000		1.8								1,5	
21 ×	X	24.0	106,000		2.3								1.8	
22		24.0	163,500		2.2								7.5	
23	X	24.0 24.0	163,500		2.2								1.5	
24	X	24.0	109,000 184,000		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												
Total	Status and Factors	24.0	4,193,000		L		L							
1 Orgr	ALEXION PAR	2 mg 20 3 Mg 20 mg ag	4,193,000											

195,000

Maximum

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

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



See Pages 4 for Instructions.

0(3)Alternate

. General Information	n for the Month/Year of: March, 2009	9			
A. Public Water Syster					
PWS Name:	Tangerine Park			PWS Identification Number.	3481329
PWS Type:	✓ Community	nity Transient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month: 358		Total	Population Served at End of Month	i: 920
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine		Conta	ct Person's Title Field (Coordinator
Contact Person's Mailing /		Control of the Contro	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon			Conta	ct Person's Fax Number (352)	787-6333
I Contact Person's E-Mail A		com			
3. ater Treatment Pl	ant 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 b		Purchased Finished Water			
	Operating Capacity of Plant, gallons per day:	360,000			
Plant Category (per subsec	tion 62-699.310(4), F.A.C.): V			ass (per subsection 62-699.310(4),	
Licensed Operators	Name	License Class	License Number	Day(s) / S	Shift(s) Worked
Lead/Chief Operator:		C	6813	Days 1st Shift	
Other Operators:	John Worrell	C	6597	Days 1st Shift	
	Terry McCarthy	С	4617	Days 1st Shift	
	William Trendel	С	6411	Days 1st Shift	
1					
					- N. W. Co
Certification by Lead	1/Chief Operator				
					ale de la Carle de C
information provided	er treatment plant operator licensed in Florida, ar	n the lead/chief operator of the	water treatment pl	ant identified in part I of this	s report. I certify that the
International Standard	in this report is true and accurate to the best of m	y knowledge and belief. I certi	fy that all drinking	water treatment chemicals u	ised at this plant conform to NSF
international Standard	60 or other applicable standards referenced in su	ibsection 62-555.320(3), F.A.C	. I also certify tha	t the following additional op	erations records for this plant
were prepared each da	ly that a licensed operator staffed or visited this p	lant during the month indicated	above: (1) record	ls of amounts of chamicals w	sad and chamical food rates, and
(2) if applicable, appli	opriate treatment process performance records. F	urthermore, I agree to provide	these additional op	perations records to the PWS	owner so the PWS owner can
retain them, together v	with copies of this report, at a convenient location	for at least ten years.			A CONTRACT OF STREET OF STREET
16 1	2 - 11000				
JA- Completion	4-9-05	Will Fontaine			C-6813
Signature and Date	All Particular and the second and th	Printed or Typed Name			
		A CONTRACT OF THE CONTRACT OF			License Number

Page 1

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

PWS I	lentificaito	n Number:	3481329		Plant Name:	Tangerine Park	(
		for the M		r of:	March, 2009									
				tivation/Removal:	▼ Free Chl	orine T C	hlorine Dios	ide E	Ozone	Combin	ed Chlorin	e (Chloramines))	
					iv Free Citi	ornic i c	mornic Dias	Juc :	CZOIIC	Comon	ica Channa	e (Cinoralines)	ι,	
	traviolet R			her (Describe):			p	O 1:	1.69.1	11		Chlorine Dioxio	la la	
ype o	of Disinfee	ctant Resid	ual Maint	ained in Distributi	on System:	✓ Free Chlorii	ne l	Combined	Chlorine (C	nioramines)	1 1	Chiorine Dioxic	ie I	T
	Ī				Calculations, or	LIV Dose to I	Demostate I	Four-Log	Virus Inact	ivation, if	Applicable	*		
				C13	Calculations, or	CT Calcula		our bog			111	V Dose	1	
	1					Ci Calcula	T							
							Lowest CT							
						Disinfectant	Provided							
	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest	5	Disinfectant	Emergency or Abnormal Opera
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating UV Dose,	Minimum UV	Concentration at	Conditions; Repair or Maintena Work that Involves Taking Wa
Day of	Operator		Water		Before or at First	Point During	During Peak	T		CT	mW-	Dose Required,	Remote Point in	System Components Out of
	(Place	Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-		pH of Water,	Required,			Distribution	Operation Operation
31	"X")	in Operation		Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Орегалоп
1		24.0	145,500										0.9	
2	X	24.0	145,500		1.3								2.1	
3	X	24.0	105,000		2.7								2.0	
4	X	24.0	127,000		2.4								1.7	
5	X	24.0	171,000		2.2								1.5	
6	Х	24.0	125,000		2.0								1.5	1
7	X	24.0	141,000		2.0								1.5	
8		24.0	193,000		2.1		-						1.3	<u> </u>
9	X	24.0	193,000		2 1 2 2		 						1.6	
10	X	24.0 24.0	140,000 186,000		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		<u> </u>						1.7	
15	- /4	24.0	176,000											
16	Х	24.0	176,000		2.2		1		707				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	
. 7	Х	24.0	138,000		2.7								2.0	
21	X	24.0	157,000		2.7								2.1	
22		24.0	173,000		74_3422.07022									
23	Х	24.0	173,000		1.0								0.6	
24	Х	24.0	98,000		1.8								1,1	
25	Х	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	Х	24.0	118,000		1.9								1.2	
31	X	24.0	112,000		2.3								1,8	
otal	3,443		4,631,000											
verage			149,387											

^{*} Refer to the instruct?* — for this report to determine which plants must provide this information DEP Form 62 (3)Alternate

193,000

Maximum

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



-	-			
See	Pages	4 for	Instructions	3

General Information	n for the Month/Year of:	April, 2009					
Public Water Syster	n (PWS) Information	,					***************************************
PWS Name:	Tangerine Park			***************************************	PWS Identification Num	ber: 3481329	
PWS Type:		ansient Non-Community	Transient Non-Com	munity	Consecutive	7101029	
Number of Service Connec		358			Population Served at End	of Month: 920	
PWS Owner:	Agua Utilities Florida			1			
Contact Person:	Will Fontaine			Conta	ect Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address: PO Box 49031	0		City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephon	e Number: (352) 787-0980)			ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		@aquaamerica.com				1,000,000,000,000,000,000,000,000,000,0	
"ater Treatment Pl							
ant Name:	Tangerine Park			THE STATE OF THE S	Plant Telephone Number	352-787-09	80
Plant Address:	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code:	32757
ype of Water Treatment b		ound Water Purchased	Finished Water		1	100000	
Permitted Maximum Day (Operating Capacity of Plant, gallons pe	er day:	360,000				
	tion 62-699.310(4), F.A.C.):	V		Plant C	lass (per subsection 62-699	9.310(4), F.A.C.); C	
Licensed Operators	1	Name	License Class	License Number		ay(s) / Shift(s) Worked	
ead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift	7,07.00	
Other Operators:	John Worrell		С	6597	Days 1st Shift		
	Terry McCarthy		С	4617	Days 1st Shift		
	William Trendel		C	6411	Days 1st Shift		
					 		
					1		
ertification by Lead	I/Chief Operator			A STATE OF THE STATE OF			
the undersigned wat	er treatment plant operator lice	ensed in Florida, am the lead/cl	nief operator of the	water treatment n	lant identified in part	Lof this report Logitify	that the
formation provided	in this report is true and accura	te to the best of my knowledge	and belief I certi	fy that all drinking	water treatment cher	nicals used at this plant of	onform to NC
iternational Standard	60 or other applicable standar	ds referenced in subsection 62	555 320(2) E A C	Lolog gartify the	the fellerine addit	incais used at this plant c	omorni to Na
ere prepared each da	ov that a licensed gnarator staff	ad or visited this plant during t	-555.520(5), r.A.C	. I also certify the	it the following additi	onal operations records i	or this plant
) if applicable appro	y that a licensed operator staff	ed or visited this plant during t	ne month indicated	above: (1) recor	ds of amounts of chen	nicals used and chemical	feed rates; an
oin the approach	opriate treatment process perfo	rmance records. Furthermore,	I agree to provide	these additional o	perations records to the	ne PWS owner so the PW	S owner can
tain them, together v	vith copies of this report, at a c	onvenient location for at least	ten years.				
11/1	2						
Muy	25-/	Will Fontai	ne			C-6813	
gnature and Date			Typed Name			License Num	her
DER Form Co. see			e series e la companya de la companya del companya de la companya del companya de la companya de			perverse stuff	
DEP Form 62-555 900(3)A Effective Augus 703	remate		Page I				

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

PWS Io	lentification	n Number:	3481329		Plant Name:	Tangerine Park	(
11. D	aily Data	for the M	onth/Yea	r of:	April, 2009									
1eans	of Achievin	ng Four-Log	Virus Inac	tivation/Removal:	▼ Free Chle	orine [C	hlorine Diox	ide [Ozone	┌ Combin	ned Chlorin	e (Chloramines))	
	raviolet R			her (Describe):						,				
				ained in Distribution	on System: [▼ Free Chlorii	ne [(Combined	Chlorine (C	'hloramines'	Г	Chlorine Dioxic	le	
ype c	1 Distilled	ctant Kesiu	uai Maniu	T						L			T T	
				CT	Calculations, or	UV Dose, to I	Demostate F	our-Log	Virus Inact	ivation, if				4 j
						CT Calcula	ations				U	V Dose		
							Lowest CT							1 1
						Disinfectant	Provided							÷
	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operati
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintenan
Day of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	(Place	Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
h the	"X")	in Operation	gal.	Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable		sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
	X	24.0	108,000	Tour To Wilder, gpu.	3.0					<u> </u>			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	- Consider as a standard and constitue the state of the standard and the s
-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		<u> </u>						2.0	
16	X	24.0	115,000		2.8								2.2	
17	X	24.0	141,000		2.7								1.5	
18 19	X	24.0 24.0	121,000 174,000		2.0								1.3	
19	V	24.0	174,000		2.0								1.3	
	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	1 X	24.0	184,000		2.4								2.0	
31		24.0												
otal			4,298,000		<u></u>		A		h				L	Same and the complete and the control of the contro
verage		4.77	138,645											

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

199,000

Maximum

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



See Pages 4 for Instructions.

. General Information	n for the Month/Year of: May, 2009				
. Public Water System	n (PWS) Information				
PWS Name:	Tangerine Park			PWS Identification Number:	3481329
PWS Type:	Community Non-Transient Non-Community	Transient Non-C	ommunity	Consecutive	57503.727
Number of Service Connec				l Population Served at End of Month:	920
PWS Owner:	Aqua Utilities Florida			openion och ned tit blie et menne	720
Contact Person:	Will Fontaine		Con	act Person's Title: Field C	oordinator
Contact Person's Mailing /	Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon					87-6333
Contact Person's E-Mail A		m	18.371	(322) 1	0.6000
Nater Treatment Pl					
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 b	by Plant:	Purchased Finished Water			100 0000 0000
	Operating Capacity of Plant, gallons per day:	360,000			
	tion 62-699.310(4), F.A.C.):		Plant	Class (per subsection 62-699.310(4), 1	F.A.C.): C
Licensed Operators	Name	License Cla			hift(s) Worked
		C	6813	Days 1st Shift	(5) 55
Other Operators:	John Worrell	lc.	6597	Days 1st Shift	
William State	Terry McCarthy	C.	4617	Days 1st Shift	
	William Trendel	C	6411	Days 1st Shift	
				Louis 15t Gille	
Certification by Lead	d/Chief Operator	SALUTAN AND SALUTAN SALA			The second second second second
	ter treatment plant operator licensed in Florida, am	the lead/chief operator of	the water treatment	plant identified in part Lafthi	a rapart. I partify that the
information provided	in this report is true and accurate to the best of my	lmanuladas and baliaf I	and Called and Administra	plant identified in part 1 of this	s report. I certify that the
Information provided	in this report is true and accurate to the best of my	knowledge and benef. To	ertify that all drinkl	ng water treatment chemicals i	used at this plant conform to NSF
international Standard	60 or other applicable standards referenced in sub	section 62-555.320(3), F.	A.C. Talso certify the	nat the following additional op	erations records for this plant
were prepared each da	y that a licensed operator staffed or visited this pla	nt during the month indic	ated above: (1) reco	ords of amounts of chemicals u	ised and chemical feed rates; and
(2) if applicable, appro	opriate treatment process performance records. Fur	rthermore, I agree to prov	ide these additional	operations records to the PWS	owner so the PWS owner can
retain them, together v	with copies of this report, at a convenient location f	or at least ten years.			
1/	,				
Illu por	69.09	Will Fontaine			C-6813
Signature and Date		Printed or Typed Name			License Number
		or . Jhen mann			License Number

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

· 不是在于中的,她是我们

Many Park Committed Many 2009 Many Four Low York Free Chlorine Chlorine Dioxide Committed Chloramines Comm	PWS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Par	·k	-						
Manus Achreving Four-Log Virus Inactivation(Removal)					r of:	May 2009	A								
The Comment of Comments The Comment of C															
Type of Disinfectant Residual Maintained in Distribution System: Free Charine Combined Chloramic (Chloramice) Chlorate Chl	ivicans	of Acmev	ing rour-Le	og virus ma	activation/Removal	: Jo Free Chi	orine C	Chlorine Dio:	kide	Ozone	Combi	ned Chlorin	e (Chloramines)	
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dos	-							No. of the last of							
Day Plane Not Not Not Content From Cont	Type	of Disinfe	ctant Resid	lual Mainta	ained in Distribution	on System:	✓ Free Chlori	ne	Combine	1 Chlorine (C	Chloramines)	Chlorine Dioxie	le	
Day Plane Not Not Not Content From Cont	CO MAN	91.6		10 4 4	СТ	Calculations or	LIV Dose to I	Demostate 1	Cour-Log	Virus Inact	ivation if	Applicable	*		
Day Plan	1000	19-11	5.0			Caroatatrons, or			Gui Bog	THUS INUC	ration, it				
Disprehense							Cr caleur	ations		T		0	V DOSC		
Days Patrix Staffs of Output Staffs of Outp		0.00													
		D D:		0.6		1.0525.0							41.000.000.000		The comment of the same At
Visited by part Concentration of Con	15	A STATE OF THE PARTY OF THE PAR				THE RESERVE OF THE PROPERTY OF	and the second second second second			1000		Lowest			
Day of Operator		The second secon			A TOTAL DESCRIPTION			A STATE OF THE PARTY OF THE PAR	4.4		Minimum				
Pisc Pisc Hours Hours	Day of	1. C275. 18536 M2707 / 1900/2514		THE COMPANY WAS ASSESSED.							A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Minimum UV	A CONTRACTOR OF THE PROPERTY O	
Math No. 10 10 10 10 10 10 10 1	the		Hours plant	The State of the S						pH of Water.		A STATE OF THE PARTY OF THE PAR			
X	ath	The state of the s	A Charles of the Control of the		Peak Flow Rate, gpd.	the succession of a contract of the			Water, OC	if Applicable		sec/cm ²			
3	7.1	X	24.0	168,000											
14		Х		-		2.5								2.0	
15															
6. X 24.0 24.0 16 16 7. X 24.0 170,000 2.3 16 8. X 24.0 186,000 2.3 1.5 9 X 24.0 220,000 2.3 1.7 10 24.0 224,500 1.7 1.3 211 X 24.0 124,500 2.1 1.3 112 X 24.0 139,000 2.0 1.8 13 X 24.0 113,000 2.4 1.8 14 X 24.0 113,000 2.4 1.8 15 X 24.0 134,000 2.4 1.8 15 X 24.0 134,000 2.5 2.0 15 X 24.0 130,000 2.5 2.1 16 X 24.0 139,000 2.3 2.1 17 2 24.0 126,500 1.8 1.1 19 X 24.0 127,000 1.6 1.0 2.1 X 24.0 127,000 1.6 1.1				A			3							1.4	
1														<u> </u>	
S	200000000000000000000000000000000000000														
10								<u> </u>							
10															
11		Λ				2.3		1						1.7	
12		X				2.1								1.2	
13	12														
14	13						***************************************								
16	14		24.0	112,000											
17	15	Х	24.0	85,000		2.5									
18 X 24.0 126,500 1.8 1.1 19 X 24.0 98,000 1.7 1.4 3. 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 1.7 1.1 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 1.3 31 24.0 131,000 1.8 1.4 10 4,404,000 1.8 1.4	-	X				2.3						h			
19 X 24.0 98,000 1.7 1.4 1.4 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.4 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0															
3. 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 1.7 1.1 26 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 93,000 1.8 1.3 31 24.0 131,000 1.8 1.4 Total 4,404,000 4,404,000 1.8 1.4														1,1	
21 X 24.0 76,000 1.9 22 X 24.0 81,000 1.7 23 X 24.0 96,000 1.7 24 24.0 100,000 1.7 25 X 24.0 100,000 1.7 26 X 24.0 111,000 1.6 27 X 24.0 95,000 1.9 28 X 24.0 94,000 1.8 29 X 24.0 93,000 1.8 30 X 24.0 95,000 1.8 31 24.0 131,000 Total 4,404,000					······································										
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 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 1.3 31 24 0 131,000 1.4 1.4 Total 4,404,000	2007-020-02														
23 X 24,0 96,000 1.7 1.2 24 24,0 100,000 1.7 1.1 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 1.8 1.4 Total 4,404,000 4,404,000 1.8 1.4															
24 24,0 100,000 1.7 25 X 24,0 100,000 1.7 26 X 24,0 111,000 1.6 27 X 24,0 95,000 1.9 28 X 24,0 94,000 1.8 29 X 24,0 93,000 1.8 30 X 24,0 95,000 1.8 31 24,0 131,000 Total 4,404,000	and the same of the same of														
25 X 24.0 100,000 1.7 26 X 24.0 111,000 1.6 27 X 24.0 95,000 1.9 28 X 24.0 94,000 1.8 29 X 24.0 93,000 1.8 30 X 24.0 95,000 1.8 31 24.0 131,000 Total 4,404,000						1.7								1.2	Marine Control of the
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 1.4 Total 4,404,000		Y				1.7									
27 X 24.0 95,000 1.9 28 X 24.0 94,000 1.8 29 X 24.0 93,000 1.8 30 X 24.0 95,000 1.8 31 24.0 131,000 Total 4,404,000	The same of the sa														
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 1.4 Total 4,404,000															
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	20,7														
30 X 24.0 95,000 1.8 1.4 31 24.0 131,000 Total 4,404,000															
31 24.0 131,000 Total 4,404,000	30	X	24.0												
			24.0	131,000							***************************************				
	THE RESIDENCE OF THE PARTY OF T														

255,000

Maximum

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

DEP Form (>00(3)Alternate

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



See	Pages	4	for	Instructions.
Ger	ieral I	mí	orn	nation for the Mon

General Information	for the Month/	Year of: June, 2009								
Public Water System	n (PWS) Informa	ation								
PWS Name:	Tangerine Park		***************************************				PWS Identification Number	ar: 34	181329	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity 🔲 Ti	ransient Non-Comi	munity		Consecutive			
Number of Service Connecti	ons at End of Month:	358				Total	Population Served at End of	Month: 92	20	
PWS Owner:	Aqua Utilities Florida	1								
Contact Person:	Will Fontaine					Contac	ct Person's Title:	Field Coordinator		
Contact Person's Mailing Ad	dress:	PO Box 490310			City:	Leesburg	State: Florida	Zi	p Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	et Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Add		wmfontaine@aquaamerica	i.com							
ater Treatment Pl	ant Information									
Plant Name:	Tangerine Park						Plant Telephone Number:	35	2-787-09	80
Plant Address:	5551 Huron Street				City:	Mt. Dora	State: Florida	Zi	p Code:	32757
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water						
Pennitted Maximum Day Op				360,000	•					
Plant Category (per subsection	on 62-699.310(4), F.A						Class (per subsection 62-699		С	
Licensed Operators		Name		License Class	License Number Day(s) / Shif			y(s) / Shift(s) W	orked	
	Will Fontaine			C		6813	Days 1st Shift			
Other Operators:	John Worrell			С	6597 Days 1st Shift					
and the second s	Terry McCarthy			C	4617 Days 1st Shift					
	William Trendel			С		6411	Days 1st Shift			
20 A A A A A A A A A A A A A A A A A A A										
Certification by Lead	VChief 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

DEP Form 62-5 70(3)Alternate Effective Augus

Will Fontaine Printed or Typed Name

C-6813 License Number

Page 1

Ц

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

PWS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Parl	(
Ш. п	aily Data	for the M	lonth/Yea	r of:	June, 2009								***************************************	
				tivation/Removal:	₩ Free Chl	orine F C	hlorine Diox	ia. f	- Ozone	F 0 1:	1.011	(011)		
	traviolet R			her (Describe):	if the city	orate , (morme Diox	aue i	Ozone	1 Comon	nea Chiorun	e (Chloramines)	
-				***************************************			f	C 1:	d Chlorine (C	11.1				
Type	of Disinted	ctant Resid	ual Mainta	ained in Distribution	on System:	Free Chlori	ne i	combine	a Chiorine (C	nioramines) i	Chlorine Dioxid	ie	
				CT	Calculations, or	UV Dose, to I	Demostate I	Four-Log	Virus Inact	ivation, if	Applicable	*		
						CT Calcula	310					V Dose	1	
				<u> </u>	I		T		I	<u> </u>		T	1	
							Lowest CT							
	D 01		NI		1	Disinfectant	Provided						l	
	Days Plant Staffed or		Net Quantity of		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				Lowest		Lowest Residual Disinfectant	Emergency or Abnormal Operating
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintenance
Day of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	(Place	Hours plant	and the second second		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required.	mW-	Dose Required,	Distribution	System Components Out of
1 - Conth	"X")	in Operation		Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
	X	24.0	131,000		1.7								1.2	
2	X	24.0			1.9								1.5	
3	X	24.0			1.7								1.4	
5	X	24.0	72,000	***************************************	1.7								1.3	
6	X	24.0 24.0	88,000 91,000		2.0								1.3	
7		24.0	124,000		2,0								1.3	
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	Х	24.0	138,000		2.0	***************************************							1.5	
15	X	24.0 24.0	143,000		2.0								1.0	
16	X	24.0	85,000		2.5								1.0	
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	
1		24.0	168,500											
22	X	24.0	168,500		1.8								1.5	
23	X	24.0	157,000		1.7								1.5	
25	X	24.0	84,000 112,000		2.3								1.3	
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	Х	24.0	111,000		1,4								0.6	
30	X	24.0	114,000		2.2								1.5	
31		24.0												THE RESERVE THE PROPERTY OF TH
Total			3,509,000											

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



D. Lilla W. A C.	(DING) I C	Year of: July, 2009	——————————————————————————————————————			
Public Water Syste	Tangerine Park	tion			Table	
PWS Type:	✓ Community	Non-Transient Non-Community			PWS Identification Number	3481329
Number of Service Conn			Transient Non-Com		Consecutive	
PWS Owner:				lot	al Population Served at End of Mont	h: 920
Contact Person:	Aqua Utilities Florio	a		To		
Contact Person's Mailing	Will Fontaine	DO D 400310		· · · · · · · · · · · · · · · · · · ·		Coordinator
		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho		(352) 787-0980		Con	ntact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail		wmfontaine@aquaamerica.com				
Water Treatment P						
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			nased Finished Water			
Permitted Maximum Day	The same of the sa		360,000			
Plant Category (per subse		Name	TT!Cl		Class (per subsection 62-699.310(4)	
Licensed Operators Lead/Chief Operator		Name	License Class	License Number		Shift(s) Worked
Other Operators:	John Worrell			6813	Days 1st Shift	
outer Operators.			lc lc	6597	Days 1st Shift	
	Terry McCarthy		C	4617	Days 1st Shift	
	William Trendel		<u> </u>	6411	Days 1st Shift	
	-					
					 	
	1					
Certification by Lea	d/Chief Operator		Alexander (Const.)			
		operator licensed in Florida, am the le	and/phiof appretor of the	untar tractment	plant identified in and lafeth	is a series of series
		e and accurate to the best of my know				
		able standards referenced in subsection				
		perator staffed or visited this plant du				
		rocess performance records. Furthern		these additional	operations records to the PW:	S owner so the PWS owner can
tain them together	with copies of this	report, at a convenient location for at	least ten years.			
let-	/	220				
Muy		3-7-09 will	Fontaine			C-6813
ignature and Date		The state of the s	ed or Typed Name		***************************************	License Number
gore und Date		12111	or types traine			Electise (sumber

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

PWS I		n Number.			Plant Name.	Tangerine Parl		******						
		for the M		r of:	July, 2009				***************************************					
Louisiania	The second second second			ctivation/Removal:	▼ Free Chi	orine – C	hlorine Dio	ia r	Ozone	pr	1.791.1	2001		
	traviolet R			her (Describe):	i recen	orate 1 C	morme Dio:	dde 1	Ozone	Combi	ned Chiorin	e (Chloramines)	
-				ained in Distributi	on System:	▼ Free Chlori	ne 「	Combine	d Chlorine (C	hloramines) [Chlorine Dioxio	ie	
1300	I District	T Test	T Taken Transit	T						***************************************			T	
				CT	Calculations, or			our-Log	Virus Inact	livation, if				
					T	CT Calcula	itions T	T	T T	T	U.	V Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant		Net		Lowest Residual	Contact Time	Before or at				1		Lowest Residual	
1,8775	Staffed or		Quantity of		Disinfectant	(T) at C	First			***	Lowest Operating		Disinfectant	Emergency or Abnormal Operating
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum CT	UV Dose,	Minimum UV	Concentration at Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water
Day of	Operator	T1	Water		Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water.	Required.	mW-	Dose Required.	Distribution	System Components Out of
the Month	(Place "X")	Hours plant in Operation		Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	mg-min/L	sec/cm²	mW-sec/cm ²	System, mg/L	Operation Operation
1	X	24.0		reak riow hate, gpu.	2.0	minucs	111118 2.		pp.,		300 000		16	
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				······································				14	
11	Х	24.0	88,000		2.3								16	
12		24.0	123,500		2.0								16	
13	X	24.0 24.0	123,500 96,000		2.0								1.7	
14	X	24.0	97,000		2.1								17	
16	X	24.0	116,000		23								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		19								1.4	
22	X	24.0	131,000		1.9								14	
23	X	24.0	90,000		2.2								1.7	
24	Х	24.0	85,000		1.8								1.4	
25	X	24.0	79,000		1.8								1 3	
26	- ,,	24.0	128,500		1.4								0.5	
27	X	24.0 24.0	128,500 63,000		1.7								11	
28 29	X	24.0	90,000		1.6								11	
30	X	24.0	101,000		1.7								1.2	
31	$\frac{\lambda}{X}$	24.0	82,000		2.2								1.7	
Total		27.0	3.338.000			<u> </u>								

107,677 149,000

Average

Maximum

^{*} Refer to the instraction of 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 Inst						
General Informatio	on for the Month/	Year of: August, 2009				
Public Water Syste	m (PWS) Informa	ition				
PWS Name:	Tangerine Park				PWS Identification Numb	per: 3481329
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Conne					Population Served at End of	of Month: 920
PWS Owner:	Aqua Utilities Florid	la				
Contact Person:	Will Fontaine			Cont	act Person's Title:	Field Coordinator
Contact Person's Mailing	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephor		(352) 787-0980		Cont	act Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A		wmfontaine@aquaamerica.com				
Water Treatment P	lant 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			hased Finished Water			
Permitted Maximum Day			360,000			
Plant Category (per subsec					lass (per subsection 62-699	9.310(4), F.A.C.): C
Licensed Operators		Name	License Class	License Number	Da	ay(s) / Shift(s) Worked
_ead/Chief Operator:			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	
					<u> </u>	
Certification by Lea	d/Chief Onesate					
the undersigned wa	ter treatment plant	operator licensed in Florida, am the I	lead/chief operator of the	water treatment p	plant identified in part	I of this report. I certify that the
normation provided	in this report is tru	ie and accurate to the best of my know	wledge and belief. I certi	fy that all drinkin	g water treatment chen	nicals used at this plant conform to N
nternational Standard	d 60 or other applie	cable standards referenced in subsecti	ion 62-555.320(3), F.A.C	. I also certify th	at the following addition	onal operations records for this plant
ere prepared each da	ay that a licensed of	pperator staffed or visited this plant du	uring the month indicated	labove: (1) recor	ds of amounts of chem	nicals used and chemical feed rates; a
if applicable, appr	ropriate treatment p	process performance records. Further	more, I agree to provide	these additional of	perations records to th	ne PWS owner so the PWS owner can
etain them, together	with copies of this	report, at a convenient location for at	least ten years.		Report 6-270 / Space of Space of the Assessment of the Comment	
		9 0	and the second s			
Muny		9-8-09 Wil	I Fontaine			77 (7010
ignature and Date		The state of the s	nted or Typed Name			C-6813 License Number
		1131	or 13 pea (sume			License Number
DEP Form 62-555 900(3)/	Alternate		Page 1			
Effective August 2003			rage			

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

PWS Id	lentification	n Number:	3481329		Plant Name:	Tangerine Park	(
II. D	aily Data	for the M	onth/Yea	r of:	August, 2009									
				tivation/Removal:	▼ Free Chle	orine [C	hlorine Diox	ide [Ozone	☐ Combin	ed Chlorin	e (Chloramines)	ĵ	
	traviolet R			ner (Describe):		. •. •							7	
				ained in Distribution	on System: 1	Free Chloris	ne Γ (Combined	Chlorine (C	hloramines)	1 1	Chlorine Dioxid	le	
ype c	Distilled	tain Kesie	uai iviaiiite	r	· ·								I	
				CT (Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if A	Applicable	*		
						CT Calcula	ations				U	√ Dose		
							Lowest CT				*			
						Disinfectant	Provided							
	Days Plant		Net	, i	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operatir
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintenand
Day of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	(Place	Hours plant	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
nth		in Operation	gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
i	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	Х	24.0	49,000		1.2								0.5	
5	X	24.0	115,000		1.7								0.9	
6	Х	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	Х	24.0	122,000		1.7								1.0	
13	Х	24 0	123,000		1.9								1.3	
14	X	24.0	112,000		1.7								1.4	
15	Х	24.0	95,000		1.9		 						1.3	
16	.,	24.0	115,000		1 7								1.3	
17	X	24.0	115,000		1.7								0.7	
18	X	24.0	88,000 113,000		1.7								1.1	
0	X	24.0 24.0			1.8								1.1	
21	X	24.0	97,000		1.5								1.0	
22	X	24.0	85,000		1.8								1.1	
23	Λ	24.0	100.000		1.0									
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		19			·······					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		1						0.7	
otal			3,090,000			L.,,,,	***************************************	·	<u> </u>		A			

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

99,677

123,000

Average Maximum

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



Effective Aug

See Pages 4 for Instructions.

General Informatio	n for the Month/	Year of: September	, 2009			
. Public Water System	m (PWS) Informa	ation				
PWS Name:	Tangerine Park				PWS Identification Number:	3481329
PWS Type:	✓ Community	Non-Transient Non-Commu	inity Transient Non-C	ommunity	Consecutive	
Number of Service Connec				Total	Population Served at End of M	fonth: 920
PWS Owner:	Aqua Utilities Florid	ia				
Contact Person:	Will Fontaine			Conta	ct Person's Title: F	ield Coordinator
Contact Person's Mailing A	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			ct Person's Fax Number: (3	352) 787-6333
intact Person's E-Mail A	ddress	wmfontaine@aquaamerica	.com			
Water Treatment Pl	lant Information					
Plant Name:	Tangerine Park				Plant Telephone Number:	352-787-0980
lant Address:	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code: 32757
ype of Water Treatment b	ov Plant:	✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day (Plant, gallons per day:	360,000			
lant Category (per subsec				Plant C	lass (per subsection 62-699 31)	0(4), F.A.C.): C
Licensed Operators	1	Name	License Cla			s) / Shift(s) Worked
ead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift	
ther Operators:	John Worrell		C	6597	Days 1st Shift	
41 Aug 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Terry McCarthy		C	4617	Days 1st Shift	
	William Trendel		C	6411	Days 1st Shift	
			**			
Certification by Lead						
the undersigned wat	er treatment plant	operator licensed in Florida, a	m the lead/chief operator of	the water treatment p	ant identified in part Lof	this report. I certify that the
formation provided i	in this report is tru	e and accurate to the best of m	y knowledge and belief. I co	ertify that all drinking	water treatment chemics	als used at this plant conform to NS
ternational Standard	60 or other applie	able standards referenced in s	ubsection 62-555 320(3) F	C Lalso cortification	t the following additions	al operations records for this plant
ere prepared each da	v that a licensed of	merator staffed or visited this	alant during the month indica	ted chause (1) recom	to the following additional	als used and chemical feed rates; ar
) if applicable, appro	oprioto trantment	perator statica or visited tills p	Stant during the month murca	ted above. (1) recon	is of amounts of chemica	ils used and chemical feed rates; an
tain them together u	opriate treatment p	rocess performance records. I	rurinermore, i agree to provi	de these additional of	perations records to the P	PWS owner so the PWS owner can
tan them, together w	vitin copies of this	report, at a convenient location	n for at least ten years.			
11/2/		1070				
Mary Z		10.7-09	Will Fontaine			C-6813
gnature and Date		-	Printed or Typed Name			License Number
DEP Form 62,555, 900(3)A	2000					

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

PWS I	dentificanto	n Number:	3481329		Plant Name	Tangerine Parl	0							
1. 1	aily Data	for the N	lonth/Year	of:	September, 2009									
Aeans		ng Four-Lo	g Virus Inactiv	r (Describe):	Free Chlori	ne Chlo	orine Dioxid	e [Ozone [Combined	Chlorine (Chloramines)		
				ned in Distribution	System: 🔽	Free Chlorine	ſ Co	mbined C	hlorine (Chle	oramines)	□ Ch	lorine Dioxide		
- 1	T			T	Calculations, or	LIV Daga to I)amactata I	Cour Log	Vine Inect	ivation if	Applicable	*		
					Calculations, or	CT Calcula		Our-Log	VII US IIIact	ivation, ii		V Dose	1	
					<u> </u>	C1 Carcuit	T T						1	15 9
							Lowest CT			;				
	0.01				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	* *************************************
	Days Plant Staffed or				Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Opera
	Visited by		Net Quantity		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintena
P of	Operator		of Finished		Before or at First	Point During	During Peak			СТ	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Wa
		Hours plant	Water	- Approximate the second secon	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month				Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
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		19								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	Х	24 0	122,000		2.1								1.5	
13		24 0	92,500										0.0	
14	X	24 0	92,500		1.5								0.9	
15	X	24.0	103,000		01								1.0	
16 17	X	24 0 24 0	108,000		18								0.8	
	X	24.0	122,000		19								1.2	
+	$\frac{\Lambda}{X}$	24.0	139,000		20								1.4	
20 +	^	24.0	134,000		20								1.7	
21	X	24.0	134,000		2.1								1.1	
22	X	24.0	112,000		31								2.3	
23	X	24.0	150,000		26								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					1						
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							3	2.0	
31		24.0												
tal			3,147,000											
етаде			101,516											

^{*} Refer to the instruct

Maximum

for this report to determine which plants must provide this information 100(3)Alternate

150,000

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



Effective Augy

See Pages 4 for Instructions

General Information						
Public Water System	n (PWS) Informa	tion				
PWS Name.	Tangerine Park				PWS Identification Numb	per 3481329
PWS Type:	∠ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month	358		Total	Population Served at End o	of Month: 920
PWS Owner:	Aqua Utilities Florida	a				
Contact Person	Will Fontaine				ct Person's Title	Field Coordinator
Contact Person's Mailing A		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980		Conta	ct Person's Fax Number	(352) 787-6333
ontact Person's E-Mail A		wmfontaine@aquaamerica.com				
Nater Treatment Pl	ant Information	•				
lant Name:	Tangerine Park				Plant Telephone Number:	352-787-0980
lant Address:	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code: 32757
ype of Water Treatment b			ased Finished Water			
ermitted Maximum Day (360,000			
lant Category (per subsect	tion 62-699.310(4), F.A				lass (per subsection 62-699	.310(4), F.A.C.). C
Licensed Operators		Name	License Class	License Number	Da	y(s) / Shift(s) Worked
ead/Chief Operator:			C	6813	Days 1st Shift	
ther Operators:	John Worrell		C	6597	Days 1st Shift	
	Terry McCarthy		C	4617	Days 1st Shift	
	William Trendel		C	6411	Days 1st Shift	
ortification by Land	I/Chi-CO					
ertification by Lead						e de la
the undersigned water	er treatment plant of	operator licensed in Florida, am the lea	ad/chief operator of the	water treatment pl	ant identified in part l	of this report. I certify that the
formation provided i	n this report is true	e and accurate to the best of my knowle	edge and belief. I certif	fy that all drinking	water treatment chem	nicals used at this plant conform to NS
ternational Standard	60 or other applica	able standards referenced in subsection	n 62-555.320(3), F.A.C	. I also certify tha	t the following addition	onal operations records for this plant
re prepared each day	y that a licensed of	perator staffed or visited this plant duri	ing the month indicated	above: (1) record	ls of amounts of chem	icals used and chemical feed rates; ar
) if applicable, appro	priate treatment pr	rocess performance records. Furtherm	ore, I agree to provide	these additional or	erations records to the	e PWS owner so the PWS owner can
ain them, together w	ith copies of this r	eport, at a convenient location for at le	east ten years.			

huzz =		11-9-07 Will F	ontaine			C-6813
2nature and Date			d or Typed Name			
		t inner	d or Typed (Valle			License Number
DES COMMENS						-

Page 1 (

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

PWS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Park	(
III. D	aily Data	for the N	lonth/Yea	r of:	October, 2009									
COLUMN TOWNS THE PARTY OF	THE REAL PROPERTY.		The second secon	tivation/Removal:	Free Chl	orine F C	hlorine Diox	ide [Ozone	Combin	ed Chlorin	e (Chloramines		
	traviolet R			her (Describe):		275-CT-151 K No.	inorme associ	ace 1		Comou	ica charin	c (Cincianino)	,	
				ained in Distributi	on Custami I	Free Chlorin	10 T	Combined	Chlorine (C	hloramines		Chlorine Dioxic	16.	
bec	TURSITIE	tant Kesic	ruai :viaimi	amed in Distributi	on System.	• Free Chieff	10	- Controller	remornie (e			CHOINC DIOXI	T	T
				CT	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if a	Applicable	*		A CONTRACTOR OF THE CONTRACTOR
						CT Calcula	tions				U	V Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operation
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions, Repair or Maintenan
of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
	(Place	Hours plant	Producted.		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month	"X")	in Operation	gal	Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1	X	24.0	117,000		2.2								1.7	
2	X	24.0	94,000		2.1								1.7	
3	Х	24 0	102,000		2.3								1.7	
4		24.0	129,500					***************************************						
5	X	24.0	129,500		2.6	<u> </u>						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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			***************************************		hamman			2.0	
11		24.0	126,000											
12	X	24.0	126,000		2.6								17	
13	X	24.0	78,000		2.3								1.7	
14	X	24.0	124,000		26								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		27								2.1	
25	Х	24.0	123,000											
26		24.0	123,000		2.5								1.9	
27	X	24.0	87,000		2.4								19	
28	Х	24.0	53,000		2.5								19	
29	X	24 0	181,000		2.2								1.3	
30	X	24 0	80,000		2.3								17	
31	X	24.0	89,000		2.4								1.8	
Mal			3,219,000											
verage			103,839											

^{*} Refer to the instru DEP Form 6

Maximum

s for this report to determine which plants must provide this information .00(3)Alternate

License Number

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



DEP Form 57 555, 900(3)Alternate

28 2003

Effective (

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	Total Population Served at End of Month: 920 S Owner: Aqua Utilities Florida tact Person: Will Fontaine tact Person's Mailing Address PO Box 490310 tact Person's Title Propulation Served at End of Month: 920 Contact Person's Title Field Coordinator tact Person's Mailing Address PO Box 490310 tact Person's Title Field Coordinator tact Person's Fax Number: (352) 787-0980 tact Person's Fax Number: (352) 787-6333 tact Person's Fax Number: (Sumber of Service Connections at End of Month 920	Number of Service Connect PWS Owner. Contact Person: Contact Person's Mailing A	ions at End of Month		Transient Non-Com			
PWS Owner. Aqua Utilities Florida	Some Aqua Utilities Florida Some Aqua Utilities Florida Some	Secondary Seco	PWS Owner. Contact Person: Contact Person's Mailing A		250		munity	Consecutive	
Contact Person: Will Fontaine Contact Person's Mailing Address PO Box 490310 Contact Person's Telephone Number. (352) 787-0980 Contact Person's E-Mail Address: wmfontaine@aquaamerica.com Water Treatment Plant Information Plant Name: Tangerine Park Plant Address: 5551 Huron Street Plant: Raw Ground Water 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: Will Fontaine Contact Person's Title: Field Coordinator Contact Person's Title: Florida Zip Code 32 Contact Person's Fax Number: (352) 787-6933 Con	Tack Person's Mailing Address PO Box 490310 City Leesburg State Florida Zip Code 34749	Contact Person's Mailing Address PO Box 490310 City Leesburg State Florida Zip Code 34749	Contact Person: Contact Person's Mailing A	Agua Diliniae Clarida	338		Total	Population Served at End of Month	920
Contact Person's Mailing Address PO Box 490310 City Leesburg State Florida Zip Code 32 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 S551 Huron Street City Mt. Dora State Florida Zip Code 32 City Code 32 City City Mt. Dora State Florida Zip Code 32 City Code 32 City City Mt. Dora State Florida Zip Code 32 City Code 32	Tangerine Park City Leesburg State Florida Zip Code 34749		ontact Person's Mailing A						
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 Type of Water Treatment by Plant: Address: Address State: Florida Zip Code: 32 Plant Classory (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: John Worrell John Worrell Terry McCarthy Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: 352-787-0980 Plant Telephone Number: 362-787-0980 Plant	Contact Person's Fax Number (352) 787-0980 Contact Person's Fax Number (352) 787-6333 Italian Person's E-Mail Address: Wmfontaine@aquaamerica.com	Contact Person's Telephone Number (352) 787-0980 Contact Person's Fax Number (352) 787-6333					Conta	ct Person's Title: Field (Coordinator
Contact Person's E-Mail Address: wmfontaine@aquaamerica.com Water Treatment Plant Information Plant Name: Tangerine Park Plant Address: 5551 Huron Street Type of Water Treatment by Plant: Address: S551 Huron Street 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 Other Operators: John Worrell Terry McCarthy C 4617 Days 1st Shift Terry McCarthy Day 1st Shift	tact Person's E-Mail Address: wmfontaine@aquaamerica.com Iter Treatment Plant Information It Name: Tangerine Park It Address: 5551 Huron Street It Office of Water Treatment by Plant: Raw Ground Water Interd Maximum Day Operating Capacity of Plant, gallons per day: 360,000 It Category (per subsection 62-699 310(4), F.A.C.): V It Category (per subsection 62-699 310(4), F.A.C.): V It Category (per subsection 62-699 310(4), F.A.C.): C It cense Operators It Category (per subsection 62-699 310(4), F.A.C.): C It category (per subsection 62-699 310(4),	Vater Treatment Plant Information Iant Name					City: Leesburg		
Water Treatment Plant Information Plant Name: Tangerine Park Plant Address: 5551 Huron Street Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000 Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators Licensed Operators: Will Fontaine Other Operators: John Worrell Terry McCarthy Plant Telephone Number: 352-787-0980 City: Mt. Dora State: Florida Zip Code: 32 Plant Telephone Number: 352-787-0980 State: Florida Zip Code: 32 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: Day(s) / Shift(s) Worked License Class License Number Other Operators: John Worrell C 6813 Days Ist Shift Terry McCarthy C 4617 Days Ist Shift	Tangerine Park It Name: Tangerine Park It Address: 5551 Huron Street It Address: 5551 Huro	Mater Treatment Plant Information Tangerine Park Ta					Conta	ct Person's Fax Number: (352)	787-6333
Plant Name: Tangerine Park Plant Address: 5551 Huron Street Type of Water Treatment by Plant: Raw Ground 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 Category (per subsection 62-699 310(4), F.A.C.): V Plant Category (per subsection 62-699 310(4), F.A.C.): C Licensed Operators Licensed Operators: Will Fontaine Other Operators: John Worrell Terry McCarthy C Plant Telephone Number: 352-787-0980 Zip Code: 32 Zip Code: 32	Tangerine Park It Address: 5551 Huron Street It Address: 555	lant Name: Tangerine Park City Mt. Dora State Florida Zip Code 32757			uaamerica.com				
Plant Address: 5551 Huron Street City: Mt. Dora State: Florida Zip Code: 32 Type of Water Treatment by Plant: Raw Ground 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	t Address: 5551 Huron Street City: Mt. Dora State: Florida Zip Code: 32757 of Water Treatment by Plant: Purchased Finished Water itted Maximum Day Operating Capacity of Plant, gallons per day: 360,000 t Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C censed Operators Name License Class License Number Day(s) / Shift(s) Worked d/Chief Operator: Will Fontaine C 6813 Days 1st Shift er Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	lant Address: 5551 Huron Street ype of Water Treatment by Plant: ype of Water Subject Su							
Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): Licensed Operators Licensed Operators: Will Fontaine Other Operators: John Worrell Terry McCarthy Purchased Finished Water Purchased Finished Water Purchased Finished Water A 52 0000 Plant Class (per subsection 62-699.310(4), F.A.C.): C 6813 Days Ist Shift C 6597 Days Ist Shift Terry McCarthy C 4617 Days Ist Shift	e of Water Treatment by Plant: For Water Treatment by Plant:	ype of Water Treatment by Plant: Paw Ground Water Purchased Finished Water						Plant Telephone Number:	352-787-0980
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): Licensed Operators Licensed Operators: Will Fontaine C 6813 Days 1st Shift Terry McCarthy C 360,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number C 6813 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	nitted Maximum Day Operating Capacity of Plant, gallons per day: t Category (per subsection 62-699 310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): censed Operators Name d/Chief Operator: will Fontaine c 6813 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift Days 1st Shift	remitted Maximum Day Operating Capacity of Plant, gallons per day: Solution Solutio					City: Mt. Dora	State: Florida	Zíp Code: 32757
Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Will Fontaine Other Operators: John Worrell Terry McCarthy C Plant Class (per subsection 62-699.310(4), F.A.C.): C A C Bays Ist Shift C A G597 Days Ist Shift Days Ist Shift Days Ist Shift	t Category (per subsection 62-699.310(4), F.A.C.): Censed Operators d/Chief Operator: Will Fontaine C 6813 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift Days 1st Shift	lant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators License Class License Number Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked License Class License Number Day(s) / Shift(s) Worked Days Ist Shift Days Ist Shift C 4617 Days Ist Shift C 6411 Days Ist Shift			/ater Purchased I	Finished Water			
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	censed Operators Name License Class License Number Day(s) / Shift(s) Worked d/Chief Operator: Will Fontaine C 6813 Days 1st Shift er Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Licensed Operators Will Fontaine C 6813 Days 1st Shift Days 1				360,000	7		
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Other Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	er Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	Dether Operators: John Worrell Terry McCarthy William Trendel C C Days 1st Shift				License Class		† · · · · · · · · · · · · · · · · · · ·	Shift(s) Worked
Terry McCarthy C 4617 Days 1st Shift	Terry McCarthy C 4617 Days 1st Shift	Terry McCarthy C 4617 Days 1st Shift William Trendel C 6411 Days 1st Shift				<u> C</u>		<u> </u>	
and the second s	Day 13 Jin	William Trendel C 6411 Days 1st Shift	uler Operators:			1c		 	***************************************
William Frendel C 6411 Days 1st Shift	William Trendel C 6411 Days 1st Shift							 	
				William Trendel		C	6411	Days 1st Shift	
			+						
			+						
			}						
			1						
	The second control of								
			the undersigned wate	r treatment plant operator licensed	n Florida, am the lead/ch	ief operator of the	water treatment pl	ant identified in part I of this	report. I certify that the
		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	formation provided in	this report is true and accurate to t	he best of my knowledge	and belief. I certi	fy that all drinking	water treatment chemicals u	ised at this plant conform to
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	e 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	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 formation 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 N	ternational Standard (0 or other applicable standards ref	erenced in subsection 62-	555 320(3) F A C	Lalso certify the	t the following additional on	erations records for this nla
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 afformation 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 confidence in the confidence of the water treatment plant identified in part I of this report. I certify that all drinking water treatment chemicals used at this plant confidence in the confidence of the water treatment plant identified in part I of this report.	e 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 remation 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 N	formation 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 N	ere prepared each day	that a licensed operator staffed or	visited this plant during the	he month indicated	change (1) manne	t the following additional ope	erations records for tims plan
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 configurernational 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 t	e 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 rmation 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 N mational 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	formation 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 N ternational 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) if applicable approx	wints treatment message mass	visited this plant during th	ie month indicated	above: (1) record	is of amounts of chemicals us	sed and chemical feed rates;
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 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 confuternational 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 the 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 fee	e 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 rmation 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 N mational 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 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; a	formation 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 N) ii applicable, approf	th copies of this report, at a conver	e records. Furthermore,	I agree to provide	these additional or	perations records to the PWS	owner so the PWS owner c

Printed or Typed Name

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

PWS I	lentificaito	n Number.	3481329		Plant Name	Tangerine Parl	ζ							
III. I	aily Data	for the N	lonth/Yea	r of:	November, 2009									
processor and the same	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	The second secon	Name and Address of the Owner, where the Owner, which is the Owne	tivation/Removal	Free Chl	orine \Box C	hlorine Diox	ide [Ozone	Combin	ned Chlorin	e (Chloramines)	1	
() () () () () () () () () ()	traviolet R			her (Describe)	17 1700 0111		men me Divi	ilde	OZONE	Comon	ica Cinorni	e (emoramics)	*	
-				***************************************		▼ Free Chlori	- Part	Cambina	Chlorine (C	blorominae		Chlorine Dioxic	la	
Type	of Disinter	ctant Resid	lual Maint	ained in Distributi	on System:	ree Chloru	ne '	Combine	Chiorine (C	moramines) !	Chlorine Dioxic	T T	
				CT	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if	Applicable	*		
						CT Calcula						V Dose	4	
						l T	T					I		
							Lowest CT							
	0 0				I amount Descriptions	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
	Days Plant Staffed or		Net Quantity of		Lowest Residual Disinfectant	(T) at C	First				Lowest	9	Disinfectant	Emergency or Abnormal Operating
	Visited by		Quantity of Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions, Repair or Maintenance
of	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the the	(Place	Hours plant			Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month	"X")	in Operation	Street of the st	Peak Flow Rate, gpd.	E	minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1		24.0	113,000		2									
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	Х	24 0	74,000		2.5								1.8	
6	Χ	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 94,000		2.5 3.2								2.5	
11	X	24 0 24.0	81,000		2.3								1.8	
13	$\frac{\lambda}{\lambda}$	24.0	76,000		24	A-1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000							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	
8	Х	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								17	
24	X	24.0	62,000		2.6								19	
25	X	24.0	93,000		27								1.9	
26 27	X	24.0 24.0	50,000		2.6								2.0	
28	- X	24.0	64,000 76,000		2.3								2.0	
29	^	24.0	82,500		<u> </u>								2.0	
30	X	24.0	82,500		2.6								1.7	
31		24.0	V=,20V		2.32								1.7	
Total			2,664,000				1		1					
Average			85,935											

Maximum

130,000

^{*} Refer to the ins

his for this report to determine which plants must provide this information 5 900(3)Alternate $\,$

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



Effective August 28 2003

Polymer Page 3 Due in December

See Pages 4 for Instructions.

Agua Utilities Florida Ontact Person's Aduling Address Ontact Person's Telephone Number Ontact Person's Telephone Number Ontact Person's Telephone Number Ontact Person's Telephone Number Ontact Person's Fax Nu	May Name Tangerine Park	. General Informatio	n for the Month	/Year of: December	, 2009				
Agua Ululties Florida Ontact Person's Telephone Number Ontact Person's E-Mail Address Will Fontaine Plant Telephone Number Ontact Person's Telephone Number Ontact Person'	August Person's E-Mail Address Plant Information Marks Style Plant Telephone Number Style Plant Telephone Number Style 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 (Abn Wortel) C 6597 Days 1st Shift (Proposed Flant) Will Fortaine (Part McCarthy) Will Fortaine (Part McCarthy)	. Public Water System	m (PWS) Inform	ation					
ANS Type	ANS Type Community Non-Transient Non-Community Transient Non-Community Transient Non-Community Total Population Served at End of Month 920 Will Fortian Ontact Person Will Fortian Ontact Person Strain Will Fortian Will Fortian Ontact Person Strain Will Will Will Fortian Ontact Person Strain Will Fortian Ontact Person Strain Will Fortian Ontact Person Strain Will Fortian Ontact	PWS Name	Tangerine Park		***************************************			PWS Identification Nur	nber: 3481329
WS Owner: Aqua Utilities Florida Ontact Person Will Fontaine Ontact Person's Mailing Address PO Box 490310 Ontact Person's Tile Ontact Person's Fax Number Ontact Person's Title Field Coordinator Contact Person's Title Field Coordinator Ontact Person's Title Field C	Agua Uthities Florida Contact Person's Title Field Coordinator Contact Person's Fax Number (352) 787-6933 Contact Person's Fax Number (352) 787-693	PWS Type	Community	Non-Transient Non-Commu	unityTr	ansient Non-Com	munity		
Agua Utilities Florida Contact Person's Mailing Address PO Box 490310 Ontact Person's Mailing Address PO Box 490310 Ontact Person's Title Ontact Person's Fax Number Ontact Person's Title Ontact Person's Fax Number Ontact Person's Fax Numbe	Agua Unities Florida	Number of Service Conne	ctions at End of Mon	th358			Total	Population Served at End	of Month 920
Contact Person's Mailing Address PO Box 490310 City Leesburg State Florida Zip Code 34749	Contact Person's Mailing Address PO Box 490310 City Leesburg State Effords Zip Code 34749	PWS Owner:	Aqua Utilities Flor	ida					
City Leesburg State Florida Zip Code 34749	Ontact Person's Helphone Number (352) 787-0980	Contact Person	Will Fontaine				Conta	et Person's Title	Field Coordinator
Contact Person's Telephone Number: (352) 787-6333 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address Wmfontaine@aquaamerica.com Vater Treatment Plant Information Value	Contact Person's Elephone Number (352) 787-6933 Contact Person's EAN Number (352) 787-6333 Contact Person's EAN Number (352) 787-6333 Contact Person's EAN Number (352)			PO Box 490310					
Vater Treatment Plant Information Itant Name Itant Name Itant Address: S551 Huron Street Vermitted Maximum Day Operating Capacity of Plant, gallons per day: Itant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators ead/Chief Operator: Will Fontaine Vermitted Vermitted Viller Forestip Viller Operators: Viller Operator	Water Treatment Plant Information Iant Name Tangerine Park Plant Telephone Number 352-787-0980 Iant Address 555 t Haron Street Otto Mt. Dora State Florida Zip Code 32757 State Plorida Zip Code 32757 St	ontact Person's Telephon	ie Number.	(352) 787-0980			Conta	ct Person's Fax Number	
lant Name: Tangerine Park lant Address: 5551 Huron Street Appe of Water Treatment by Plant: Plant Class (per subsection 62-699 310(4), F.A.C.): C Licensed Operators Name ead/Chief Operators: Util Fontaine Other Operators: John Worrell Tangerine Park Plant Telephone Number: 352-787-0980 City Mt. Dora State Florida Zip Code 32757 Appendix Florida Zip Cod	State Plant Telephone Number 352-787-0980			wmfontaine@aquaamerica	.com				
lant Address: 5551 Huron Street A City Mt. Dora State Florida Zip Code 32757 ype of Water Treatment by Plant: Plant Class (per subsection 62-699.310(4), F.A.C.): V A Plant Class (per subsection 62-699.310(4), F.A.C.): V A Licensed Operators	lant Address 5551 Huron Street State Stat	Water Treatment Pl	lant Information		1				
State Florida State Fl	Ann Address 555 Huron Street Purchased Finished Water	Plant Name:	Yangerine Park					Plant Telephone Number	357-787-0980
ype of Water Treatment by Plant: Purchased Finished Water	As the Company of Water Treatment by Plant: Part Class (per subsection 62-699 310(4), F.A.C.) Plant Class (per subsection 62-699 310(4), F.A.C.) C.	Plant Address:	5551 Huron Street		•		City Mt. Dora		
remitted Maximum Day Operating Capacity of Plant, gallons per day: Sant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C	As an Category (per subsection 62-699.310(4), F.A.C.): V	ype of Water Treatment h	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water			1000 22111
Ann Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.) C	Annie License Class Cl	Permitted Maximum Day (Operating Capacity of	Plant, gallons per day:	***************************************	360,000			
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operator: Will Fontaine C 6813 Days 1st Shift ther Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift	Licensed Operators	lant Category (per subsec	tion 62-699.310(4), F	A.C.): V			Plant C	lass (per subsection 62-69	99 310(4) FAC): C
ead/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	ead/Chief Operator: Will Fontaine C 6813 Days 1st Shift wher Operators: John Worrell C 6597 Days 1st Shift Terry McCarthy C 4617 Days 1st Shift William Trendel C 6411 Days 1st Shift **Terry McCarthy** William Trendel **Terry McCarthy** **William Trendel** **Terry McCarthy** **Days 1st Shift* **Terry McCarthy** **William Trendel** **Terry McCarthy** **Days 1st Shift* **Terry McCarthy** **William Trendel** **Days 1st Shift* **Terry McCarthy** **William Trendel** **Terry McCarthy** **Terry McCarthy** **William Trendel** **Terry McCarthy** **Terry McCarthy** **William Trendel** **Terry McCarthy** **Terry Mc	Licensed Operators		Name		License Class			
Departure John Worrell C 6597 Days 1st Shift C Terry McCarthy C 4617 Days 1st Shift C C C C C C C C C	John Worrell		Will Fontaine			C			ay (o) - Suite (S) II Oliked
Terry McCarthy C 4617 Days 1st Shift	Terry McCarthy C 4617 Days 1st Shift William Trendel C 6411 Days 1st Shift C 6411 Days 1st Shift Certification by Lead/Chief Operator	Other Operators:	John Worrell			C		<u> </u>	
William Translat	William Trendel C 6411 Days 1st Shift C station by Lead/Chief Operator		Terry McCarthy			C			
	ertification by Lead/Chief Operator		William Trendel			C			
	ertification by Lead/Chief Operator							12073 130 31110	
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
	ertification by Lead/Chief Operator								
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part Lof this report. Logistic that the		formation provided i	n this report is tru	ue and accurate to the best of m	iv knowledge and	dhelief Lorni	by that all drinking	water transment cha	missis used at this all the
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 formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment shaming lead of this release.	formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking usuar treatment shaming layer treatment and accurate to the best of my knowledge and belief. I certify that all drinking usuar treatment shaming layer treatment shaming la	ternational Standard	60 or other appli	cable standards referenced in s	ubsection 62.553	5 220(2) F A (2	talan at Grinking	water treatment che	inicals used at this plant conform t
commanding 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 All	commanding 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 can form to his	ere prepared each da	v that a licensed o	pperator staffed or visited this	alont during the	7.320(3), F.A.C	. Talso certify that	t the following additi	ional operations records for this pl
ternational Standard 60 or other applicable standards referenced in subsection 62-555.320(3). F. A. C. Lalso certify that the following additional operations records for this plant	ternational Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C., Lalso certify that the following additional operations records for this plant) if applicable appro	printe treatment	perator statied of visited this p	maniculing the r	nonth indicated	above: (1) record	s of amounts of cher	nicals used and chemical feed rate
ternational 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 ere 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 above itself.	ternational 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 can be prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chamicals used and chamical for this plant.	tain there together w	ipriate treatment p	process performance records.	rurthermore, lag	gree to provide	these additional op	erations records to t	he PWS owner so the PWS owner
ternational 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 ere 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; at applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner so	ternational 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 ere 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; an original operations records to the PWS owner so the PW	an then, together w	our copies of this	report, at a convenient location	for at least ten	years.			
ternational 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 ere 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 above itself.	ternational 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 ere 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; an original operations records to the PWS owner so the PW	Man de la company de la compan		1 7 15					
ternational 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 ere 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; at ain them, together with copies of this report, at a convenient location for at least ten years.	ternational 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 ere 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; an ain them, together with copies of this report, at a convenient location for at least ten years.	Maye		1-1-10	Will Fontaine				(2,6913
ternational 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 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; at a applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can ain them, together with copies of this report, at a convenient location for at least ten years.	ternational 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 corporate 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; an 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 ain them, together with copies of this report, at a convenient location for at least ten years.	gnature and Date		***************************************		l Name			
ternational 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 ere 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; at a propriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can ain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	ternational 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 cere 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; an ain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813	DEP Form 60-555, 900(3) A::			33700	2017 mol (N			License Number

Page 1

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

PWS I	dentificaito	n Number	3481329		Plant Name	Tangerine Parl	Š.							
III. I	Daily Data	for the N	Ionth/Yea	r of:	December, 2009									
NAME OF TAXABLE PARTY.		The state of the s	Maritim Company	tivation/Removal.	▼ Free Chl	orine (C	hlorine Diox	ide [Özone	Combi	ned Chlorin	e (Chloramines)	
Γ U	traviolet R	adiation	(Ot	her (Describe):									7.	
				ained in Distributi	an System:	Free Chloria	ne l'''	Combine	Chlorine (C	'hloramines) [Chlorine Dioxid	le	
13/10	T DISHING	tane ixesix	T Viann	T									T	
				CT	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if]	
						CT Calcula	ntions				U	V Dose]	
							Lowest CT							
						Disinfectant	Provided					no managanana.		
	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operati
	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintenan
. 01	Operator		Water		Before or at First	Point During	During Peak			CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	Place	Hours plant	1		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month	"X")	in Operation		Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1	X	24.0	68,000		2.5								18	
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 ()	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								16	
16	X	24.0	79,000		2.4								16]
	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		3.3								3.75	
21	X	24.0	59,000		2.3								19	
22 23	X	24.0	61,000		2.3								1.7	
23	X	24.0 24.0	100,000 82,000		26								1.7	
25	X	24.0	53,000		1.6 2.5								1.6 1.5	
26	X	24.0	88,000		17								13	
27		24.0	88,000		17									
28	X	24.0	88,000		1.9								1.0	
29	$\frac{\lambda}{X}$	24.0	72,000		2.0								1.3	
30	X	24 0	85,000		2.0								1 3	**************************************
31	$\frac{x}{x}$	24.0	85,000		2 3								1.5	
otal		- 0	2,261,000		2.3]								1.7	
verage			72,935											
aximun			100,000											

^{*} Refer to the instructions for this report to determine which plants must provide this information. DEP Form of 100/33Attendate

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



3 2003

See Pages 4 for Instr								
l. General Information	for the Month/	Year of: January, 201	0					
A. Public Water System	(PWS) Informa	ition						
PWS Name	Tangerine Park				***************************************	PWS Identification Number:	3481329	
PWS Type:	Community	Non-Transient Non-Communi	ity Trans	ient Non-Commu	unity	Consecutive		
Number of Service Connect					Total	Population Served at End of Mon	th 920	
PWS Owner	Agua Utilities Florid							
Contact Person:	Will Fontaine				Conta	act Person's Title Field	d Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310		C	ity: Leesburg	State: Florida	Zip Code	34749
Contact Person's Telephone		(352) 787-0980			Conta	ict Person's Fax Number: (352	2) 787-6333	
Contact Person's E-Mail Ad		wmfontaine@aquaamerica.c	com					
3. Water Treatment Pla	ant Information							
Plant Name	Tangerine Park					Plant Telephone Number:	352-787-0980)
Plant Address	5551 Huron Street			C	ity: Mt. Dora	State: Florida	Zip Code	32757
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Finished	d Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:	360	,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				lass (per subsection 62-699 310(4		
Licensed Operators		Name	Li	cense Class I	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		
					and the service of th			
	VOLLED					Control of Artificial Control of		
I. Certification by Lead								
		operator licensed in Florida, an						
		ie and accurate to the best of my						
		cable standards referenced in su						
were prepared each day	y that a licensed of	pperator staffed or visited this pl	ant during the mo	nth indicated a	bove: (1) recor	ds of amounts of chemicals	used and chemical f	eed rates; and
(2) if applicable, appro	priate treatment	process performance records. Fi	urthermore, I agre	e to provide th	ese additional o	perations records to the PW	S owner so the PWS	S owner can
retain them, together w	ith copies of this	report, at a convenient location	for at least ten year	urs.				
phys		2-5-18	Will Fontaine				C-6813	
Signature and Date			Printed or Typed N	ame			License Numb	per

Page (

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

PWS I	dentificaito	n Number:	3481329		Plant Name	Tangerine Parl	k							
II. L	Daily Data	for the N	lonth/Yea	ır of:	January, 2010									
Means	of Achievi	ng Four-Log	Virus Inac	ctivation/Removal:	▼ Free Chl	orine \Box	hlorine Diox	ade T	Ozone	Combi	ned Chlorin	e (Chloramines)	
	ltraviolet R	adiation	T Ot	her (Describe):			mornie cono		0.000	Comor	ned emorni	e (Cinoramines	,	
				ained in Distributi	on Custam:	Free Chlori	princ.	Combine	d Chlorine (C	hlorominos	· / /	Chlorine Dioxid	1.	
rype i	or Distinct	ciant Resid	luai Maint	ained in Distributi	on System:	Free Chlori	ne	Comome	a Chiorine (C	nioramines) 1	Chlorine Dioxid	10	·
				CT	Calculations, or	UV Dose, to I	Demostate l	our-Log	Virus Inact	ivation, if	Applicable	*		
						CT Calcula	and the second s					V Dose	1	
				***************************************	l l	I	T T			l .		I	1	
							Lowest CT							
	D D		7000			Disinfectant	Provided							
	Days Plant Staffed or		Net		Lowest Residual	Contact Time	Before or at				Lauran		Lowest Residual	
	Visited by		Quantity of Finished		Disinfectant	(T) at C	First			16	Operating		Disinfectant	Emergency or Abnormal Operati
Day of	Operator		Water		Concentration (C) Before or at First	Measurement Point During	Customer			Minimum CT	UV Dose.	Minimum UV	Concentration at	Conditions; Repair or Maintenan
the	(Place	Hours plant	100000000000000000000000000000000000000		Customer During	Peak Flow,	During Peak	Temp of	pH of Water,	Required,	mW-	Dose Required.	Remote Point in	Work that Involves Taking Water
Month	"X")	in Operation	gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L.	minutes	Flow, mg- min/L	Water OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	Distribution	System Components Out of
1	X	24 0	55,000	r van r row Raie, gpd.	2.0	minuces	murt.	raioi, C	паррисане	mg-murt)	Sec/CIII	mw-sec/cm	System, mg/L	Operation
2	X	24.0	70,000		2.0								1.3	
3		24.0	97,000											
4	X	24.0	97,000		2.4								1.5	
5	X	24.0	57,000		2.6	THE PARTY OF THE P							1.9	
6	X	24.0	108,000		2.8								20	
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								17	
10		24.0	110,000											
11	X	24.0	110,000	A SECTION OF COLUMN AND A SECTION OF COLUMN ASSESSMENT	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					manana ya ca wa sa			1.7	
16	X	24.0	83,000		2.7								2.1	
17		24.0	77,000											
18	Х	24.0	77,000		24								1.5	
19	X	24.0	46,000		21								1.5	
20	X	24.0	62,000		2.3								1.7	
21	X	24.0	65,000		2.0								1.5	
22	Х	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		18								1.2	
27	X	24.0	96,000		2.5								17	
28	X	24 0	37,000		22								17	
30	X	24.0	48,000		21								1.6	
31	X	24.0	79,000		26								2.0	
tal		24.0	70,000											
			2,315,000											
verage	Cont. Ashiri		74,677											

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

110,000

Maximum

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



San Page A for Instructions

See Pages 4 for mistr							
. General Information	i for the Month/	Year of: February, 20	010				
A. Public Water Systen	n (PWS) Informa	ition					
PWS Name:	Tangerine Park		***************************************			PWS Identification Number	3481329
PWS Type:	✓ Community	Non-Transient Non-Commur	nity 1	Fransient Non-Com	munity [Consecutive	
Number of Service Connec	tions at End of Month					al Population Served at End of N	Month: 920
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Will Fontaine				Con	tact Person's Title:	Field Coordinator
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Con	tact Person's Fax Number: ((352) 787-6333
Contact Person's E-Mail Ac		wmfontaine@aquaamerica.	com				
3. Water Treatment Pl	ant 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 b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			A
Permitted Maximum Day C		Plant, gallons per day:		360,000			
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V			Plant	Class (per subsection 62-699.3	10(4), F.A.C.): C
Licensed Operators	Parkettan -	Name	rather exhibition	License Class	License Numbe	Day((s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	John Worrell			С	6597	Days 1st Shift	
Section 1	Terry McCarthy			С	4617	Days 1st Shift	
ACCOMPANY OF	William Trendel			C	6411	Days 1st Shift	
8098648185588							
Substitution of the							
C-vie vi- L L	UCI: CO						
I Certification by Lead							
		operator licensed in Florida, ar					
							cals used at this plant conform to N
							nal operations records for this plant
were prepared each da	y that a licensed of	operator staffed or visited this p	lant during the	month indicated	d above: (1) reco	ords of amounts of chemic	cals used and chemical feed rates;
(2) if applicable, appro	opriate treatment	process performance records. F	Furthermore, I	agree to provide	these additional	operations records to the	PWS owner so the PWS owner ca
		report, at a convenient location				CONTRACTOR DE L'ANTINE CONTRACTOR DE L'ANTINE DE SENTIONNE DE SENTIONNE DE L'ANTINE DE L'ANTINE DE L'ANTINE DE	
11.//	1						
Ment		= 3-9-10	Will Fontaine				C-6813
Signature and Date			Printed or Typ				License Number
0 1017 1011							License avantoer
DEP Form 62-555, 900(3)A Effective Avr 128,2003	lternate			Page 1			(

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

PWS I	dentificaito	n Number:	3481329		Plant Name:	Tangerine Park	5							
П	aily Data	for the M	onth/Yea	r of:	February, 2010									
Secretarion de la constitución d	Section 40 Permanental			tivation/Removal:	▼ Free Chle	orine I C	hlorine Diox	ide [Ozone	Combin	and Chlorin	e (Chloramines)		
	traviolet R	_		her (Describe):	je i ice cin	yine 1 C	mornic Diox	auc j	Ozone	Comou	ica Chionn	e (Cinoramines,	,	
-						▼ Free Chlorin		Combines	Chlorine (C	hloromines		Chlorine Dioxic	I a	
Type	of Disinted	ctant Resid	ual Maint	ained in Distributi	on System:	Free Chiorii	ne i i	Combine	CHOTHE (C	moramines	1	Chiorine Dioxic	ie .	
		7.53.3		CT (Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if	Applicable	•		
		Fall of the last		MENNANCE SERVICE		CT Calcula	tions			5-19-10-21	U'	V Dose		
0.0	1000	teat (Set)	Salara Million		建设的现在分类		A CIT	2.66.27	grand seed		60.445			學等的學者的學者的學學
					105 504 6	Disinfectant	Lowest CT Provided		2 3 3 47					
	Days Plant		Net		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Quantity of		Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operating
6.5	Visited by		Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	Conditions; Repair or Maintenance
Day of	Operator	Hours plant	Water	网络 美国中国	Before or at First	Point During	During Peak	7	0.45.1 (0.5)	CT	UV Dose,	Minimum UV	Remote Point in	Work that Involves Taking Water
the	(Place	in	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water, if Applicable	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month	"X")	Operation 24.0	gal. 70,000	Peak Flow Rate, gpd	Peak Flow, mg/L 2.1	minutes	min/L	water, C	п Аррисавіе	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L 1.3	Operation
2	X	24.0	46,000		2.0								1.5	
3	X	24.0	76,000		2.0								1.5	
4	Х	24.0	42,000		2.1								1.5	<u> </u>
5	Х	24.0	76,000		2.2								1.5	
6	X	24.0	43,000		2.2								1.5	
7	3	24.0	75,000											
8	X	24.0	75,000		1.9								1.5	
-9 10	X	24.0	40,000 68,000		2.0								1.5 1.4	
114	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		2.3	***************************************							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 27	X	24.0	70,000		2.0								1.4	
28:	X	24.0	101,000		2.0								1,4	
29		24.0	00,300											
30		24.0					500770 LL-2008F8L-100-4							
31	-	24.0				***************************************								
Total :	horisandi.		1,944,500											
Average	Street and State	200	62,726											

101,000

Maximum

^{*} 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



Effective

st 28,2003

WS Name:	(PWS) Information						
a 1 1/0 - 480	Tangerine Park				PWS Identification Num	iber: 3481329	
WS Type:	✓ Community Non-Transient Non-Co	ommunity Tran	nsient Non-Com		Consecutive		
lumber of Service Connecti				Total	Population Served at End	of Month: 920	
	Aqua Utilities Florida						
	Will Fontaine				ct Person's Title:	Field Coordinator	
ontact Person's Mailing Ad				City: Leesburg	State: Florida	Zip Code:	34749
ontact Person's Telephone				Conta	ct Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail Add		erica.com				·····	
Vater Treatment Pla							
	Tangerine Park				Plant Telephone Number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code:	32757
pe of Water Treatment by		Purchased Finish					
	perating Capacity of Plant, gallons per day		60,000				
ant Category (per subsection		V	Lisassa (II)		lass (per subsection 62-69		
Licensed Operators	Name		License Class	License Number		Pay(s) / Shift(s) Worked	
	Will Fontaine	C		6813	Days 1st Shift		
	John Worrell	IC C		6597	Days 1st Shift		
	Terry McCarthy			4617	Days 1st Shift		
	William Trendel	C		6411	Days 1st Shift		

10 12 12 12 12 12 12 12 12 12 12 12 12 12							

Pag(

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

PWS I	dentification	n Number	3481329		Plant Name	Tangerine Par	K							
II. D	aily Data	for the M	ionth/Yea	r of:	March, 2010	***********								
				tivation/Removal:	▼ Free Chl	orine C C	hlorine Dio	ide [Ozone	T Cambi	and Chloria	e (Chloramines	\ \	
	traviolet R			her (Describe):			morne Dio	acc i	Ozone	Combi	ned Chionii	e (Chioramines).	
					6	7 F CUI:		~ h :	I Chloring (C	N-1		011 / D: :		
ype (of Disinted	tant Resid	lual Maint	ained in Distributi	on System:	Free Chlori	ne I	combine	d Chlorine (C	nioramines) 1	Chlorine Dioxid	de	
				СТО	Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inact	ivation, if	Applicable	•		Anna ya masa waka a mara mana mana mana mana mana mana m
					70870017505	CT Calcul						V Dose		
						C i Calcul	I so to a		T	T	 	Dosc		
Day of	Days Plant Staffed or Visited by Operator	Hours plant	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum CT	Lowest Operating UV Dose,	Minimum UV	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operati Conditions, Repair or Maintenar Work that Involves Taking Wat
the	(Place	in	Producted,		Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required,	mW-	Dose Required,	Distribution	System Components Out of
Month	"X")	Operation	gal.	Peak Flow Rate, gpd.		minutes	min/L	Water, OC	if Applicable	mg-min/L	sec/cm ²	mW-sec/cm ²	System, mg/L	Operation
1	X	24.0	66,500		2.0								1.3	
2	X	24.0	98,000		1.9	***							1.4	
3	Х	24.0	60,000		2.1								1.6	
4	Х	24.0	81,000		1.8		<u> </u>						1.1	
5	Х	24.0	75,000		1.8								1.4	
6	Х	24.0	72,000		2.1								1.6	
7		24.0	92,000				<u> </u>							
8	X	24.0	92,000		2.0								1.5	
9	X	24.0	88,000		1.9		ļ						1.5	
10	X	24.0	83,000		2.4								1.8	
12	X	24.0 24.0	66,000 67,000		2.3		_				ļ		1.8	
13	X	24.0	75,000		1.6 2.3								1.6	
14		24.0	82,000		4.3								1.7	
15	X	24.0	82,000		2.1								1,6	
16	X	24.0	67,000		2.2								1.0	
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	Х	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	
tal	A 0.00 N	94577552 Joseph	2,419,500											
erage			78,048											

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

DEP Form § 900(3)Alternate

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Maximum

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



Effective Augy 2003

See Pages 4 for Inst							
General Information	for the Month/Year of:	April, 2010					
. Public Water System	n (PWS) Information						
PWS Name:	Tangerine Park	The state of the s			PWS Identification Numb	ber: 3481329	
PWS Type:	✓ Community Nor	n-Transient Non-Community	Transient Non-Comr	munity	Consecutive		
Number of Service Connec	ctions at End of Month:	358		Total	Population Served at End of	of Month 920	
PW\$ Owner:	Aqua Utilities Florida						
Contact Person:	Will Fontaine			Conta	et Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address: PO Box 49	90310		City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephon				Conta	et Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		aine@aquaamerica.com					
Water Treatment Pl	ant Information						
Plant Name:	Tangerine Park				Plant Telephone Number:	352-787-09)80
Plant Address:	5551 Huron Street			City: Mt. Dora	State: Florida	Zip Code:	32757
Type of Water Treatment b			ased Finished Water				
	Operating Capacity of Plant, gallo		360,000				
	tion 62-699.310(4), F.A.C.):	V	<u> </u>		ass (per subsection 62-699		
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	Authorities (1000)
	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		С	6411	Days 1st Shift		
是 1975年 A 1070年 多种位的		***************************************					
accommodable de	 						
Certification by Lead	VChief Operator						
		licensed in Florida, am the le	ad/abiaf anamtan aftha			1 Cd.: 1 .: C	
information provided	to this remark is two and a	incensed in Florida, and the le	advenier operator of the	water treatment pi	ant identified in part	1 of this report. I certify	that the
Internation provided	in this report is true and acc	curate to the best of my know	leage and belief. I certi	ly that all drinking	water treatment chen	nicals used at this plant	conform to NS
international Standard	60 or other applicable star	ndards referenced in subsection	on 62-555.320(3), F.A.C	. I also certify tha	t the following addition	onal operations records	for this plant
were prepared each da	ly that a licensed operator s	staffed or visited this plant du	ring the month indicated	above: (1) record	ls of amounts of chem	nicals used and chemica	I feed rates; and
(2) if applicable, appro	opriate treatment process p	erformance records. Furthern	nore, I agree to provide	these additional of	perations records to the	he PWS owner so the PV	WS owner can
retain them, together v	vith copies of this report, at	t a convenient location for at	least ten years.				
Tex Com							
1114-1-	5/7/2010	Will	Fontaine			C-6813	
Signature and Date			ed or Typed Name			License Nu	mher
		TIM				LICEISC NU	moet
DED Form 63 FEF ODO/214	No. and Associated States and Associated Sta						-

Page 1 (

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

PWS I	dentification	Number:	3481329		Plant Name:	Tangerine Parl	<u> </u>							
II. D	aily Data	for the M	lonth/Yea	ır of:	April, 2010									
T UI	traviolet R	adiation	□ Ot	ctivation/Removal: her (Describe):	▼ Free Chle		hlorine Dio		Ozone			e (Chloramines		
Гуре (of Disinfec	tant Resid	lual Maint	ained in Distributi	on System:	▼ Free Chlori	ne T	Combined	l Chlorine (C	hloramines)) [Chlorine Dioxid	ie	
				CT	Calculations, or	IIV Dose to	Democtate	Cour-Log	Vinus Inact	ivotion if	Annlicable	*		
				40 -9 -9 8 3 3	Carcarations, or	CT Calcula		Our LOE	Virus mace	runon, n		V Dose		
	and the second										· ·	1		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, ^O C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenant Work that Involves Taking Wate System Components Out of Operation
	X	24.0	45,000	Concession same, Span	2.2	7,77,400					500000	13.7	1.7	
2	X	24.0	70,000		2.0								1.6	
3	Х	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	
9	X	24.0	60,000		2.1								1.5	
10	X	24.0 24.0	76,000 89,000		2.0		-						1.5	
11:00	^	24.0	100,500		2.3		 						1.0	
12	Х	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	Х	24.0	73,000		2.0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.5	
17	X	24.0	107,000		2.9								2.3	
18 19	v	24.0 24.0	104,000		2.1		ļ						ļ.,,	
20	X	24.0	104,000 50,000		2.1								1.3	
21	$\frac{\lambda}{x}$	24.0	96,000		2.4								1.4	
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	Х	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	
otal			2,596,000	1			L						L	
verage			83,742											
-1-5-			03,742											

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

108,000

Maximum

Phone: (772) 465-8584 Fax: (772) 467-1584

Date issued: August 7, 2009

To:

Will Fontaine

Agua 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 ort Pierce, FL 34946 FDOH # E96080



5600 U.S. I North, Fort Pie 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

Quality Control Summary

Method

HBEL Batch Analyte

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.

The above due to matrix effects. Accuracy demonstrated with other QC samples.



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CERTIFICATE OF ANALYSIS [2135265]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

Parameter	Qualifie	r Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	213526500 Tangerine				Sampled: 07/15/0 Matrix: Water		Received s reported on	: 07/15/09 Wet Weight I		-1
pΗ	Q	8.16	SU	0.200	EPA 150.1	WCGE31327		07/18/09 12:07	GS GS	E96080
Aluminum		0.0036	mg/L	0.0024	EPA 200.7	META9499		07/31/09 12:06	SP 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 ป	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 ป	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	\$P	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 ป	mg/L	0.00082	EPA 200.9	META9483		07/23/09 12:23	DM.	E96080
Arsenic		0.0010 ប	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		E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9487		07/23/09 15:33		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		E96080
Nitrate as N		0.0081	mg/L	0.0030	EPA 300.0	IC8110		07/16/09 13:24		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8110		07/16/09 13:24		E96080
Sulfate		7.3	mg/L	1.4	EPA 300.0	IC8116		07/21/09 11:19		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		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 21:58		E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5388		07/21/09 21:58		E96080
gamma-BHC (Linda)	ne)	0.020 U	ug/L	0.020	EPA 505	PEST5388		07/21/09 21:58		E96080
Heptachlor	110)	0.036 U	ug/L	0.036	EPA 505	PEST5388		07/21/09 21:58		E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST5388		07/21/09 21:58		E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST5388		07/21/09 21:58		E96080
PCB		0.14 U	ug/L ug/L	0.14	EPA 505	PEST5388		07/21/09 21:58		E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST5388		07/21/09 21:58		E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5390		07/28/09 18:04		E96080
2,4-D		0.22 U	ug/L ug/L	0.13	EPA 515.1	PEST5390		07/28/09 18:04		E96080
Dalapon		2.3 U	ug/L ug/L	2.3	EPA 515.1	PEST5390		07/28/09 18:04		E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5390		07/28/09 18:04		E96080
Pentachlorophenol		0.39 U		0.23	EPA 515.1	PEST5390		07/28/09 18:04		E96080
гольстиюрненог		2.00	ug/L	0.38	LFA JID.T	. 2010000	01.1 EU112110	01120100 10.04	J.	F20000

~600 US 1 North ort Pierce, FL 34946 FDOH # E96080





5600 U.S. I 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	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	4 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 ป	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 ป	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-Dichloraethene	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 ป	ug/L	0.31	EPA 525.2	SVOC2795	07/23/09 10:35	07/29/09 15:37	WR	E96080
Hexachlorocyclopentadien	ne 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 ป	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	i 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			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		E84129
Radium 228	0.3 U +/- 0.2	pCi/L		RA-05	SAL1146		07/30/09 16:22		E84129
Color	4.0	CU	1.8	SM2120 B	WCGE31314		07/16/09 16:30		E96080
Total Dissolved Solids	180	mg/L	16	SM2540 C	WCGE31320		07/17/09 14:30		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

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Printed: 8/7/09

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CERTIFICATE OF ANALYSIS [2135265]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tangerine Triannual

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Analyzed Date/Time	Analyst	Lab ID
,	2135265002 Trip Blank-de			Sampled: Matrix: Water		Received: 07/15/09		
•						reported on Wet Weight		
1,1,1-Trichloroethane		ug/L	0.31	EPA 524.2	VOC3128	07/28/09 2:12		E96080
1,1,2-Trichloroethane		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-Trichlorobenzer	-	ug/L	0.12	EPA 524.2	VOC3128	07/28/09 2:12	WR	E96080
1,2-Dichlorobenzene	0.15 U	, u g/ 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-Dichloroethen	e 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		E96080
Toluene	0.26 U	ug/L	0.26	EPA 524.2	VOC3128	07/28/09 2:12		E96080
Total Xylenes	0.41 U	ug/L	0.41	EPA 524.2	VOC3128	07/28/09 2:12	WR	E96080
trans-1,2-Dichloroethe	ene 0.30 U	ug/L	0.30	EPA 524.2	VOC3128	07/28/09 2:12	WR	E96080
Trichloroethene	0.17 ป	ug/L	0.17	EPA 524.2	VOC3128	07/28/09 2:12	WR	
Vinyl chloride	0.25 U	ug/L ug/L	0.25	EPA 524.2	VOC3128	07/28/09 2:12	WR	E96080 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.

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

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Q Sample held beyond the accepted holding time.



HARBOR BRANCH ENVIRONMENTAL LABORATORIES INC

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5600 U.S. 1 North

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FDOH # E96080

CHAIN PAGE

_FDOH # E85370

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_FDOH # E96080

FDOH # E85370

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Lehigh Acres, FL 33936

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Otta	7/15/09	1000	6	DW	(KC.		/1					Х	1				
01200	7/15/09	1000	6	DW	1	Li		1/					-	Χ				ı
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Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Entry Point (to Distribution)	PUBLIC WATER SYSTEM INFORMATION	1 (to be completed by sampler - Please type of p	nint legibly)
Address: City: State: ZIP Code: Phone #: Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Number: Location Code (if known): Sample Number: Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacotic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (which Qtr? Point (to Distribution) Confirmation of MCL Exceedence* Special (not or compliance with 62-550) Plant Tap not for compliance with 62-550) Composite of Multiple Sites* Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sampler See 62-550-500(6) for requirements and restrictions. Note: See 62-550-550(6) for r	System Name:	PWS I.D. #:	
City: State: ZIP Code: Phone #: Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): 10:30 AM Sample Date: 07/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (which Qtr? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Samp Max Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 82-550,500(6) for requirements and restrictions. Note: See 62-550,550(4) for requirements and attach a results page for each site. for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Fax #: Sampler's Phone	System Type (check one) Communi	ty Nontransient Noncommunity	Transient Noncommunity
Phone #: Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Date: 07/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: mg	Address:		
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E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Date: 07/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trina/omethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Guarterly (Which Qtr? Entry Point (to Distribution) Raw (at well or intake) Max Residence Time Other: Ave Residence Time Other: Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Phone #: Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	City:	State:	ZIP Code:
Sample Number: Location Code (if known): Sample Number: Location Code (if known): Sample Date: 07/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (Which Otr? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sampling Procedure Used or Other Comments: Near First Customer Sae 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrate One Nitrate or Nitrate or Nitrate One Nit	Phone #:	Fax #:	
Sample Number: Sample Date: O7/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihatomethanes and haloacetic acids): May Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Plant Tap not for compliance with 62-550) Raw (at well or Intake) Max Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer See 62-550.500(s) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Phone #: Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Sampler's Phone #: Sampler's Phone #: Sampler's Laddress: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	E-Mail Address:		
Sample Date: 07/15/09 Sample Time: 10:30 AM Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (Which Qtr? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Samplex First Customer Ave Residence Time Other: Near First Customer See 62-550.500(6) for requirements and restrictions. Note: See 62-550.5012(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	SAMPLE INFORMATION (to be completed by	y sampler)	
Sample Location (be specific): Tangerine POE Grab Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L _Field pH:	Sample Number:	Location Code (if known)	·
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (Which Qtr? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-50) Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sampler Procedure Used or Other Comments: Nax Residence Time Sampling Procedure Used or Other Comments: Near First Customer *See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Sampler's Fax #: Sampler's Phone #: Print Name OHEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Sample Date: 07/15/09	Sample Time:	10:30 AM
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Distribution			
Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution			
Plant Tap not for compliance with 62-550)		·	Quarterly (Which Qtr?
Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Samp Max Residence Time Other: 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. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.		•	
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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. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.			
*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.		Sampling Procedure Used or Other Co	mments:
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.		and controlled	CO(A) for requirements and
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Sampler's Phone #: Sampler's Fax #: CERTIFICATION (to be completed by sampler) I, Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Sampler's Name:		
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Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Sampler's E-Mail Address:		
do HEREBY CERTIFY that the above public water system and sample collection information is _completed and correct.	CERTIFICATION (to be completed by sampler)		
do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	h.		
_completed and correct.			
	•	ic water system and sample collection inf	ormation is
UMIG.		Date:	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format I AROPATORY CEPTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET	ompleted by lab - Heade type of plant k	sgibiy)
Lab Name: HBEL, Inc.	Florida Certification	#: F96080
Address: 5600 US 1 North		
	Phone #: (772)	
	Date Sample(s) Received::	
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. (Ch	eck all that apply):
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts
AII 17AII 30	∡All 21	Trihalomethanes
	Partial	Haloacetic Acids
☐Nitrate ☐Partial		Bromate
Nitrite Dioxin Only	Radionuclides	Chlorite
Asbestos Only	✓ Single Sample	Secondaries
	Qtrly Composite**	All 14
Were any analyses subcontracted? X Yes	No	☐ Partial
If yes, please provide DOH certification numbers:	E84129 E87604	X aruar
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED L	AB	
CERTIFI	CATION	
I, Eric Charest	Laboratory 1	Manager
(Print Name) do HEREBY CERTIFY that all attached analytical data ar	(Print Ti	•
National Environmental Laboratory Accreditation Confere		an requirements of the
Signature Sun Manno	• •	.00
* Failure to provide a valid and current Florida DOH lab certification n	Date: 07-Aug	the attached analysis results will result
in rejection of the report, possible enforcement against the public wal		
Bureau of Laboratory Services. ** Please provide radiological sample dates Jocations for each quarte		
COMPLIANCE DETERMINATION (to be completed by DEP of	<u> </u>	
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info S	atisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight grou	, ,	1-2-0
Additional Monitoring Required (circle or highlight group(s) at	•	(choo o mg mg mg cop (c)
Reason(s):	Detection(s) Location Unsatisfactory	☐ Incomplete Report ☐ Analysis Unsatisfactory
Person Notified:	Date Notified	l:
Comments:		
Date Reviewed:DEP/D0	OH Reviewing Official:	
Reporting Format 62-550,730	Effective January 1995, Revised January 2004	

F500 U.S. I North, Fort Pierce, FL 34946)ne: (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
∕50	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 L	J	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

US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 8/7/09



^{*} 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 appear a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

00 U.S. I North, Fort Pierce, FL 34946 Fnone: (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 [*]	Analytica l 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	7/16/097/16/09	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	Нq	[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

J US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 8/7/09



^{*} 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.

5600 U.S. I 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

_											DOH
Contain ID	า Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	Lab Cert#
2005	Endrin	[2]	ug/L	0.10 U	GGG	EPA 505	0.10	0.01	7/21/09	7/21/09 21:58	E96080
			_					0.02	7/21/09	7/21/09 21:58	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020 U		EPA 505	0.020		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 21:58	E96080
2020	Toxaphene	[3]	ug/L	0.61 U		EPA 505	0.61	1	7/21/09		
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 Մ		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
Ö	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).

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

Printed: 8/7/09



^{*} Results must be reported with appropriate qualiflers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualifled 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 ay—a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 U.S. I 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				Analysis		Analytical	Lab		Analysis	DOH Lab
-	ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	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
1	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
2	2969	1,4-Dichlorobenzene	[75]	ug/L	0.18 U		EPA 524.2	0.18	0.5	7/28/09 1:39	E96080
ź	29,76	Vinyl chloride	[1]	ug/L	0.25 U		EPA 524.2	0.25	0.5	7/28/09 1:39	E96080
	<i>1</i> 7	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
1	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
2	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
4	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

Applysia Applytiant Lab

Reporting Format 62-550.730

Effective January 1995, Revised January 2007

€ US 1 North
F. Pierce, FL 34946
FDOH# E96080

Printed: 8/7/09



^{*} 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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory Don Hash 5600 US 1 North Fort Pierce, FL 34946August 3, 2009 Project No: 93623

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

93623.01

2135265

Sample Number

Sample Description

2135265 001EF

Date & Time Collected

10:30

07/15/09

Date & Time Received

07/17/09

08:40

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

FDOH Laboratory No. E84129 NELAP Accredited

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

Page 1 of 3

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, DLDSMAR, 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)

_							,						DOH Lab
	Contaminant	Contaminant			Analysis		Analytical		RDL	Analysis		Analysis	Certification
_	ID	Name	MCL	Units	Result	Qualifier	Method	Lab MDL	**	Error	Analysis Date	Time	#
-	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,832	EPA 200.8	0.1			07/22/09		E87604
	4020	Radium-226	5*	pCVL	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

* 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,

Ŭ1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

Page 2 of 3

^{*} 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.

Harbor Branch Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY 5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292 Fax: (772) 467-1584

CHAIN OF CUSTODY RECORD

93623

Subcontracting Form 001A REV 001 Effective Date 12/05/2002

Receiving Laboratory: SAC

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

														_					
HARBOR BE	RANCH E	NVIRO	NMEN	TAL L	ABORATO	RY					ANA	ALYSIS I	LEQUIR	ED			COLLECTIO	ON REMARI	KS
project name AVE	21:	3526	15								E	PRESERV	ATIVE						
										N	N	N	N						
SAMPLE TYPE: C				H ₂ SC	vative: HCl = H O ₄ = S, NaOH = Water = SW, V	SH, U	Inpreserved =	Ü	· · · · · · · · · · · · · · · · · · ·	SHINA	near	8220	anivm						
S, Waste = W, C		-	ECTION TIME	туре	,	IBEL SA)	MPLE ID		# Boules	Grass,	MA	RIN	Un				SAMPLE	COMMENTS	
01	DW	7/13/09	1070	G	2135	2	65001	EF	4	_/	1	_/	_/						
					41	LP	, Jen	D ³											
										9				7.					
Groth	RELINQUISHE	D ВУ:	Def		7/16/	Ŧ	11ME 1600	1	W	ush	Rec	TELVEDAY:	L	5	Fan	GK	7/14/	908 TIM	" \d
	RELINQUISHE	DBY:			DATE		TIME			LABOR	ATORY NA	ME AND R	ECEIVED	8Y:			DATE	TIM	E

age Joi S

FLORIDA CERTIFICATION NUMBER E87604



REPORT OF ANALYTICAL RESULTS

Client:

Kathryn Nordmark

Southern Analytical Laboratories, Inc.

110 Bayview Blvd. Oldsmar, FL 34677 Lab Sample ID:

Report Date:

SC4047-002 7/24/2009

PO No.:

12554

Project:

Uranium Project

Sample Description						Matrix	Filtered No(Total)		Date Sampled 07/15/2009		Da Rece		
93623.01						AQ					07/20/2009		
Parameter	Result	Units	Adjusted PQL	Dilution Factor	PQL	Analytical Method	Analysis Date	Ву	Prep Pr Method	repped Date	Ву	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	ZG21ICW1	

PUBLIC WATER STSTEM INFORMATION	(to be completed by sampler - Please type or pl	ina icalina)				
System Name:	PWS I.D. #:					
System Type (check one) Communic	y Nontransient Noncommunity	Transient Noncommunity				
Address:						
City:	State:	ZIP Code:				
Phone #:	Fax #:					
E-Mail Address:						
SAMPLE INFORMATION (to be completed by						
Sample Number:	Location Code (if known)	:				
Sample Date:	Sample Time:					
Sample Location (be specific): Trip Blank	de					
Disinfectant Residual (Required when reporting						
Sample Type (Check Only One)	Reason(s) for Sample (0					
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?				
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-55				
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution				
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample				
Max Residence Time	Other:					
Ave Residence Time	Sampling Procedure Used or Other Co					
Near First Customer						
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a res	550(4) for requirements and sults page for each site.				
Sampler's Name:						
		Sampler's Fax #:				
Sampler's E-Mail Address:						
CERTIFICATION (to be completed by sampler)						
l,						
Print Name		Print Title				
do HEREBY CERTIFY that the above publicompleted and correct.	ic water system and sample collection inf	ormation is				
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	to be completed by lab - Flease type of printile	giory)
Lab Name: HBEL, Inc.	Florida Certification	#: E96080
Address: 5600 US 1 North		
Fort Pierce, FL 34946	Phone #: (772)	
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:		
Group(s) Analyzed and Results attached for complia	ance with Chapter 62-550, F.A.C. (Che	eck all that apply);
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17All 30	[Ў]Ali 21	Trihalomethanes
Partial All Except Dioxin	Partial	Haloacetic Acids
☐Nitrate ☐Partial		Bromate
Nitrite Dioxin Only	Radionuclides	Chlorite
Asbestos Only	Single Sample	Secondaries
	Qtrly Composite**	All 14
Were any analyses subcontracted? X Yes	No	Partial
If yes, please provide DOH certification numbers:	E84129 E87604	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC	TED LAB	
CEF	RTIFICATION	
I, Eric Charest	, Laboratory N	
(Print Name) do HEREBY CERTIFY that all attached analytical da	Print Tit)	
National Environmental Laboratory Accreditation Co		air requirements or the
0:	,	Λα
* Failure to provide a valid and current Florida DOH lab certifica	Date: 07-Aug-	
in rejection of the report, possible enforcement against the pub		
Bureau of Laboratory Services. ** Please provide radiological sample dates Jocations for each	quarter	
COMPLIANCE DETERMINATION (to be completed by		
	No Sample Analysis Info Sa	atisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight	nt group(s) above) [Revised Report Requ	Jested (circle or highlight group(s) above
Additional Monitoring Required (circle or highlight grou	The state of the s	3 0 0 117
Reason(s): MCL(s) Exceeded	Detection(s)	incomplete Report
Missing Analyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
Other:	D-4- N-45-4	
Person Notified:		
Date Reviewed: DE	P/DOH Reviewing Official:	
Date Reviewed,DL	Troof in Concorning Official.	



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: Date Received:

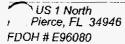
7/15/09 12:36

PWS ID (From Page 1):

Contar ID	n 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-Dichlorobenžene	[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
<i>7</i> 77	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 ับ		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.



Printed: 8/7/09

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



PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler ~ Please type or print legibly)							
System Name: Agua Utilities of Florida	PWS I.D.#: 3 4 8 1 3 8 9							
System Type (check one): Community	Nontransient Noncommunity Translent Noncommunity							
Address: 140 Hope Street								
City: Longwood % Phone #: 407-509-8398								
E-Mail Address: DA								
SAMPLE INFORMÁTION (to be completed	by sampler)							
Sample Number: <u>A0905699001</u>	Location Code (if known):							
Sample Date: <u>11/05/2009</u>	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)	Reason(s) for Sample (Check all that apply)							
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?)							
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-560)							
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites " Ulolation Resolution							
RstW (at well or intake)	Clearance (permitting) Replacement (of invalidated Sample)							
Max Residence Time	Other:							
Ave Residence Time	Sampling Procedure Used or Other Comments:							
Near First Customer								
*See 62-550.500(6) for requir NOTE: See 62-550.512(3) for for nitrate or nitrite M	additional attach a results page for each site.							
Sampler's Name: Terru Mo	Orthu							
Sampler's Phone #: 407-509-	9398 Sampler's Fax #: 407-339-7490							
Sampler's E-Mail Address:	xe/@conamerica.com							
CERTIFICATION (to be completed by s	sampler)							
1. Terry McCarthy	Oper I							
(Print Name)	(· · · · · · · · · · · · · · · · · · ·							
do HEREBY CERTIFY that the abo complete and correct.	ve public water system and sample collection information is							
Signature:	Date:							

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

LABORATORY CERTIFICATION INFORMATION (to be attach current don analyte sheet •	e completed by lab – Please type or print legibly)						
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): 348/389	Sample Number (From Page 1): A0905699001						
Lab Assigned Report Number or Job ID: A0905899001							
Group(s) Analyzed & Results attached for compliance w	ith 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 Chlorite Secondaries All 14						
Were any analyses subcontracted? Yes X No	☐ Cirlia ☐ Partial						
If yes, please provide DOH certification numbers:							
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC	CTED LAB*						
CER	TIFICATION						
I, Sheila Wilcox	, Project Manager						
(Print Name)	(Print Title)						
do HEREBY CERTIFY that all attached analytical data a Environmental Laboratory Accreditation Conference (NE	re correct and unless noted meet all requirements of the National LAC).						
Signature: The Lucia	Date: 11-12-09						
 Failure to provide a valid and current Florida DOH lab certification will result in rejection of the report, possible enforced result in notification of the DOH Bureau of Laboratory Services Please provide radiological sample dates & locations for each 	cation number and a current Analyte Sheet for the attached analysis nent against the public water system for fallure to sample, and may cas. ch quarter.						
COMPLIANCE DETERMINATION (to be completed by DEF	P or DOH)						
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Satisfactory: Yes No						
Replacement Sample(s) Requested (circle or highlight group	p(s) above) Revised Report Requested (circle or highlight group(s) above)						
Additional Monitoring Required (circle or highlight group(s)	above)						
	Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory						
Person Notified:	D-1- 31-49E-4-						
Comments:							
Date Reviewed:DEI	P/DOH Reviewing Official:						

Reporting Format 62-550.738 Effective January 1995, Revised January 2004

Page 2 of 4

SECONDARY	CONTAMINANTS

Report Number / Job ID: A0905699001

62-550.320

PWS ID (From Page 1):

Cont		Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
192	20	Odor	3	T.O.N. @	8		SM 2150B	1.0	11/06/2009	09:20	E53076

Pa
9
IB
4
of
4

Form revised 2/8/08

79

CLERET MAKE:	4. U. F. HOPE St.		INNE	JEK IN	<u>E</u>	BS, III. 9810 Squarquoint Plany Jacksonvilla, FL 32: 9810 Princese Pains Ave Tampa, FL 33619 S816 SW Archer Road - Galvandia, FL 3260 2625 S. North Laim Bivd., Sts. 1018 - Alternoo									
LANGWOOD HONE 407 - HAX: CONTACT: B	110 T. 110 T. 110 T. 110 M. CARTHY TURN MOUND TIME:	PROJECT LOC	ATION:	SCHL PISTRU	CTIONS:		ANALYSIS REQUIRED	OPOR							
SAMPLE ID	SAMPLE DESCRIPTION	(S	DATE	APLING TOME	MATRIX	HO. COUNT	PRESENT								
	TANGERINE P.O.E	G	14/5/69	1530	DW	1		×							0)
					A-et 8		18 PM						= (PRVOS)		

Reinquished by: Date Time Received by: Date Time

1 Legy & Cabb 4/4/09 070 Brain 19857

2 4

Det	e Three	FOR DRINKING WATER USE:
Vh	1185-7	(Minor PALE proposition and appellate) LANCE EST
		Centect Person: Phone:
		Supplier of Weter:
1		Stle-Address:

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

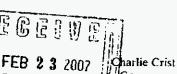
5600 US 1 North Fort Pierce, FL 34946

Top Form - ORIGINAL

4155 St. Johns Parkway Suite 1300

FDOH # E96080 Sanford, FL 32771 Phone (772) 465-8584 Fax (772) 4 FDOH # E83509 Lab Receipt Date and Time: 1/19/60 /										
HBEL Report Number: 2136982			ı ID.						0	/ /
Analysis Method Requested:	000 00	TO GOL EGE				eived for L			Just	,
Colilert Membrane Filtration P	ws I.D. 3	4 8	1 3	2	1				04/13/11	0 1624
System Name: TANGERINE	# 6	428				iple Accepti ple Preserva		-	Not On le	æ 4.9°c
System Address: 5551 HuRo.						fectant Chec		Not Det	-	>0.1 mg/L
City: MOUNT DORA	Syst	em or Ow	ner's Phone	#: 35	72-78	7-098	o Fax	(#:		
Collector: T. MCCARTHY					Co	llector's Ph	none #:	5A,	ME	
Relinquished By: Jung Math	Received	Ву:				Relinquis	shed By:			
Date/Time: 4/13/10 1143							e/Time: _			
Type of Supply: Community Water System (check only one) Private Well	Noncom Swimmin		iter System		ntransient-N ttled Water	Noncommu				Use System
Reason for Sampling: (check only one)	ne Compliance	Rep	eat	Repla	cement	Main (Clearance	V	Vell Survey	Other
Sample Collection Date(s): 4/13/10					LAE	ORATO	RY CE	RTIFICA	ATE OF A	NALYSIS
		***************************************			Total Coli	form Analys	sis Method	: (MF) SI	M9222B (Ca	olilert) SM9223B
TO BE COMPLETED BY COLLECTE Sample SAMPLE POINT		Cample	Disinford		processor acceptance occurrent	alysis Meth	od		-	ert) SM9223B
Number (Location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd mg/L	pН	Non Coliform	Total Coliform	E. Coli	Data Qual. 2	Lat	Sample lumber
WELL # 1	1005	R		7.3		Α				982001
2 WELL # 2	0930	R		71		A				002
3 7045 EARLWOOD	0945	D	1.6	7.2		A				013
4 7016 WRIGHT	0955	D	1.7	7.2		A	Annual Control of the		21369	982 00Y
Average of disinfectant residuals for routine and repea community and nontransient noncommunity systems s and including 4,900. Do not include raw or plant samp	serving population	ns up to	1.7		TNTC-Too	resent A - Numerous t sence of gas	to Count TA	-Twibid	Growth Analyst:	AL
Person performing analysis is: A certified operator (#)		a certified lal	Da Da Da Da Da Da	ntained withindelines. Qu	this report	meet all appropriet	Unless oth	Director or Desi nerwise noted, thod, Laborato d be directed to	all test results
P. O. BOX 490310	/-	\$ 50 V	nelak		Compression of the court	atisfactory Repeat Samples Required Complete Collection Information Replacement Samples Required Reviewed by DEP/DOH:				
LEESBURG, FL. 34		Page		<u>/ c</u>	DEP/DOH F	Reviewing C				
1 DEP Sample Types: D=Distribution (Routine Compliance); C=Rep	eat or Check; R=Rav	v; N=Entry to	Distribution; P=F	Plant Tap: S	S=Special (clea	arance, etc.)	2 Defi	ned in Florid	a Administrative	Code Rule 62-160

Environmental Testing Services





Florida Department of Environmental Protection

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

Michael W. Sole Secretary

Jeff Kottkamp Et. Governor

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. Libvarcik

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 W	ATER COMPANY	C	ounty	Orange	PWS ID #	3481329	
Plant Location	5539 Huron Street,	Tangerine, FL 32777			-	Phone	352/732-6027	
Owner Name/	Aqua Utilities of Flo	orida, Attn: Jack Lihva	rcik			Phone	352/732-6027	
Owner Address _	P.O. Box 490310,	Leesburg, FL 34749						
Contact Person	Jerry Connolly		Title _	Manager	of Operation	ons Phone	352/787-0980	
This Survey Date	2/1/07	Last Survey Date		4/28/04	La	st C.I. Date	10/4/01	
PWS TYPE & CL	.ASS		R/	W WAT	ER SOUR	CE		
Community (5			$[\mathbf{X}]$	GROUN	ID; Numbe	r of Wells	_2	
	Non-community			SURFA	CE/UDI, Se	ource		
Non-Commur				☐ PURCHASED from PWS ID #				
	•			Emerge	ncy Water	Source		
PWS STATUS								
	item with approval			-	•			
<u>3302, 4/28/59</u>					POWER			
			\times	Yes [None	☐ Not Req	uired	
Unapproved s	system		So	urce <u>K</u>	atolight Ge	nerator		
			Ca	pacity of	Standby ((W)	80	
	CHARACTERIST		Sw	vitchover:	∷ ⊠ <u>A</u> utom	natic 🔲 Man	ual	
Municipality/Cit	<u>y</u>		Sta	Source Katolight Generator Capacity of Standby (kW) 80 Switchover: Automatic Manual Standby Plan: Yes No				
=	7v- 57v- F	T NUA				oad	4 hrs/mo.	
Food Service.]Yes 🛭 No 🗌	J N/A	Wi	hat equip	ment does	it operate?		
OPERATION & N	MAINTENANCE		Ĺ	질 Well p	oumps			
	r: ⊠ Yes □ No	☐ Not required	Ĺ	☐ High Service Pumps N/A ☐ Treatment Equipment				
	rtification Class-N		ا	<u>⊠</u> 1 reatr	nent Equip	ment		
	e C-6813		Sa	Satisfy average day demand? ⊠Yes □No □Unk Comments				
			Co	mments				
O&M Log: X Y	es No No	ot required		·				
Operator Visitatio		. ,	TR	FATME	AT PRACE	SSES IN US	E	
Hrs/day: Required Visit Actual Visit					m m		-	
	edA			<u> </u>	/11			
	e Days? Yes		100	hat additio	onal treatm	nent is needed	12	
MORs submitted regularly? ⊠ Yes ☐ No ☐ N/A				Vone	orial treatif	ient is needed) ;	
Data missing from MORs? ☑ No ☐ Yes ☐ N/A					of what de	ficiencies?		
				For control of what deficiencies? N/A				
N / / / ·								
	e Connections				TON SYST			
Population Serve		<u>Operator</u>				e Flov	<u> Meter</u>	
	m MORs) <u>135</u>				& Type		- D Na	
	MORs) <u>288,000 </u>					Devices: 🔀 Y	es [] No	
	Capacity360					None observed	Topicomi Vi	
						tion Control P		
							No □N/A	
			ÇÜ	инненка				

PWS ID#	3481329
Date	2/1/07

GROUND WATER SOURCE

Welf Number 1 2 Year Drilled 1945 1959 Depth Drilled 438' 413' Drilling Method Cable tool Cable tool Type of Grout Unknown Unknown	
Depth Drilled 438' 413' Drilling Method Cable tool Cable tool Type of Grout Unknown Unknown	
Drilling Method Cable tool Cable tool Type of Grout Unknown Unknown	
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	
Septic Tank	
SET Reuse Water N/A N/A	
BACKS WW Plumbing >100' >100'	
Other Sanitary Hazard N/A N/A	
Type Vertical turbine Vertical turbine	
Manufacturer Name Goulds Peerless	
PUMP 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	

commensures 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.

					3481329	
					Date	2/1/07
CHLORINATION (Disinfection) Type: ☐ Gas ☒ Hypo Make Chem-Tech (3) Capacity 30 gpd			STORAGE FACILITY (G) Ground (H) H (B) Bladder (C) Ci	ydropneumatio	c (E) Elevated	
Chlorine Feed Rate 65% stroke Avg. Amount of Cl ₂ gas used N/A			Tank Type/Number	H		
Avg. Amount of Cl ₂ gas used <u>N/A</u> Chlorine Residuals: Plant <u>2.02</u> Remote <u>>2.2</u>			Capacity (gal)	20,000		
Remote tap location 5107 Dora Drive			Material	Steel		
DPD Test Kit: ☑ On-site ☑ With operator ☐ None ☐ Not Used Daily			Gravity Drain	Yes		
Injection Points Prior to hydropneumatic tank			By-pass Piping	Yes		
Booster Pump Info N/A			Pressure Gauge	Yes		
Comments			Sight Glass or Level Indicator	Yes		
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	Yes	
Requirements) ''	NO.	Oomments	Protected Openings	Yes	
Dual System				PRVIARV	PRV	
Auto-switchover				On/Off Pressure	35/60	
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection				Access Padlocked Comments	Yes	
Scale						
Chained Cylinders						
Reserve Supply	17					
Adequate Air-pak						
Sign of Leaks		<u>/U</u>				
Fresh Ammonia		Z		HIGH SERVICE PUN	MPS	
Ventilation				Pump Number		
Room Lighting				Туре		
Warning Signs				Make		<u> </u>
Repair Kits				Model		
Fitted Wrench				Capacity (gpm)		
Housing/Protection				Motor HP		
	I			Date Installed		
AERATION (Gases, I	Fe. & M	n Remo	oval)	Maintenance		
TypeAerator Condition		Capacit		Comments		
Aerator Condition Bloodworm Presence						
Visible Algae Growth						

Protective Screen Condition __ 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 redisinfected 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.]